

Municipality: Tuxedo, Town

## **Orange County Department of Planning**

124 Main Street Goshen, NY 10924-2124 Tel: (845) 615-3840 Fax: (845) 291-2533

If you would like the Applicant to be cc'd on this letter, please provide the Applicant's address:

David E. Church, AICP
Commissioner
www.orangecountygov.com/planning
planning@orangecountygov.com

Referral ID No.: County Use Only

Tax Map No.:

## Cover Sheet: NYS General Municipal Law §239-l, m, and n Referral

This cover sheet should completed by the local board having jurisdiction. Referrals from applicants will not be accepted unless coordinated with both the local board having jurisdiction and the County Department of Planning. Please include all materials that are part of a "full statement" as defined by NYS GML §239(m), i.e. "all materials required by and submitted to the referring body as an application". Please return this the cover sheet and the Full Statement to the Orange County Department of Planning.

Local Referring Board: Town Board			Tax Map No.:	
Applicant: Tuxedo Farms			Tax Map No.:	
Project Name:			Local File No.:	
Location of Project Site:			Size of Parcel(s):	
			Zoning District:	
Reason for County Planning Review: Proposed Amendment				
Туре	of Review:			
	Comprehensive Plan Update/Approval			1
	Zoning Amendment			١
	☐ Zoning District Change, from to			1
	☐ Ordinance Modification, cite section:			١
	Local Law:			
	Site Plan, non-residential sq.ft. proposed:			
	Which approval is the applicant seeking? $\square$ SKETCH / $\square$ P	PRELIMINARY / 🗆 FINAL		
	Subdivision, number of lots proposed:	12		
	Which approval is the applicant seeking? $\square$ SKETCH / $\square$ P	PRELIMINARY / 🗆 FINAL		
$\boxtimes$	Special Use Permit:			
	Lot Line Change:			
	Variance: ☐ AREA / ☐ USE			
	Other:			
Local Board comments/elaboration:				
7	michael Q Rot	11/20/2017	Town Supervisor	
	Name/Signature of local official	Date	Title	
Muni	cipal Contact Phone No.: 845-351-4411			