TIMINGSTON COLANDO

LIVINGSTON COUNTY PLANNING BOARD

Livingston County Government Center 6 Court Street, Room 305 Geneseo, New York 14454-1043 www.livingstoncounty.us

Telephone: (585) 243-7550 (585) 335-1734

Fax: (585) 243-7566

Email: LCPlanningBoard@co.livingston.ny.us

Referral Number

office use only

Date Received

7	ONING REFERRAL FORM				
Please complete all information on	Date Form Completed:				
REFERRING MUNICIPALITY:	TownVillage of				
Referring Official:	Title:				
Address:					
Phone Number:					
Municipal board with jurisdiction ov	er application:				
Referring Board (check appropriate l	poxes): Legislative Board	☐ ZBA ☐ Planning Board			
APPLICANT(S):	P	none:			
Applicant mailing address:					
Location of Property:					
Tax Map #	Current Zoning District				
PROPOSED ACTION (check all the	nat apply)				
☐ Area Variance	☐ Subdivision Review	☐ Moratorium			
☐ Use Variance	☐ Rezoning	Comprehensive Plan			
☐ Special/Conditional Use Permit	☐ Zoning Text Amendment	Adoption/Amendment Other			
☐ Site Plan Review	☐ Zoning Map Amendment				
Description of the proposed action (a	attach detailed narrative):				
Will the proposed connect to water a Located in the Conesus Lake Waters		☐ Yes, Water ☐ Yes, Sewer ☐ Yes, Both ☐ No			

Is this action in compliance with the	e following?					
Existing municipal plans (Comprehensive Plan, Strategic Plan, Ag & Farmland Protection Plan, etc.)		yes	no _	n/a		
Local or State Subdivision regulations		yes	no _	n/a		
Uniform Fire Prevention & Building Code		yes	no _	n/a		
NYS Freshwater Wetlands Act		yes	no _	n/a		
Local Flood Damage Prevention Law		yes	no _	n/a		
Other federal, state, county, local laws		yes	no _	n/a		
If non-compliance is identified, plea	ase describe.			<u>-</u>		
	Hearings/Meetings Schedule					
Board	Public Hearing Date	Meeting I	Dates (prio	r & future)		
Town Board/Board of Trustees						
Zoning Board of Appeals						
Planning Board						
Other:						
Action taken on this application (reviewed, approved, discussed, etc.)						
As defined i	"FULL STATEMENT" CHECKLIST	20 m/(1)/(n)				
	in NYS General Municipal Law §23	. , , ,	formal ac ar	neoneista		
lease make sure you have enclosed the following required information with your referral, as appropriate. ailure to submit a "full statement" may result in a delay in County Planning Board review. For All Actions:						
County Planning Board Zo	ning Referral form					
All application materials re application" at the local le	equired by local law/ordinance to evel (digital preferred)	be consider	red a "comp	lete		
Agricultural Data Statement (for Site Plan Review, Special/Conditional Use Permit, Use Variances, or Subdivision Review)						
Part 1 Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) for State Environmental Quality Review (SEQR). If Type II Action, provide a statement to that effect.						
Municipal board meeting	minutes on the proposed action (d	igital prefe	rred)			
For Proposing or Amending Zon	ning Ordinances or Local Laws: The	<u>e above req</u>	uirements A	<u>ND</u>		
Report /minutes from Tov	vn Board, Village Board of Trustees	s or Plannin	g Board (dig	(ital preferred)		
Zoning map						
Complete text of proposed law, comprehensive plan, or ordinance (digital preferred)						

<u>Deadline</u>: All completed referrals must be received by close of business on <u>Monday</u>, <u>TEN</u> business days prior to the County Planning Board meeting. County Planning Board meetings are held the second Thursday of each month.