

General Municipal Law §239-M Referral Form
Washington County Planning Board

Municipality: _____

Project description:

Applicant Name: _____

Address of the proposed action: _____

Nearest major intersection: _____

Tax Map Number: _____

Existing land use or conditions: _____

Proposed changes: _____

Referring body:

- Planning Board
- Zoning Board of Appeals
- Town or Village Board

Proposed action:

- Adoption or amendment of a zoning ordinance or local law
- Approval of a site plan
- Granting of a use variance
- Granting area variance
- Granting of a special use permit
- Other authorizations that a referring body may issue under the provisions of any zoning ordinance or local law. Please Specify: _____

Location is within 500 feet of the following:

- Municipal Boundary
- Right-of-Way of County/State Expressway, Highway or Road
- Boundary of County/State-owned Land Containing a Public Building or Institution
- Boundary of a Farm Operation Located in an Agricultural District
- Not Applicable

Include the following:

- Completed Environmental Assessment Form (EAF) and all other materials used by the referring body to make a determination of significance pursuant to the State Environmental Quality Review Act (SEQRA).
 - If Type II Action, please note the number of the action as listed under 6NYCRR Part 617.5 (c): _____
- Copy of the full text of ordinance or local law being proposed or amended (if applicable).
- Copy of the application submitted to referring body.
- Maps and plans (i.e. conceptual site plan, schematic plan, site details, etc.): If oversized (larger than 11"x17"), please reduce original maps and plans to 11"x17" for submission.
- Aerial photograph(s) showing the context of the site location.
- Twelve (12) printed copies of the full statement with the above stated inclusions.
 - An electronic version of the completed full statement: please provide CD copy or e-mail to the Washington County Real Property.

Please provide details of any requirements of the Municipality's codes or regulations that were waived in this review.

Contact Information:

Person responsible for submitting referral: _____

Title or position: _____

Mailing address: _____

Phone: _____ Fax: _____

Please sign and date the receipt below:

I _____, certify that the statement of the proposed action being submitted for referral to the Washington County Planning Board on (date) _____ is complete to the best of my knowledge and in accordance with the municipality's land use ordinances and laws.

Space below provided for Planning Department use:

Date received in office: _____

Deadline Date: _____

<i>Stamped date received</i>

Materials list:

- Completed EAF
- Copy of the text of ordinance or local law being proposed or amended
- Copy of application submitted to the referring body
- Maps and plans
- Aerial photograph(s)
- Other: _____
- Twelve (12) printed copies of completed package