



LEWIS COUNTY PLANNING BOARD
 LEWIS COUNTY COURT HOUSE
 7660 NORTH STATE STREET; LOWVILLE, NY 13367
 PHONE: (315) 376-5422 FAX: (315) 377-3137

GENERAL MUNICIPAL REFERRAL FORM

Required pursuant to General Municipal Law Article 12B, Sections 239-l and 239-m

Date _____

1. Municipality (check appropriate box):
 Town of _____ Village of _____

2. Referring body (check appropriate box):
 Town/Village Board Zoning Board of Appeals Planning Board

3. Name, title and address of official to whom our recommendation is to be mailed:

4. Applicant's Name: _____
 Address: _____

 Phone: (_____) _____ - _____

5. Local project identification number (if applicable): _____

6. Type of Referral (check each appropriate line):

_____ Area Variance	_____ Subdivision Proposal
_____ Use Variance	_____ Preliminary
_____ Special Permit	_____ Final
_____ Site Plan Review	_____ Zoning Map Amendment
_____ Zoning Text Amendment(s)	_____ Other (specify): _____

7. Location of real property pertaining to referral (**fill out completely**):

A. Frontage Road Name: _____

B. Nearest Intersecting Road:
 Name: _____ Direction: _____ Distance: _____

C. Tax Map Parcel: Map _____ Block _____ Lot _____

D. Dimensions/Area of Property: _____

E. Existing Zoning District: _____

8. Brief written summary of proposed action: _____

9. Enclosures: **(please check all that apply)**

_____ * Sketch of proposal drawn to **scale** depicting existing and proposed buildings, proposed entrance/exit, internal traffic circulation pattern, designated parking areas, and north arrow.

_____ * Location map(s), example: (topographic map, real property tax map)

_____ * SEQR Environmental Assessment Form (EAF)

_____ Existing Area Zoning

_____ Agricultural Data Statement

_____ Subdivision plot plat(s)

_____ Copies of textual amendments

_____ Other (specify): _____

* **Mandatory for all referrals**

10. Other involved agencies (i.e., other agencies having permitting authority) – **(Please check all that apply)**

_____ NYS Department of Environmental Conservation

_____ NYS Department of Health

_____ NYS Department of Transportation

_____ Lewis County Soil and Water Conservation District

_____ Adirondack Park Agency

_____ Other(s): _____

11. Is this parcel located in an Agricultural District? _____ (yes or no)

If yes, then an Agricultural Data Statement needs to be completed and submitted with all applications for a Special Use Permit, Site Plan Approval, Use Variance or Subdivision Approval for projects occurring on property within an Agricultural District containing a farm operation, or on property with boundaries within 250 feet of a farm operation located in an Agricultural District. Please complete and submit the attached Agricultural Data Statement, if applicable.

Name of Local official completing this form: _____

Address: _____

Phone: (_____) _____ - _____

Send completed form and enclosures *(no later than 12 days before the next County Planning Board meeting – 3rd Thursday of each month)* to:

LEWIS COUNTY PLANNING BOARD
c/o LEWIS COUNTY PLANNING DEPARTMENT
7660 NORTH STATE STREET; COURT HOUSE
LOWVILLE, NY 13367

OFFICE USE ONLY:

Date Received: _____

Reviewed By: _____