

Control Number:
(County Use Only)

Date Postmarked:
(County Use Only)



PLANNING BOARD REFERRAL FORM

Date: _____ Village/Town of: _____ Referring Board: Town Planning ZBA

Name of Development/Project: _____

Applicant Name & Address: _____

Name and Address of Owner: _____

(If different from applicant) _____

Property Location: _____

Property Currently Zoned: _____ Next Local Board Meeting Date: _____

Pertinent Sections of Law/Local Code: _____

Present Land Use: _____ (Vacant, Agri, Resid, Comm, Ind, Public, Other)

If other, describe: _____

Tax Map Reference Number(s): _____ - ____ - _____ Acres: _____

_____ - ____ - _____ Acres: _____

_____ - ____ - _____ Acres: _____

Proposed Development Type: (Check ALL that Apply)

Residential Commercial Industrial Public Recreational Other (Describe : _____)

Type of Review Requested (CHECK ONE PER APP.): Amendment of Text Amendment to Map

Area Variance Use Variance Special Permit Preliminary Site Plan Final Site Plan

Preliminary Subdivision Plan Final Subdivision Plan Amended Site Plan

Short Description of the Project Application: _____

Name and Address of Architect/Engineer: _____

Additional Comments: (Include finding of local boards, mitigating circumstances, controversy, etc.):
(Attach copies of local Planning, Zoning, or Town board minutes as appropriate)

Please complete the following:

- 1. Are there sewers present on or near the site? Yes No
- 2. Are there water lines present on or near the site? Yes No
- 3. Is parcel located in a state certified agricultural district? Yes No (List number _____)
- 4. Are there state and/or national wetlands on the property? Yes No (List name or type_____)
- 5. Is the property in a Flood Hazard Area? Yes No
- 6. Are there bodies of water on or near the parcel? Yes No

IF Yes: Water Body Name or Type: _____

- 7. Required SEQR Form (Check, if required) Short EAF ___ (Type II Action and Unlisted Action)
Full EAF ___ (Type I Action & Optional for Unlisted)
- 9. Pollution Prevention Plan included? Yes No
(Required if 1 acre or more of soil is disturbed)
- 10. Does proposal correspond with Municipal Comprehensive Plan? Yes No
- 11. Subdivision, Type _____ SFR (Single family)
_____ MFR (Multiple family)
_____ TPD (Totally Planned Development)
_____ PUD (Planned Unit Development)
_____ Number of lots
- 12. Is there a Future Plan for remainder of land in Subdivision Yes No

COUNTY FULL STATEMENT OF PROPOSED ACTION CHECKLIST:

- _____ All Materials required by and submitted to the referring body as an application on a proposed action
- _____ Copy of Tax Map with Parcel Highlighted
- _____ SEQR Form
- _____ Ag Data Statement (if applicable)
- _____ Scaled Site Plan (illustrating ownership, date, scale, true north, architect/engineer name & address, property lines, structures, water lines, septic systems including 50% expansion area, wells, zoning setback and & other restrictive lines, perc tests and deep holes with data, flood hazard areas, wetlands and their buffer area.)

Signature is required by the person responsible for verifying “a full statement of such proposed action” has been submitted as required by General Municipal Law, Section 239-m, 1(c).

<https://www.nysenate.gov/legislation/laws/GMU/239-M>

Signature

Print Name / Title

Date

Please submit this form no less than 7 working days prior to the upcoming Board Meeting, along with required materials. Send to: Wayne County Planning at 9 Pearl St. Second Floor, Lyons, NY 14489 or by email to wayneplanning@co.wayne.ny.us. For more information visit, <https://web.co.wayne.ny.us/550/Planning-Board>