

CHAUTAUQUA COUNTY MUNICIPAL ZONING REFERRAL FORM

March 2017

SEND TO:

CHAUTAUQUA COUNTY PLANNING BOARD
C/O CHAUTAUQUA COUNTY PLANNING DEPT.
201 WEST THIRD ST., SUITE 115
JAMESTOWN, NY 14701

FOR COUNTY USE ONLY:	
MUNICIPALITY:	_____
DATE RECEIVED:	_____
POSTMARK DATE:	_____
HEARING DATE:	_____
DECISION DATE:	_____
DATE COUNTY RESPONSE SENT	_____

1. TYPE OF ACTION:

- | | |
|--|---|
| <input type="checkbox"/> Zoning Ordinance or Local Law (Adopt / Amend) | <input type="checkbox"/> Site Plan Approval |
| <input type="checkbox"/> Comprehensive Plan (Adopt / Amend) | <input type="checkbox"/> Special Use Permit |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Area Variance |

2. REASON FOR REFERRAL: affects property lying within 500 feet of: (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Municipal Boundary * (name) _____ | <input type="checkbox"/> County or State Road Route # _____ |
| <input type="checkbox"/> County-Owned Drainage Channel | <input type="checkbox"/> Operating Farm Located in a State Certified Ag District (except area variances) |
| <input type="checkbox"/> Existing/Proposed County/State Park or Recreation Area | <input type="checkbox"/> County or State owned land with Public Bldg. |

* Has neighboring municipality been notified 10 days prior of hearing date for special use permit, use variance, or site plan approval per NYS Gen. Municipal Law 239-nn? Yes No Not Applicable

3. NAME OF APPLICANT: _____

TAX PARCEL #: Sect _____ Block ___ Lot _____; Sect _____ Block ___ Lot _____; Sect _____ Block ___ Lot _____

STREET ADDRESS: _____ **ZONING DISTRICT:** _____

4. GENERAL DESCRIPTION OF PROPOSED PROJECT IN ENOUGH DETAIL TO ALLOW THE COUNTY PLANNING BOARD TO EVALUATE ITS POTENTIAL IMPACTS – INCLUDE CONCERNS IDENTIFIED BY REFERRING MUNICIPALITY (attach additional page if needed).

5. SUPPORTING DOCUMENTS: Please check all information requested below, unless not required by your board to make its decision, and **attach**:

- | | |
|--|--|
| <input type="checkbox"/> Completed Environmental Assessment Form | <input type="checkbox"/> Basic sketch of the proposal |
| <input type="checkbox"/> Location map with scale | <input type="checkbox"/> Copy of applicable zoning ordinance or law section |
| <input type="checkbox"/> In the case of the adoption or amendment of a zoning ordinance or local law, the complete text of the proposed ordinance or local law as well as all existing provisions. | |
| <input type="checkbox"/> Other(s) _____ | |

6. WHY ACTION IS NEEDED (e.g. 5 foot side yard request while law requires 10 feet; required parking not provided; not use by right; use not allowed in district, etc. – attach page if additional space needed):

7. PREVIOUS REQUEST: Has this request been made in the past? Yes No If yes, why was it denied/withdrawn?

8. WETLANDS/PROTECTED WATER BODIES/FLOOD ZONE//DRAINAGE:

- Is land in question in a designated state* or federal wetland? Yes No Unknown
 * (If unknown, this information can be obtained from the NYS DEC at (716) 372 – 0645)
- Will the project result in disturbance of land within 50 feet of the bed or banks of a protected water body?
 Yes No Unknown
- Is land in question within a flood zone as shown on National Flood Insurance rate maps?
 Yes No Unknown
- Will project result in short or long-term drainage problems? Yes No Unknown

9. STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQR) : (Please check all that apply.)

- Type I action (Requires long Environmental Assessment Form [EAF], **requires** designation of Lead Agency) –
 Lead Agency for this action _____
- Unlisted action (Requires short EAF, long EAF optional, coordination for Lead Agency optional)
- Type II action (Not subject to SEQR review according to Part 617.5)

10. WATER & SEWAGE:

- Is municipal water available for this project? Yes No Not Applicable
- If no, will sufficient well water be available? Yes No Unknown
- Are municipal sewers available for this project? Yes No Not Applicable
- If no, has on-site treatment system been approved? Yes No Unknown

11. TRAFFIC SAFETY:

- Will this project have an impact on traffic safety and/or congestion? Yes No Unknown
- Describe impact and mitigation measures to relieve negative impacts:

12. PRESENT CHARACTER OR USE OF PROPERTY IN QUESTION (e.g. - single-family house, commercial use, farm / agriculture, woods, etc.):

CHARACTER OF NEIGHBORING PROPERTY: (e.g. - uses or structures, and zoning district):

	CHARACTER	ZONE		CHARACTER	ZONE
NORTH:	_____	_____	SOUTH:	_____	_____
EAST:	_____	_____	WEST:	_____	_____

13. PUBLIC HEARING: Date _____ Time : _____ FINAL DECISION: Date _____ Time : _____

14. FROM: Town / Village / City of _____ Date _____

REFERRING OFFICIAL (Must be the chair of the board that will make a decision regarding this zoning referral)

- Chair, ZBA Chair, Planning Board Mayor Supervisor Council Chair

Name & Mailing address of above Referring Official: _____

_____ Phone _____

Signature of Referring Official as listed above: _____

Building Inspector/Zoning Officer or other person who can provide additional information:

_____ Phone _____