Niagara County Planning Board

General Municipal Law §239-M Referral Form

Niagara County Use Only:
Date Received:

				Referral #:	
	Part 1: Munic	cipal Informat	ion		
Referring Municipality:		Referring Agency:			
Referring Official:		Title:			
Referring Official Signature:		Address:			
Email:	Phone	Phone #: Fax #:			
Applicant Name:					
Email:		Phone #:			
	Part 2: Proj	ject Informati	on		
Address of Property:		Acreag	e:		
Tax Parcel Number(s):		Current Zoning District:			
Project Description		Previous	Previous/Future Meeting Information (REQUIRED)		
		Date		Reviewing Body	
	Part 3: Referral Typ	pe and Proxim	nity Trigge	r	
Referral Type (Check all that apply):		Property located within 500 ft. of (Check all that apply):			
Area Variance	Zoning Text Amendment	Existing or Proposed County / State Parkway,			
Use Variance	Zoning Map Amendment	Road or	Road or Highway, or County Owned Drainage Channel		
Special Permit	New Zoning Ordinance		County Road:		
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Site Plan Review	Comprehensive Plan	Municipa	al Boundary		
New Local Law	Local Law Amendment	NYS / C	ounty Recreation A	√rea	
Manadagiyaa		NYS / C	ounty Owned Land	d with Public Building	
Moratorium			Farm operation located in an Agricultural District (except for area variances)		
Other		(ехсерт	for area variances,)	

Part 4: Required Enclosures

The Niagara County Planning Board requires adequate information upon which to make its decision. The zoning referral form will not be accepted unless all of the following information as applicable is submitted (Please check that all items are included):

Planning Board Referral Form

SEQR Environmental Assessment Form (EAF)

One set of plans sized at 8.5" x 11" or 11" x 17" (if applicable).

For variances, a copy of the code from which the relief is being requested.

For zoning text amendments and local law amendments, copies of both the existing and proposed zoning / local law.

Copies of any local meeting minutes.

Any other documentation submitted to the municipality as part of the application process.

Part 5: Representative Contact Information

A project representative must attend the Niagara County Planning Board meeting.

Meeting information will be sent to the project representative via the email address provided in this section.

Project Representative Contact Information

Name:	Title:
Email:	Phone #:

DEADLINE

All completed referrals must be received by close of business on Friday, six business days preceding the 3rd Monday of each month. Note: January and February meetings are held on the 4th Monday of the month.

LATE REFERRALS WILL BE REVIEWED BY THE NIAGARA COUNTY PLANNING BOARD THE FOLLOWING MONTH.

Approval	No Significant Countywide or Inter-community Impact
Approval with Modifications	Disapproval