



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

Niagara County Use Only:

Date Received: _____

Referral #: _____

Part 1: Municipal Information

Referring Municipality:

Referring Agency:

Address:

Referring Official:

Title:

Email:

Phone #:

Fax #:

Applicant Name:

Email:

Phone #:

Part 2: Project Information

Address of Property:

Acreage:

Tax Parcel Number(s):

Current Zoning District:

Project Description

Previous/Future Meeting Information (REQUIRED)

Date

Reviewing Body

Part 3: Referral Type and Proximity Trigger

Referral Type (Check all that apply):

Area Variance Zoning Text Amendment

Use Variance Zoning Map Amendment

Special Permit New Zoning Ordinance

Site Plan Review Comprehensive Plan

New Local Law Local Law Amendment

Moratorium

Other _____

Property located within 500 ft. of

(Check all that apply):

Existing or Proposed County / State Parkway,
Road or Highway, or County Owned Drainage
Channel

County Road: _____

NYS Road: _____

Municipal Boundary

NYS / County Recreation Area

NYS / County Owned Land with Public Building

Farm operation located in an Agricultural District
(except 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.

For County Office Use Only

Recommendation from Niagara County Planning Board

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

Joseph Kibler, Chairman
Niagara County Planning Board

Date