



LIVINGSTON COUNTY PLANNING BOARD

Livingston County Government Center
6 Court Street, Room 305
Geneseo, New York 14454-1043
www.livingstoncounty.us

Telephone: (585) 243-7550 (585) 335-1734
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Email: LCPlanningBoard@co.livingston.ny.us

Referral Number

office use only

Date Received

ZONING REFERRAL FORM

Please complete all information on both pages

Date Form Completed: _____

REFERRING MUNICIPALITY: _____ Town _____ Village of _____

Referring Official: _____ Title: _____

Address: _____

Phone Number: _____

Municipal board with jurisdiction over application: _____

Referring Board (check appropriate boxes): ☐ Legislative Board ☐ ZBA ☐ Planning Board

APPLICANT(S): _____ Phone: _____

Applicant mailing address: _____

Location of Property: _____

Tax Map # _____ Current Zoning District _____

PROPOSED ACTION (check all that apply)

- | | | |
|---|--|--|
| ☐ Area Variance | ☐ Subdivision Review | ☐ Moratorium |
| ☐ Use Variance | ☐ Rezoning | ☐ Comprehensive Plan Adoption/Amendment |
| ☐ Special/Conditional Use Permit | ☐ Zoning Text Amendment | ☐ Other _____ |
| ☐ Site Plan Review | ☐ Zoning Map Amendment | _____ |

Description of the proposed action (attach detailed narrative): _____

Will the proposed connect to water and/or sewer facilities?

☐ Yes, Water

☐ Yes, Sewer

☐ Yes, Both

☐ No

Located in the Conesus Lake Watershed? ☐ Yes ☐ No

Is this action in compliance with the following?

Existing municipal plans (Comprehensive Plan, Strategic Plan, Ag & Farmland Protection Plan, etc.)	____yes	____no	____n/a
Local or State Subdivision regulations	____yes	____no	____n/a
Uniform Fire Prevention & Building Code	____yes	____no	____n/a
NYS Freshwater Wetlands Act	____yes	____no	____n/a
Local Flood Damage Prevention Law	____yes	____no	____n/a
Other federal, state, county, local laws	____yes	____no	____n/a

If non-compliance is identified, please describe. _____

Hearings/Meetings Schedule

Board	Public Hearing Date	Meeting Dates (prior & future)
Town Board/Board of Trustees		
Zoning Board of Appeals		
Planning Board		
Other:		

Action taken on this application (reviewed, approved, discussed, etc.) _____

"FULL STATEMENT" CHECKLIST

As defined in NYS General Municipal Law §239-m(1)(c)

Please make sure you have enclosed the following required information with your referral, as appropriate.
Failure to submit a "full statement" may result in a delay in County Planning Board review.

For All Actions:

- ____ County Planning Board Zoning Referral form
- ____ All application materials required by local law/ordinance to be considered a "complete application" at the local level (digital preferred)
- ____ Agricultural Data Statement (for Site Plan Review, Special/Conditional Use Permit, Use Variances, or Subdivision Review)
- ____ Part 1 Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) for State Environmental Quality Review (SEQR). If Type II Action, provide a statement to that effect.
- ____ Municipal board meeting minutes on the proposed action (digital preferred)

For Proposing or Amending Zoning Ordinances or Local Laws: The above requirements AND

- ____ Report /minutes from Town Board, Village Board of Trustees or Planning Board (digital preferred)
- ____ Zoning map
- ____ Complete text of proposed law, comprehensive plan, or ordinance (digital preferred)

Deadline: All completed referrals must be received by close of business on **Monday, TEN business days prior to the County Planning Board meeting.** County Planning Board meetings are held the second Thursday of each month.