



LIVINGSTON COUNTY PLANNING BOARD

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

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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 _____yes _____no _____n/a
 (Comprehensive Plan, Strategic Plan, Ag & Farmland Protection Plan, etc.)
- 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.