



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 _____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.