



Cattaraugus County Planning Department
Planning & Zoning Action
Part 1: Municipal Referral Form

For Office Use Only
Mail Email Delivery

Municipality: City Town Village
Referring Agency: Legislative/Town Board Planning Board Zoning Board of Appeals
Applicant/Owner's Name:
Location of Property: Total Acres:
Current Zoning: Current Use:
Parcel Number(s):
Project Description (be specific):

(Attach additional pages if necessary)

Status of Local Approval: Preliminary Approval Issued?: Yes No Public Hearing Scheduled: Yes No
If yes: Date: Time: Location:

Parcels within 500 feet of:
(Check all that apply)
State Road
County Road
State / County Facility
State / County Park/Rec. Area
State / County Property
Municipal Boundary
County-owned Stream or Drainage Channel
An Agricultural District Parcel Within the Agricultural District

Type of Action
(Check all that apply)
Comprehensive Plan
Local Law
Site Plan Review
Special Use Permit
Subdivision
Variance - Area
Variance - Use
Zoning Map
Zoning Text
Other:

State Environmental Quality Review
(SEQR) Status
Type I Action
Unlisted Action
Type II Action
Determination of Significance
Positive Declaration
Negative Declaration
Not Issued

Municipal Official Certification:

A copy of all information (\*See Referral Checklist\*) required by the zoning law of referring municipality is included.

Submitted by:

Name: Title:
Address:
City: State: Zip:
Phone: Email:

Signature of Referring Officer

Date



## Cattaraugus County Planning Department Planning & Zoning Action Part 1: Municipal Referral Form

### Directions:

1. Complete the Planning & Zoning Action Referral Form (*Municipality must complete one for each referral made*)
2. Include full statement of materials (*See "Full Statement" definition below*)
3. Sign Municipal Official Certification
4. Mail to: **Cattaraugus County EDPT  
Attn: Planning Department  
303 Court Street  
Little Valley, NY 14755**

### Please note:

- A. All Referral Notice packages must be received at least eight **(8)** calendar days prior to the Cattaraugus County Planning Board monthly meeting. (normally held the last Thursday of each month, check [www.cattco.org](http://www.cattco.org) to confirm)
- B. Late referrals will be reviewed the following month.
- C. Recommendations by CCPB shall be made to the municipality within thirty (30) days of receipt of the full statement.

### Referral Checklist:

ALL actions require the following:

- Completed Referral Notice
- SEQR – Completed Environmental Assessment Form or Environmental Impact Statement
- Agricultural Data Statement (when applicable)
- Full statement as required by GML 239m and the local zoning law/ordinance (see below)
  - Comprehensive Plan Text
  - Local Application Forms
  - Local Law Text
  - Meeting Minutes
  - Site Plan
  - Zoning Amendment Text
  - Zoning Map Changes
  - Reasoning for Variances or Special Use Permits

### Full statement

Per NYS General Municipal Law §239-m, all referrals shall include a "full statement" of all materials representative of the proposed action. This includes a completed Environmental Assessment Form, in addition to an Ag Data Statement, Applications, Site Plan Drawings (to scale), Text Documents, Maps, Minutes, Legal Notices, and any materials, as applicable, required to make an appropriate determination of significance by the CCPB.