



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:** _____
_____ ☐ Entire Municipality
Current Zoning: _____ **Current Use:** _____ ☐ n/a
Parcel Number(s): _____ ☐ Entire Municipality
Project Description (*Required - 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



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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 ten **(10)** calendar days prior to the Cattaraugus County Planning Board monthly meeting. (normally held the last Thursday of each month, check 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.