

# Cayuga County GML §239 l, m & n Review Committee Referral Form

**To:** Cayuga County Department of Planning  
and Economic Development  
160 Genesee Street; 5<sup>th</sup> Floor  
Auburn, New York 13021

**From:** Municipal Board: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: (315) 253-1276  
Email: [planning@cayugacounty.us](mailto:planning@cayugacounty.us)

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_  
**Tax Map Number:** \_\_\_\_\_ **Acres:** \_\_\_\_\_  
**Current Zoning:** \_\_\_\_\_ **Current Land Use:** \_\_\_\_\_  
**Project Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional pages if necessary)

## Proposed Action(s)

*Please complete the section below that pertains to the proposed action being submitted for review.*

**Local Law or Regulation**       New       Amendment

Comprehensive Plan       Local Law       Zoning Law / Ordinance       Other

### **Site Plan**

Proposed Improvements: \_\_\_\_\_

Intended Use(s): \_\_\_\_\_

Will the proposed project require a variance?       Yes       No      Specify: \_\_\_\_\_

Is a State or County DOT work permit required?       Yes       No      Specify: \_\_\_\_\_

### **Special Use Permit**

List the section(s) of the local zoning law/ordinance that requires a special use permit for the proposed use: \_\_\_\_\_

Required conditions: \_\_\_\_\_

Will the proposed use require a variance?       Yes       No      Specify: \_\_\_\_\_

**Subdivision**

Name: \_\_\_\_\_  Preliminary  Final  
Number of Lots: \_\_\_\_\_ Type:  Residential  Single/Multi-Family  Commercial/Industrial  
Is Public Water available?  Yes  No Is Public Sewer available?  Yes  No  
Is a State or County DOT work permit required?  Yes  No Specify: \_\_\_\_\_  
Will the proposed project require a variance?  Yes  No Specify: \_\_\_\_\_

**Variance**

Type:  Area  Use  
List the section(s) of the local zoning law/ordinance requirements that the variance is being sought for, **and** the specific details of the variance request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEQR Determination**

*Please provide the State Environmental Quality Review (SEQR) information below regarding the type of SEQR action and, if the SEQR process is completed note the SEQR finding. The GML §239 l, m & n Committee does not require full completion of the SEQR process and a local determination prior to reviewing and acting on a referral, however a complete referral package must include a completed and signed Part I of the SEQR forms.*

Action:  Type I  Type II  Unlisted Action  Exempt  
Finding:  Positive Declaration- Draft EIS  Conditional Negative Declaration  Negative Declaration  No Finding (Type II Only)  
SEQR Determination Made by (Lead Agency): \_\_\_\_\_ Date: \_\_\_\_\_

**Attachments**

Local Application Form  SEQR Forms  Text Amendment  Other \_\_\_\_\_  
 Site Plan  Survey  Subdivision Plat (map)

To my knowledge, this referral request, as required by NYS GML §239 l, m & n, is complete and includes copies of all documents/applications required of and submitted by the applicant to the local municipality, and supporting materials to assist the Cayuga County GML §239 l, m, & n Review Committee (“Committee”) in its review. I understand that if no formal action is taken by the Committee within 30 days of receipt of this referral, then the referring board identified on this form may proceed without the Committee’s recommendation, unless an extension of time is agreed upon or unless the Committee’s recommendation is received at least 2 days prior to local municipal action.

\_\_\_\_\_  
Name and Title of Person Completing this Form Transmittal Date