

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

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

From: Municipal Board: _____
Primary Contact: _____
Address: _____

Phone: (315) 253-1276
Email: 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)

Complete only the section(s) that apply to the action proposed by this referral

<u>Local Law or Regulation</u>	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	
<input type="checkbox"/> Comprehensive Plan	<input type="checkbox"/> Local Law	<input type="checkbox"/> Zoning Law / Ordinance	<input type="checkbox"/> Other

<u>Site Plan</u>			
Proposed Improvements: _____			
Intended Use(s): _____			
Will the proposed project require a variance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____
Is a State or County DOT work permit required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____

<u>Special Use Permit</u>			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____

Subdivision

Name: _____

Number of Lots: _____ Type: Residential Preliminary Final

Is Public Water available? Yes No Single/Multi-Family Commercial/Industrial

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

Will the proposed project require a variance? Yes No No 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 Finding: Positive Declaration- Draft EIS

Type II Conditional Negative Declaration

Unlisted Action Negative Declaration

Exempt 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