



**ALLEGANY COUNTY PLANNING BOARD**

Crossroads Conference Center  
6087 NYS 19 N  
Belmont, New York 14813  
Phone (585) 268-7472  
Fax (585) 268-7473  
[www.alleganyco.com](http://www.alleganyco.com)

E-Mail: [dirlamhk@alleganyco.com](mailto:dirlamhk@alleganyco.com)

**239 (L, M & N) REFERRAL FORM**

Allegany County Planning File # \_\_\_\_\_  
Date Received by Allegany County Planning: \_\_\_\_\_  
Date Reviewed by Allegany County Planning Board: \_\_\_\_\_

**MUNICIPAL INFORMATION**

Municipality referring project: \_\_\_\_\_

Project Title: \_\_\_\_\_

Board referring project:  Town/Village Board  Planning Board  ZBA

Board's next meeting date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_

*Certification: With the following signature, I certify that this application provides a complete description of the proposed local action and is a "complete application" pursuant to the Allegany County Planning Board By-laws and NYS General Municipal Law, Article 12-B, Section 239-m, part-c.*

\_\_\_\_\_  
Signature of Referring Official

\_\_\_\_\_  
Date

**REFERRAL INFORMATION**

- Type of Action:  Site Plan Review
- Special Use Permit
- Zoning Map Adoption/Amendment
- Zoning Adoption/Amendment
- Area Variance
- Use Variance
- Comprehensive Plan Adoption/Amendment
- Moratorium
- Other (please indicate) \_\_\_\_\_

*NYS General Municipal Law, Section 239-m states that projects must be referred to the County Planning Board if the property is within 500 feet of an existing or proposed: (check all that apply)*

- NYS Route # \_\_\_\_\_
- County Road # \_\_\_\_\_
- NYS or County park/recreation area
- NYS or County owned land
- County right of way for a stream or drainage channel
- Municipal boundary
- Farm operation located in an agricultural district.



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**PROJECT INFORMATION**

Applicant name & address: \_\_\_\_\_

Property owner name & address: \_\_\_\_\_

Tax parcel number (s): \_\_\_\_\_

Term used by the municipality to define the proposed use or project (i.e., small retail, outdoor recreation, etc.): \_\_\_\_\_

Sections of local code(s) that apply to this application: \_\_\_\_\_ NA \_\_\_\_\_

Current zoning of property: \_\_\_\_\_ Existing land use of property: \_\_\_\_\_

Private Septic System  or public sewer  Private water source  or Public Water Source

Does this action require approval of the Allegany County Health Department?  No  YES

Has SEQR been completed on this project? [Please attach]  No  YES

***Description of project/Referring Boards Opinion:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral requirements:** A copy of all information required by the local zoning law shall be submitted with this referral letter. **ENCLOSED**

- 1) It is generally recommended that the applicant and/or a member of the municipal board attend and present the project to the Allegany County Planning Board so as to minimize the likelihood of having to table the project due to unanswered questions.
- 2) The County Planning Board meets the third Wednesday of every month 7 PM unless there is an official holiday and except January, July and August unless a review is required. The deadline for referrals is seven (7) days prior to the monthly meeting.
- 3) The County Planning Board has 11 members and the County Planning Department require copies of documents. Please supply sufficient copies.
- 4) If you have questions about the referral process or are not sure if a projects needs to be referred, please call County Planning at (585) 268-7472.

\*\*Provision of required information is the responsibility of the applicant and referring agency. Failure to provide such information may result in a significant delay in processing.

Send Referrals to:

**C/O Kier Dirlam – County Planner  
Allegany County Planning Board  
Crossroads Commerce & Conference Center  
6087 NYS Route 19  
Belmont, NY 14813 Or via e-mail at [dirlamhk@alleganyco.com](mailto:dirlamhk@alleganyco.com)**