



**PLANNING BOARD**

Crossroads Center  
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Belmont, New York 14813  
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**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  
Referring 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 Municipal Official**

\_\_\_\_\_  
**Date**

**REFERRAL INFORMATION**

Type of Action:     Site Plan Review  
                           Special Use Permit  
                           Zoning Map Adoption/Amendment  
                           Zoning Law Adoption/Amendment  
                           Area Variance  
                           Use Variance  
                           Comprehensive Plan Adoption/Amendment  
                           Local Law Change or New Law  
                           Moratorium  
                           Solar or Wind or other renewable energy Project  
                           Historic Site/District Review  
                           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.

**PROJECT INFORMATION**

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

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: \_\_\_\_\_

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 all parts, document, forms] \_\_\_ No \_\_\_ YES

*Use additional pages as needed below:*

*Description of project:*

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

*Referring Boards Opinion of the project should be described:*

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

Referral requirements: This Form *ENCLOSED* \_\_\_

Cover Letter from Municipality stating that they are referring this project: *ENCLOSED* \_\_\_

Section of Zoning or other law relevant to this referral is to be enclosed: *ENCLOSED* \_\_\_

A copy of all information required by the local law shall be submitted with this referral letter.

*ENCLOSED* \_\_\_

SEQR forms and related documents:

*ENCLOSED* \_\_\_

Project Drawings, Engineering Documents, Etc.

*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. The Planning Board is legally allowed 30 days from the date of receipt of application.
- 3) **Please plan to supply sufficient paper copies upon referral.** The County Planning Board has 11 members and the County Planning Department requires 3 copies of documents for a **total of 14 copies**. If you have questions about copies for **large referral packets please call 585-268-7472**.
- 4) Please **ALSO** submit all information electronically to the e-mail below.
- 5) 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 – Director of Planning  
Allegany County Planning Board  
Crossroads Commerce & Conference Center  
6087 NYS Route 19  
Belmont, NY 14813  
And via e-mail at [dirlamhk@alleganyco.com](mailto:dirlamhk@alleganyco.com)**