GML 239 Referral Notice

To: Onondaga County Planning Board  From: Municipal Board: ____________________________
    1100 Civic Center                                Referring Officer: ______________________
    421 Montgomery Street                           Mail original resolution to: ________________________________
    Syracuse, New York 13202                       ________________________________
    Phone: 435-2611                                 ________________________________

Re: General Municipal Law §239 Referral _____ Informal Review _____ 3-Mile Limit Review _____

1. Applicant: ____________________________  2. Site Address: ____________________________
3. Tax Map Number(s): __________________  4. Acres: ______
5. Is the site within the county sanitary district? □ Yes □ No
6. Is the site currently serviced by public water? □ Yes □ No
7. On-site waste water treatment is currently provided by: □ Public Sewer or □ Septic System
10. Project Description:____________________

11. OCPB Jurisdiction:

□ Text Adoption or Amendment □ Site is located within 500’ of: ____________________________

Check All That Apply
□ a municipal boundary (Specify by Name)
□ a state or county thruway/highway/roadway
□ an existing or proposed state or county park/recreation area
□ an existing or proposed county-owned stream or drainage channel
□ a state or county-owned parcel on which a public building or institution is situated
□ a farm operation located in an agricultural district (Incl Ag Data Statement pursuant to AML § 305-a)

Referred Action(s)

If referring multiple, related actions, please identify the referring municipal board if different from above.

12. □ Text Adoption or □ Amendment Referring Board:
   □ Comprehensive Plan □ Local Law □ Zoning Ordinance □ Other ____________________________

13. □ Zone Change Referring Board:
    □ Local Law □ Zoning Ordinance □ Other ____________________________
    Proposed Zone District: ________________________ Number of Acres: ___________
    Purpose of the Zone Change: ____________________________

14. □ Site Plan □ Project Site Review Referring Board:
    Proposed Improvements: ____________________________
    Proposed Use: ____________________________
    Will the proposed project require a variance? □ Yes □ No  Type: □ Area □ Use
    Specify: ____________________________
    Is a state or county DOT work permit needed?  If Yes: □ State or □ County □ No
    Specify: ____________________________

Form dated 1 January 2009
15. ☐ Special Permit Referring Board:
Section of local zoning code that requires a special permit for this use: ____________________________
Will the proposed project require a variance?   ☐ Yes   ☐ No   Type: ☐ Area   ☐ Use

16. ☐ Subdivision Referring Board:
Name of Subdivision: ____________________________ ☐ Preliminary   ☐ Final
Number of Lots: _____   Type: ☐ Commercial / Industrial   ☐ Residential → Single / Multi / Both
                      (Circle One)   (Circle One)
Is this a cluster subdivision pursuant to Section 278 of the New York State Town Law?   ☐ Yes   ☐ No
Will the proposed subdivision require a variance?   ☐ Yes   ☐ No   Type: ☐ Area   ☐ Use
Is a state or county DOT work permit needed? If Yes:   ☐ State or   ☐ County   ☐ No
Specify: ____________________________________________

17. ☐ Variance Referring Board:
☐ Area   ☐ Use
Section(s) of local zoning code to which the variance is being sought: __________________________
Describe how the proposed project varies from the above code section: ______________________________

SEQR Determination

Action: ____________________________ Finding: ____________________________
☐ Type I   ☐ Type II   ☐ Unlisted Action   ☐ Exempt   ☐ Positive Declaration – Draft EIS
☐ Conditional Negative Declaration   ☐ Negative Declaration   ☐ No Finding (Type II Only)

SEQR determination made by (Lead Agency): ____________________________ Date: ______________

Attachments
☐ Survey   ☐ Subdivision Plat (map)   ☐ Environmental Assessment Form   ☐ Proposed Text
☐ Site Plan   ☐ Local Application Form   ☐ Ag Data Statement   ☐ Other __________________

This referral, as required by GML §239 l, m & n, includes complete information, and supporting materials to assist the Onondaga County Planning Board (OCPB) in its review. If no formal action is taken by the OCPB within 30 days, the referring board may proceed without the OCPB’s recommendation, unless an extension of time is agreed upon, or unless the OCPB’s recommendation is received 2 days prior to municipal review.

Name, Title & Phone Number of Person Completing this Form ____________________________ Transmittal Date ____________________________