

General Municipal Law 239 (l) & (m) Referral Form

Referrals must be postmarked or received twelve (12) days prior to the CCPB regular meeting, 3rd Tuesday of each month

Submit To: Columbia County Planning Board (CCPB), 401 State Street, Hudson, New York 12534
patrice.perry@columbiacountyny.gov

From: Town____ Village____ City____ of____
Legislative Body____ Z.B.A.____ Planning Board____

Applicant Name: _____

Mailing Address: _____ Zip____

Subject: Area Variance____ Use Variance____ Special Permit____ Site Plan Review____
Zoning Law Amendment____ Zoning Map Amendment____ Comprehensive Plan____
Other_____

Property Location: (describe accurately) _____

Describe Proposed Action: _____

Submission Requirements: For all referrals other than Zoning Law* and Map Amendments*, the following must be provided or the referral may be deemed incomplete:

1. Completed Building/Zoning Permit Application with reason for denial
2. Completed application form as required by the local Z.B.A. or Planning Board
3. Site Plan, Plot Plan or plat containing all information required by the municipal Zoning Law or Site Plan Review Law
4. Parcel tax map number: _____
5. Zoning District in which the parcel is located: _____
6. Date property was acquired by the applicant(s): ____/____/____
7. Date public hearing will be held: _____
8. Completed Environmental Assessment Form (EAF) Part 1 or Draft Environmental Impact Statement, if required
9. *Complete text of the proposed ordinance or local law as well as all existing provisions to be affected thereby, existing zoning map – *for zoning ordinance/local law /zoning map amendment only*

Reason for referral: Parcel of proposed action is within 500' of: _____

_____ A municipal boundary_____
_____ County or State Park or recreation, either existing or proposed_____
_____ State or County road or right-of-way, either existing or proposed_____
_____ State or County-owned building or institution_____
_____ Stream or drainage channel owned by the County or for which channel lines have been established_____
_____ Active farm operation within an Agricultural District (*shall not apply to area variances, <https://www.nysenate.gov/legislation/laws/GMU/239-M>*)_____

It is understood that if no action is taken on this referral within thirty (30) days (or mutually agreed upon extension of time) of the receipt of a complete referral by the CCPB, the municipal body may proceed without the CCPB recommendation.

Signature _____ Title _____ Date: ____/____/20____

Print Name: _____

Email recommendation to: _____