



## PART 1 – PLANNING/ZONING COORDINATION REFERRAL CATTARAUGUS COUNTY PLANNING DEPARTMENT

Municipality must complete this page for each referral being made.

Send to: Cattaraugus County Economic Development, Planning & Tourism, 303 Court Street, Little Valley, New York 14755

FROM: \_\_\_\_\_ TELEPHONE: "" \_aaa \_\_\_\_\_  
(Referral Officer, Title)  
\_\_\_\_\_  
(Department, Municipality, Firm, etc.)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_

FAX: "" \_aaa \_\_\_\_\_  
City Legislative Body  
Town Planning Board  
Village Board of Appeals

**TYPE OF REFERRAL:** (Please check appropriate box)

Zoning Map Amendment	Special Use Permit	Site Plan Review	Comprehensive Plan
Zoning Text Amendment	Variance (area/use)	Moratorium	Other _____

**REQUIRED INFORMATION ON ZONING REFERRALS ONLY:**

1. This planning/zoning case is forwarded to your office for review in compliance with Sections 239-l and 239-m of Article 12-B of the General Municipal Law, New York State. The proposed change concerns: *(briefly describe)*

"

2. Affected property is located at: \_\_\_\_\_

Tax Map Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

3. State Environmental Review (SEQR) Status: Type I Unlisted Action Type II  
Determination of Significance: Positive Declaration Negative Declaration Not issued

4. Public Hearing: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

7. This material is sent to you for review and recommendation because the property affected is located within 500 feet of the:

- ☐ Municipal boundary ☐ City ☐ Village ☐ Town  
☐ County or state right-of-way of a parkway, thruway, expressway or other highway  
☐ County or state park or other recreation area  
☐ Boundary of state or county-owned land used for public building or institution  
☐ Right-of-way of stream or drainage channel  
☐ Boundary of a farm operation located in an Agricultural District (please include a completed Ag Data Statement)

8. Enclosures: ☐ Legal Notice ☐ Map ☐ Text ☐ Minutes ☐ Ag Data Statement ☐ SEQR ☐ Other

IDENTIFICATION NO:

\_\_\_\_\_  
Signature of Referring Officer

\_\_\_\_\_  
Date