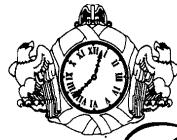


ONEIDA COUNTY

ANTHONY J. PICENTE, JR.
COUNTY EXECUTIVE

JOHN R. KENT, JR.
COMMISSIONER



Boehlert Center
at UNION STATION

DEPARTMENT OF PLANNING • Boehlert Center at Union Station • 321 Main St • Utica, NY 13501 • (315) 798-5710

ZONING and SUBDIVISION REFERRAL FORM

For Oneida County Planning Department Use Only	
_____	Referral Number
_____	Date Received

INSTRUCTIONS

Pursuant to Section 239 - l, - m, and - n of New York State General Municipal Law, if a municipality has adopted zoning or subdivision regulations, any such non-ministerial zoning or subdivision action must be referred to this department for review, if such actions involve real property lying within **500 feet** of the following. (Check all that apply.)

- A municipal boundary;
- The right of way of an existing county or state road;
- The boundary of a county or state park or other recreation area;
- The boundary of any county or state owned property on which a public building or institution is located; or
- The boundary of a farm operation located within an Agricultural District, as defined by Article 25-AA of the Agricultural & Markets Law (excluding area variances)

To submit a project for review, one copy of this form must be completely filled out by the referring body and the appropriate enclosures attached. **Any incomplete information may result in the delay of our review and a postponement of the project completion.**

1. **Municipality** (check appropriate box and fill in name):

City of _____ Town of _____ Village of _____

2. **Referring body** (check appropriate box):

Legislative body Zoning Board of Appeals Planning Board

3. **Applicant:** Name: _____

Address: _____

Phone: _____

4. **Local project identification number** (if applicable) _____

5. **Location of real property (Please fill out completely):**

A. Frontage Road Name _____

B. Nearest Intersecting Road:

Name _____ Direction _____ Distance _____

C. Tax Map Parcel: Map _____ Block _____ Lot _____

D. Dimensions/Area of Property _____

E. Existing Zoning District _____

6. **Brief written summary of proposed action:**

7. **TYPE OF REFERRAL** (check appropriate box)

- | | | |
|---|---|--|
| <input type="checkbox"/> A. Use Variance | <input type="checkbox"/> D. Site Plan Review | <input type="checkbox"/> G. Other (specify) |
| <input type="checkbox"/> B. Area Variance | <input type="checkbox"/> E. Zoning Text Amendment | <input type="checkbox"/> H. Subdivision Proposal |
| <input type="checkbox"/> C. Special/Conditional
Use Permit | <input type="checkbox"/> F. Zoning Map Amendment | <input type="checkbox"/> Preliminary |
| | | <input type="checkbox"/> Final |
| | | <input type="checkbox"/> Number of lots |

8. **ENCLOSURES** (check all that apply)

- Location Map (**required for all referrals except 7E**)
- SEQR Environmental Assessment Form (**required for all referrals**)
- Sketch (**required for all referrals except 7E & 7F**)
drawn to scale depicting existing and proposed buildings, proposed ingress/egress, internal traffic circulation patterns, designated parking, areas, existing zoning district map, and north arrow.
- Subdivision plot plat(**required for 7H only**)
- Copies of textual amendments (**required for 7E only**)
- Other (specify) _____

9. **Other involved agencies** (i.e., other agencies having permitting authority) (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Oneida County Dept. of Public Works | <input type="checkbox"/> NYS Dept of Environmental Conservation |
| <input type="checkbox"/> Oneida County Dept. of Health | <input type="checkbox"/> Adirondack Park Agency |
| <input type="checkbox"/> NYS Dept. of Transportation | <input type="checkbox"/> Other (specify) _____ |

Name, Title and Address of official to whom our recommendation is to be mailed:

Send completed form and enclosures to:
Oneida County Planning Department
Boehlert Center at Union Station
321 Main Street
Utica, New York 13501
Fax: (315) 798-5852