



Yates County Planning Board Referral Form

Referral # _____
County Use Only _____

Date Received _____

Revised 4/2017

Municipality and Referring Agency _____

Project Address _____ Project Tax Map # _____

Zoning District _____

Applicant (**Name & MAILING**) _____

_____ Email

Property Owner (**Name & MAILING**) _____

_____ Email

Reason for Referral (Prox. to Cty Rd., State Rd., Muni Boundary, etc.) _____

Application Type

Project Description

- Area Variance
- Use Variance
- Special Use Permit
- Site Plan
- Subdivision
- Text Amendment
- Map Amendment
- Other _____

Supporting Documents Required (IF N/A, include explanation)

- Municipal Application
- Tax Map or Plat
- SEQR
- Site Plan *
- Variance Criteria **
- Subdivision Plat For Subdivision Referrals Only
- Other _____

*If Site Plan Review, Site Plan **MUST** be detailed and meet the municipal requirements.

All Variance referrals (Area/Use) **MUST include detailed justifications associated with reason/s for appeal.

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 NYS General Municipal Law Article 12b, Section 239-m, part c.*

_____, Referring Official



Provision of required information is the responsibility of the referring agency. Failure to provide such information may result in a significant delay in processing.

Submit To: Yates County Planning Department, dlong@yatescounty.org or 417 Liberty St. Suite 1093, Penn Yan, NY 14527