GML 239 Referral Notice

| | Municipal Board: | |
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| 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 pro | ovided by: Public Sewer or Septic System | |
| 8. Current Zoning: | 9. Current Land Use: | |
| 10. Project Description: | | |
| a municipal boundary 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 | | |
| Completionsive i ian Local Law Zom | lig Ordinance Other | |
| 13. Zone Change | Referring Board: | |
| 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 Y Specify: | · | |

| 15. Special Permit | Referring Board: |
|--|---|
| Section of local zoning code that requires a sp | pecial 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 |
| * * | ercial / Industrial Residential → Single / Multi / Both (Circle One) (Circle One) |
| Is this a cluster subdivision pursuant to Sectio | n 278 of the New York State Town Law? Yes No |
| Will the proposed subdivision require a varian | nce? 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 | estaman ta batma accorda |
| Section(s) of local zoning code to which the va | ariance is being sought: |
| Describe how the proposed project varies from | the above code section: |
| Describe now the proposed project varies from | The doore code section. |
| | |
| | |
| SEQR Determination | |
| Action: | Finding: |
| Type I | Positive Declaration – Draft EIS |
| Check Type II | Conditional Negative Declaration |
| One Unlisted Action | Negative Declaration |
| Exempt | No Finding (Type II Only) |
| SEQR determination made by (Lead Agend | cy):Date: |
| | Attachments |
| | Attachments |
| Survey Subdivision Plat (map) | Environmental Assessment Form Proposed Text |
| Site Plan Local Application Form | Ag Data Statement Other |
| assist the Onondaga County Planning Board (County Planning Board (Co | an, includes complete information, and supporting materials to OCPB) in its review. If no formal action is taken by the OCPB ed without the OCPB's recommendation, unless an extension of |
| time is agreed upon, or unless the OCPB's reco | ommendation is received 2 days prior to municipal review. |
| Name, Title & Phone Number of Person Comp | pleting this Form Transmittal Date |