



**LIVINGSTON COUNTY PLANNING BOARD**

Livingston County Government Center  
6 Court Street, Room 305  
Geneseo, New York 14454-1043  
www.livingstoncounty.us

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<b>Referral Number</b> _____
office use only

**Date Received**

**ZONING REFERRAL FORM**

*Please complete all information on both pages*

Date Form Completed: \_\_\_\_\_

**REFERRING MUNICIPALITY:** \_\_\_\_\_ Town \_\_\_\_\_ Village of \_\_\_\_\_

Referring Official: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Municipal board with jurisdiction over application: \_\_\_\_\_

Referring Board (check appropriate boxes):  Legislative Board  ZBA  Planning Board

**APPLICANT(S):** \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant mailing address: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Tax Map # \_\_\_\_\_ Current Zoning District \_\_\_\_\_

**PROPOSED ACTION** (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Area Variance                  | <input type="checkbox"/> Subdivision Review    | <input type="checkbox"/> Moratorium                            |
| <input type="checkbox"/> Use Variance                   | <input type="checkbox"/> Rezoning              | <input type="checkbox"/> Comprehensive Plan Adoption/Amendment |
| <input type="checkbox"/> Special/Conditional Use Permit | <input type="checkbox"/> Zoning Text Amendment | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Site Plan Review               | <input type="checkbox"/> Zoning Map Amendment  | _____  |

Description of the proposed action (attach detailed narrative): \_\_\_\_\_

Will the proposed connect to water and/or sewer facilities?

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes, Water | <input type="checkbox"/> Yes, Sewer |
| <input type="checkbox"/> Yes, Both  | <input type="checkbox"/> No         |
- Located in the Conesus Lake Watershed?  Yes  No

Is this action in compliance with the following?

- Existing municipal plans  yes  no  n/a  
(Comprehensive Plan, Strategic Plan, Ag & Farmland Protection Plan, etc.)
- Local or State Subdivision regulations  yes  no  n/a
- Uniform Fire Prevention & Building Code  yes  no  n/a
- NYS Freshwater Wetlands Act  yes  no  n/a
- Local Flood Damage Prevention Law  yes  no  n/a
- Other federal, state, county, local laws  yes  no  n/a

If non-compliance is identified, please describe. \_\_\_\_\_

**Hearings/Meetings Schedule**

<b>Town Board/Board of Trustees</b>		
<b>Zoning Board of Appeals</b>		
<b>Planning Board</b>		
<b>Other:</b>		

Action taken on this application (reviewed, approved, discussed, etc.) \_\_\_\_\_

**"FULL STATEMENT" CHECKLIST**

As defined in NYS General Municipal Law §239-m(1)(c)

Please make sure you have enclosed the following required information with your referral, as appropriate. **Failure to submit a "full statement" may result in a delay in County Planning Board review.**

For All Actions:

- County Planning Board Zoning Referral form
- All application materials required by local law/ordinance to be considered a "complete application" at the local level (digital preferred)
- Agricultural Data Statement (for Site Plan Review, Special/Conditional Use Permit, Use Variances, or Subdivision Review)
- Part 1 Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) for State Environmental Quality Review (SEQR). If Type II Action, provide a statement to that effect.
- Municipal board meeting minutes on the proposed action (digital preferred)

For Proposing or Amending Zoning Ordinances or Local Laws: The above requirements AND

- Report /minutes from Town Board, Village Board of Trustees or Planning Board (digital preferred)
- Zoning map

**Deadline:** All completed referrals must be received by close of business on Monday, TEN business days prior to the County Planning Board meeting. County Planning Board meetings are held the second Thursday of each month.

**Town of Leicester  
Zoning and Planning Board  
P.O. Box 197  
Leicester, NY 14481  
(585) 382-3231**

**APPLICATION FOR SUBDIVISION**

Applicant: \_\_\_\_\_

Owner (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**We, the undersigned applicant and owner, hereby request approval by the Leicester of Leicester Zoning and Planning Board for the below-mentioned Subdivision:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant's Signature or Authorized Representative**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Owner's Signature or Authorized Representative**

Survey prepared by the following licensed land surveyor:

Name: \_\_\_\_\_

Name of Proposed Subdivision: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Subdivision: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of lots in subdivision: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Total area being subdivided: \_\_\_\_\_

Will the proposed activity be on property within an agricultural containing a working farm operation or on property with boundaries within 500 ft. of a farm operation located within an agricultural district?  
**If yes, an ag data statement form needs to be completed,**

List individual lot numbers and area per lot:

Lot # 1 \_\_\_\_\_

Lot # \_\_\_\_\_

Lot # 2 \_\_\_\_\_

Lot # \_\_\_\_\_

Lot # \_\_\_\_\_

Lot # \_\_\_\_\_

Lot # \_\_\_\_\_

Lot # \_\_\_\_\_

**A completed SEORA Environmental Assessment Form (EAF) is required as part of the Subdivision approval process. (Applicant completes front of the SEORA form only).**

Are any state/federal permits required? If yes, please list below. \_\_\_\_\_

\_\_\_\_\_

Will there be any new roads on the property? If yes, will they be dedicated to the Town? \_\_\_\_\_

\_\_\_\_\_

Current use of site (agricultural, commercial, undeveloped, etc.) \_\_\_\_\_

\_\_\_\_\_

Current condition of the surrounding lands (agricultural, suburban, wetlands, etc.) \_\_\_\_\_

\_\_\_\_\_

Are there any deed restrictions, right-of-ways, or easements on the property? \_\_\_\_\_

If yes, list below and include on maps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the property located in a floodplain district? \_\_\_\_\_

Please list any additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOWN OF LEICESTER  
AGRICULTURAL DATA STATEMENT**

Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Owner ( if different)

\_\_\_\_\_

\_\_\_\_\_

List the farmland owners of the lands that are in an agricultural district that are located within 500' of the boundary of the property of the proposed project.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE A MAP SHOWING THE SITE OF THE PROJECT RELATIVE TO THE FARM  
OPERATIONS IN THE AGRICULTURAL DATA STATEMENT**

Description of the proposed project and its location:

Location of site: \_\_\_\_\_

Tax Map # \_\_\_\_\_

Total site area in square feet or acres: \_\_\_\_\_

Ownership intentions/ proposed use of site: \_\_\_\_\_

Anticipated construction time : \_\_\_\_\_

Brief description of farm operation (s) that might be affected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant/owner

## Short Environmental Assessment Form

### Part 1 - Project Information

#### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ acres	
b. Total acreage to be physically disturbed?		_____ acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		