



Onondaga County Planning Board

GML 239 Referral Notice

Referring Municipality/Board: _____

Referral Contact: _____

Contact Email/Phone: _____

Type of Referral: General Municipal Law §239 Review Informal Review 3-Mile Limit Review

1. Project Applicant: _____ 2. Site Address: _____

3. Tax ID Number(s): _____ 4. Total Acres: _____

5. Current Zoning: _____ 6. Current Land Use: _____

7. Project Description: _____

Please indicate the existing AND proposed water and wastewater service. The notes field is available to provide further details which may better describe the proposed conditions, particularly for projects with multiple lots/structures.

Water Service		<i>Provider:</i> _____	
8a. Existing:	<input type="checkbox"/> Municipal <input type="checkbox"/> Individual Well <input type="checkbox"/> None	8b. Proposed:	<input type="checkbox"/> New or Additional Municipal Connection <input type="checkbox"/> New or Additional Individual Well <input type="checkbox"/> No Change
Wastewater Service		<i>Provider:</i> _____	
9a. Existing:	<input type="checkbox"/> Municipal Sanitary Sewer <input type="checkbox"/> Individual Septic System <input type="checkbox"/> None	9b. Proposed:	<input type="checkbox"/> New or Additional Municipal Connection <input type="checkbox"/> New or Additional Individual Septic System <input type="checkbox"/> No Change
Notes: _____			

10. **OCPB Jurisdiction** (check ALL that apply and specify)

<input type="checkbox"/> Text Adoption/Amendment -or- <input type="checkbox"/> Site is located within 500 feet of:
<input type="checkbox"/> a municipal boundary: _____
<input type="checkbox"/> a state or county thruway/highway/roadway: _____
<input type="checkbox"/> an existing or proposed state or county park/recreation area: _____
<input type="checkbox"/> an existing or proposed county-owned stream or drainage channel: _____
<input type="checkbox"/> a parcel containing a state or county-owned building/institution: _____
<input type="checkbox"/> a farm operation located in a New York State Agricultural District (include Ag Data Statement pursuant to AML §305-a)

Referred Action(s)

If referring multiple actions related to the same project, identify the referring municipal board if different from above.

11. **Text Adoption** -or- **Text Amendment** **Referring Board:** _____

(Includes: adoption of and amendments to comprehensive plans, local laws, zoning ordinances, subdivision regulations)

Please enclose a document with changes tracked OR the existing and proposed text with a summary of the proposed change(s).

Summary of the proposed additions/changes: _____

12. **Zone Change** (Includes map amendments) **Referring Board:** _____

Proposed Zoning District: _____ Number of Acres Affected: _____

Purpose and Proposed Use: _____

13. Site Plan -or- Project Site Review

Referring Board:

Proposed Use/Improvements: _____

14. Special Permit

Referring Board:

Section of local zoning code that requires a special permit for this use: _____
Purpose: _____

15. Preliminary Subdivision -or- Final Subdivision Referring Board:

Name of Subdivision: _____
Number of Proposed Lots and Use Type (residential and/or commercial): _____
Is this a cluster subdivision pursuant to Section 278 of the New York State Town Law? Yes No

16. Use Variance

Referring Board:

Section(s) of local zoning code to which the variance is being sought: _____
Describe how the proposed project varies from the above code section: _____

17. Area Variance

Referring Board:

Section(s) of local zoning code to which the variance is being sought: _____
Describe how the proposed project varies from the above code section: _____

18. Other Authorization

Referring Board:

Indicate the referable action and provide any other applicable details: _____

SEQR Information

Action (check one):

- Type I
- Type II
- Unlisted Action

Determination of Significance (if known):

- Positive Declaration – Draft EIS Required
- Conditional Negative Declaration (for Unlisted Actions only)
- Negative Declaration
- No Finding (Type II Actions only)

Lead Agency (if known): _____ Date Lead Agency Assigned: _____

In order for a referral to be considered complete, *the Type of Action must be classified, and the appropriate EAF (Short or Long EAF) must be filled out as required under SEQR, except in the case of Type II Actions which do not require an EAF. If the municipality possesses or will be requiring additional materials in order to make a determination under SEQR, or if a determination has been made, those materials are also required for the referral to be considered complete.*

Attachments

Survey Subdivision Plat EAF/Related Materials Laws/Texts
 Site Plan Local Application Form Ag Data Statement Other _____

This referral, as required by NYS GML §239 l, m & n, includes all materials required by and submitted to the referring body as an application on the proposed action, including all materials required by the referring body in order to make its determination of significance pursuant to SEQR.

Name/Title of Person Completing This Form

Phone/Email

Transmittal Date