REFERRAL FORM

MONTGOMERY COUNTY PLANNING BOARD

Referral Number_

assigned by the MCPB upon acceptance of referral for review

This Referral must be received **SEVEN CALENDAR DAYS** prior to the MCPB meeting date in order for it to be placed on the agenda.

TO:	Montgomery County Planning Board, Old County Courthouse, PO Box 1500, Fonda, New York 12068 Phone: 518-853-8334	FROM: Municipal Board:	
	Fax: 518-853-8336		
1.	Applicant:2. Site Address:		
3.	Tax Map Number(s):	4. Acres:	
5.	Is the site currently serviced by public water? Yes No		
6.	. On-site waste water treatment is currently provided by: Public Sewer or Septic System		
7.	. Current Zoning: 8. Current Land Use:		
9.	Project Description:		
10.	MCPB Jurisdiction:		
	Text Adoption or Amendment Site i	is located within 500' of:	
	a municipal boundary.		
	a State or County thruway/highway/roadw	ay	
	an existing or proposed State or County pa	ark/recreation area	
	an existing or proposed County-owned str	ream or drainage channel	
	a State or County-owned parcel on which	•	
	a farm operation within an Agricultural Di	istrict (Incl. Ag data Statement) (does not apply to area variances)	
11.	PUBLIC HEARING: Date:	Гіте: Location:	
		ferred Action(s) dentify the referring municipal board if different from above.	
12.	☐ Text Adoption or ☐ Amendment		
		oning Ordinance Other	
	Zone Change	Referring Board:	
	_	Number of Acres:	
Purp	pose of the Zone Change:		
14.	☐ Site Plan ☐ Project Site Review	Referring Board:	
Prop	posed Improvements:		
Prop	posed Use:		
Wil	1 the proposed project require a variance?	Yes No Type: Area Use	
	Specify:		
Is a	State of County DOT work permit needed?	If Yes : State or County No	
	Specify:		

15. Special Permit	Referring Board:
Section of local zoning code that requires a special	l permit for this use:
Will the proposed project require a variance?	☐ Yes ☐ No Type: ☐ Area ☐ Use
16. Variance	Referring Board:
☐ Area ☐ Use	
Section(s) of local zoning code to which the varia	nce is being sought:
Describe how the proposed project varies from the	e above code section:
	SEQR Determination
Action:	Finding:
☐ Type I	☐ Positive Declaration – Draft EIS
☐ Type II	 Conditional Negative Declaration
Unlisted Action	☐ Negative Declaration
Exempt	☐ No Finding (Type II Only)
SEQR determination made by (Lead Agency):	Date:
RE	QUIRED MATERIAL
Send 3 copies of a "Full Statement of the Propo	osed Action" which includes:
All materials required by and submitted to the refe	erring body as an application
• If submitting site plans, please submit onl	y 1 large set of plans, and 12 11x17 packets.
 All material may be submitted digitally as <u>planning-board-referrals/</u> 	well at http://www.mcbdc.org/planning-services/montgomery-county-
* ·	m, includes complete information, and supporting materials to assist the its review. Recommendations by MCPB shall be made to the Referringement.
Name, Title & Phone Number of Person Completing th	is Form Transmittal Date

This side to be completed by Montgomery County Planning.

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TO:		
Montgomer		ed on Please be advised that the reviewed the proposal stated on the opposite side of this wing recommendation.
	Approves	
	Approves (with Modification	
	Disapproves:	
	No significant County-wide	or inter-community input
	Not subject to Planning Board	l review
	Took no action	
		w requires that within thirty days after final action by the ion shall be filed with the County Planning Board.
Date		Kenneth F. Rose, Director Montgomery County Dept. of Economic Development and Planning