ONEIDA COUNTY

ANTHONY J. PICENTE, JR.
COUNTY EXECUTIVE

JOHN R. KENT, JR.
COMMISSIONER

Boehlert Center at UNION STATION

DEPARTMENT OF PLANNING • Boehlert Center at Union Station • 321 Main St • Utica, NY 13501 • (315) 798-5710

ZONING and SUBDIVISION REFERRAL FORM

For Oneida County Planning Department Use Only
_____ **Referral Number**
_____ **Date Received**

INSTRUCTIONS

Pursuant to Section 239 - l, - m, and - n of New York State General Municipal Law, if a municipality has adopted zoning or subdivision regulations, any such non-ministerial zoning or subdivision action must be referred to this department for review, if such actions involve real property lying within **500 feet** of the following. (Check all that apply.)

- ☐ A municipal boundary;
- ☐ The right of way of an existing county or state road;
- ☐ The boundary of a county or state park or other recreation area;
- ☐ The boundary of any county or state owned property on which a public building or institution is located; or
- ☐ The boundary of a farm operation located within an Agricultural District, as defined by Article 25-AA of the Agricultural & Markets Law (excluding area variances)

To submit a project for review, one copy of this form must be completely filled out by the referring body and the appropriate enclosures attached. **Any incomplete information may result in the delay of our review and a postponement of the project completion.**

1. **Municipality** (check appropriate box and fill in name):
   ☐ City of _____ ☐ Town of _____ ☐ Village of _____

2. **Referring body** (check appropriate box):
   ☐ Legislative body ☐ Zoning Board of Appeals ☐ Planning Board

3. **Applicant:** Name: _____
   Address: _____
   _____
   Phone: _____

4. **Local project identification number** (if applicable) _____

5. **Location of real property (Please fill out completely):**
   A. Frontage Road Name _____
   B. Nearest Intersecting Road:
   Name _____ Direction _____ Distance _____
   C. Tax Map Parcel: Map _____ Block _____ Lot _____
   D. Dimensions/Area of Property _____
   E. Existing Zoning District _____

6. **Brief written summary of proposed action:**

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7. **TYPE OF REFERRAL** (check appropriate box)

- ☐ A. Use Variance
- ☐ B. Area Variance
- ☐ C. Special/Conditional Use Permit
- ☐ D. Site Plan Review
- ☐ E. Zoning Text Amendment
- ☐ F. Zoning Map Amendment
- ☐ G. Other (specify)
- ☐ H. Subdivision Proposal
  - ☐ Preliminary
  - ☐ Final
  - ☐ Number of lots

8. **ENCLOSURES** (check all that apply)

- ☐ Location Map ***(required for all referrals except 7E)***
- ☐ SEQR Environmental Assessment Form ***(required for all referrals)***
- ☐ Sketch ***(required for all referrals except 7E & 7F)***
  drawn to scale depicting existing and proposed buildings, proposed ingress/egress, internal traffic circulation patterns, designated parking, areas, existing zoning district map, and north arrow.
- ☐ Subdivision plot plat(***(required for 7H only)***
- ☐ Copies of textual amendments ***(required for 7E only)***
- ☐ Other (specify) _____

9. **Other involved agencies** (i,e., other agencies having permitting authority) (check all that apply)

- ☐ Oneida County Dept. of Public Works
- ☐ Oneida County Dept. of Health
- ☐ NYS Dept. of Transportation
- ☐ NYS Dept of Environmental Conservation
- ☐ Adirondack Park Agency
- ☐ Other (specify) _____

Name, Title and Address of official to whom our recommendation is to be mailed:

_____

_____

_____

_____

Send completed form and enclosures to:
Oneida County Planning Department
Boehlert Center at Union Station
321 Main Street
Utica, New York 13501
Fax: (315) 798-5852

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