



*Boehlert Center*  
at UNION STATION

Boehlert Center at Union Station • 321 Main St • Utica, NY 13501 • Tel: (315) 798-5710 • Fax: (315) 798-5852

**ZONING and SUBDIVISION REFERRAL FORM**

For HOCCPP 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:**

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A. Use Variance                      | <input type="checkbox"/> D. Site Plan Review      | <input type="checkbox"/> G. Other (specify)      |
| <input type="checkbox"/> B. Area Variance                     | <input type="checkbox"/> E. Zoning Text Amendment | <input type="checkbox"/> H. Subdivision Proposal |
| <input type="checkbox"/> C. Special/Conditional<br>Use Permit | <input type="checkbox"/> F. Zoning Map Amendment  | <input type="checkbox"/> Preliminary             |
|   |   | <input type="checkbox"/> Final                   |
|   |   | <input type="checkbox"/> 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)

- |  |   |
|--|---|
| <input type="checkbox"/> Herkimer County Dept. of Highways | <input type="checkbox"/> NYS Dept of Environmental Conservation |
| <input type="checkbox"/> New York State Dept. of Health    | <input type="checkbox"/> Adirondack Park Agency                 |
| <input type="checkbox"/> NYS Dept. of Transportation       | <input type="checkbox"/> Other (specify) _____                  |

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

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**Send completed form and enclosures to:**  
Herkimer-Oneida Counties Comprehensive  
Planning Program  
Boehlert Center at Union Station  
321 Main Street  
Utica, New York 13501