

**SULLIVAN COUNTY PLANNING & COMMUNITY DEVELOPMENT
GML – 239 REFERRAL FORM**

Municipality: Town of _____ Village of _____

Referring Agency: Town/Village Board Planning Board Zoning Board of Appeals

Jurisdictional Determinant: Project is located within 500 feet of the following (existing or proposed):

- Municipal Boundary
- State or County Road
- State or County Park
- Agricultural District
- State or County Facility
- County-owned stream or drainage channel
- Other _____

Type of Action:

- Site Plan Review
- Area Variance
- Use Variance
- Special Use Permit
- Subdivision Review
- Adoption/Amendment of Zoning Ordinance/Map or Local Law
- Adoption/Amendment of Comprehensive Plan
- Other _____

Project Name: _____

Applicant: _____

Project Location: _____

County Tax Parcel Number: _____

Parcel Size: _____ **Current Zoning:** _____

Project Description: (attach additional pages if necessary) _____

State Environmental Quality Review (SEQR) Status: Type I Unlisted Action Type II

Determination of Significance: Positive Declaration Negative Declaration Not issued

Public Hearing: Yes No **Hearing Date:** _____

Date Response Requested (if less than 30 days): _____

Supporting Documentation Included With This Referral:

- Location Map
- Municipal Application Form
- Project Narrative
- Site Plan
- Subdivision Plat
- Environmental Assessment Form Parts: ___ I ___ II ___ III
- Environmental Impact Statement
- Other _____

I hereby certify that this application & supporting documentation provides a complete description of the proposed local action and constitutes a 'full statement' pursuant to NYS General Municipal Law, Article 12-B, Section 239-M, part c.

Signature: _____ **Date:** _____

Received Stamp (Internal Use Only)

SUBMIT 'FULL STATEMENT' TO:
Sullivan County Division of Planning & Community Development
100 North Street
Monticello, New York 12701