

# ST. LAWRENCE COUNTY PLANNING BOARD REFERRAL INFORMATION SHEET

DATE	_____	
MUNICIPAL BOARD MAKING A REFERRAL	_____	
REFERRING OFFICIAL	_____	
TITLE	_____	
PHONE NUMBER	_____	FAX NUMBER _____

## APPLICANT INFORMATION

NAME	_____
MAILING ADDRESS	_____ _____
PHONE	_____

## APPLYING FOR (check all that apply)

<input type="checkbox"/>	Special Use Permit
<input type="checkbox"/>	Site Plan Approval
<input type="checkbox"/>	Area Variance
<input type="checkbox"/>	Use Variance
<input type="checkbox"/>	Code Interpretation
<input type="checkbox"/>	Rezoning
<input type="checkbox"/>	Zoning Map Change
<input type="checkbox"/>	Code Amendment
<input type="checkbox"/>	Sign Permit
<input type="checkbox"/>	Subdivision
<input type="checkbox"/>	Other Specify: _____

## PROPERTY INFORMATION

OWNER	_____
STREET ADDRESS	_____ _____
TAX MAP PARCEL ID	_____
ZONING DISTRICT	_____
LOCAL CODE SECTION	_____

If owner is not applicant, is applicant authorized to apply?  YES  NO

Is this parcel located in an Agricultural District?  YES  NO

Does this referral require preparation of an Agricultural Data Statement?  YES  NO

Is this referral subject to the requirements of the State Environmental Quality Review?  YES  NO

If yes, SEQR status \_\_\_\_\_

If this referral is for a use or area variance has applicant been provided with the "Guidelines for Applicants to the Zoning Board of Appeals" information sheet?  YES  NO

If referral is for a subdivision has applicant been informed of local subdivision regulations?  YES  NO

**PLEASE ATTACH A SITE PLAN AND INCLUDE ALL OTHER RELEVANT MATERIALS**

Briefly describe the reason a review is necessary: _____ _____ _____
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