



**General Municipal Law §239-m REFERRAL FORM**

**Tioga County Planning Board  
56 Main Street, Owego NY**

Municipality: \_\_\_\_\_ Local Case No.: \_\_\_\_\_

Referring Body: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Company \_\_\_\_\_

Property Location (Street Address) \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Location is Within 500 Feet of:

- Municipal Boundary
- Right-of-Way of County/State Expressway, Highway or Road
- Boundary of County/State-owned Land Containing a Public Building or Institution
- Boundary of Farm Operation Located in Agricultural District
- Not Applicable

- Action:
- Area Variance
  - Adoption of Zoning
  - Special Use Permit
  - Use Variance
  - Zoning Amendment
  - Site Plan Review
  - Comprehensive Plan
  - Comprehensive Plan Update
  - Rezoning
  - Other \_\_\_\_\_

General Description of Proposed Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning District: \_\_\_\_\_

Applicable Zoning Sections: \_\_\_\_\_

Present Character/Use of Property: \_\_\_\_\_  
\_\_\_\_\_

Present Character/Use of Adjacent Property(ies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hearing/Meetings Schedule:

BOARD	PUBLIC HEARING DATE	MEETING DATE
<input type="checkbox"/> Town Board / Board of Trustees	_____	_____
<input type="checkbox"/> Zoning Board of Appeals	_____	_____
<input type="checkbox"/> Planning Board	_____	_____
<input type="checkbox"/> Other	_____	_____

Referring Official: \_\_\_\_\_ Date: \_\_\_\_\_



**General Municipal Law §239-m  
FULL STATEMENT FORM CHECKLIST  
Tioga County Planning Board  
56 Main Street, Owego NY**

Municipality: \_\_\_\_\_

Local Case No.: \_\_\_\_\_

County Case No.: \_\_\_\_\_

Referring Body: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Company \_\_\_\_\_

APPLICABLE	PROVIDED	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	All application materials required by local board(s)
<input type="checkbox"/>	<input type="checkbox"/>	Site location map
<input type="checkbox"/>	<input type="checkbox"/>	Project Narrative
<input type="checkbox"/>	<input type="checkbox"/>	11"x 17" Site Plan
<input type="checkbox"/>	<input type="checkbox"/>	A completed Part 1 of the short or full SEQR EAF
<input type="checkbox"/>	<input type="checkbox"/>	A Stormwater Pollution Prevention Plan (SWPPP) if disturbing greater than 1 acre
<input type="checkbox"/>	<input type="checkbox"/>	Number of employees
<input type="checkbox"/>	<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	<input type="checkbox"/>	Number of vehicle trips generated (per hour, day or week)
<input type="checkbox"/>	<input type="checkbox"/>	Text of new zoning or zoning amendment
<input type="checkbox"/>	<input type="checkbox"/>	Text of new local law or ordinance amendment
<input type="checkbox"/>	<input type="checkbox"/>	Date, time, place of local board meeting
<input type="checkbox"/>	<input type="checkbox"/>	Completed Agricultural Data Statement Form

**\*\*\*Written notice of final decision must be provided to Tioga County Planning Department\*\*\***