



## Zoning Referral Form

### Orleans County Planning Board

mail or deliver to:

**Orleans County Department of Planning and Development  
 14016 Route 31 West  
 Albion, New York 14411**

Referrals can also be e-mailed to [planningboard@orleanscountyny.gov](mailto:planningboard@orleanscountyny.gov)

Please type or print in space provided, attaching extra sheets if necessary. Incomplete or missing information will result in delays in processing and review.

**I. Information Regarding the Town or Village:** MUNICIPALITY: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME & TITLE OF SUBMITTING OFFICIAL: \_\_\_\_\_

CONTACT E-MAIL ADDRESS: \_\_\_\_\_

- |  |                    |                          |
|--|--------------------|--------------------------|
| <b>II. Type(s) of Proposed Action:</b> | COMPREHENSIVE PLAN | AMENDMENT TO ZONING TEXT |
| AREA VARIANCE                          | USE VARIANCE       | AMENDMENT TO ZONING MAP  |
| SPECIAL USE PERMIT                     | SITE PLAN REVIEW   | NEW ZONING ORDINANCE/LAW |

**III. Information Regarding the Site:** TAX PARCEL NUMBER: \_\_\_\_\_

STREET/ROAD NAME & ADDRESS NUMBER: \_\_\_\_\_

NEAREST INTERSECTING ROAD: \_\_\_\_\_ PRESENT ZONING DISTRICT: \_\_\_\_\_

APPLICANT'S NAME AND PHONE: \_\_\_\_\_

OWNER'S NAME AND ADDRESS (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

RELEVANT SECTION(S) OF ZONING ORDINANCE: \_\_\_\_\_

DESCRIPTION OF REQUEST: \_\_\_\_\_

*Signature of Submitting Official:* \_\_\_\_\_

**This cover form should be attached to all detailed information and documents that the municipal board would utilize to adequately consider impacts. This typically includes additional narrative and at least a site plan map drawn to scale with a north arrow, lot lines and waterways, locations of existing and proposed structures and existing and proposed easements or rights-of-way, the zoning classification of adjoining properties, distance (in feet) of structural setbacks from lot lines, and completed Agricultural Data Statement and Environmental Assessment Form, where applicable.**