



Zoning & Subdivision
Referral Cover Sheet

Ontario County Planning Board

Municipality and Referring Agency _____

Referring Official (name, title) _____

Applicant (name & address) _____

Email _____

Property Owner (name & address) _____

Email _____

Other Agent or Representative (Attorney, Architect, etc) (name & address) _____

Email _____

Property Information:

Tax Map Parcel #'s _____ Zoning _____

Utilities:

Sewer Public
 Private

Water Public
 Private

Drainage Public
 Private

Application Type

Sections of Local Code(s) that apply to this application

Area Variance

Use Variance

Special Use Permit

Site Plan

Subdivision

Text Amendment

Map Amendment

Other

Certification: *With the following signature I certify that this application provides a complete description of the proposed local action and is a complete application pursuant to NYS General Municipal Law Article 12b, Section 239-m, part c.*

_____, Referring Official



Provision of required information is the responsibility of the applicant and referring agency. Failure to provide such information may result in a significant delay in processing.

This form can be filled out online at: <http://www.co.ontario.ny.us/planning/acrobat/cpb/CPBform.pdf>