

# REFERRAL COVER SHEET

**OTSEGO COUNTY PLANNING AGENCY**  
(607) 547-4225 • (607) 547-4285 (fax)

**COUNTY OFFICE BUILDING**  
197 MAIN STREET • COOPERSTOWN, NY 13326

*This referral is made pursuant to the requirements of General Municipal Law, Article 12-B, Section 239-l, 239-m, or 239-n. Please be aware that your municipality may have an agreement in place that exempts certain projects from needing to be referred to the County Planning Agency.*

**Referring Agency:** Town / Village / City of:

Legislative Board     Planning Board     Zoning Board of Appeals

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

- Municipality Boundary
- State or County Road
- State or County Park
- Agricultural District
- State or County Facility
- County-owned stream or drainage
- Other \_\_\_\_\_

**Type of Action:** Application is for

- 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 / Number:**

**State Environmental Review (SEQR) Status:**  Type 1     Unlisted Action     Type II

Determination of Significance:  Positive Declaration     Negative Declaration     Not Issued

**Public Hearing:**  Yes     No    Hearing Date: \_\_\_\_\_

## 1. Brief Description of Proposal:

## 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.*

*It is understood that if no action is taken by the Otsego County Planning Agency on the proposal described herein within 30 days of receipt of this referral, the Referring Agency may proceed without the recommendation of the County Planning Agency.*

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_