



## SITE PLAN REVIEW/ZONING REFERRAL FORM

Niagara County Planning Board  
Vantage Center – Suite One  
6311 Inducon Corporate Drive  
Sanborn, NY 14132

For Use By NCPB  
Received \_\_\_\_\_  
Case No. \_\_\_\_\_  
Returned \_\_\_\_\_

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### REFERRING MUNICIPALITY \_\_\_\_\_

Referring Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Public Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**\*\* Please note, the NCPB recommendation will be sent back to the Referring Officer.**

**APPLICANT:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address or Location of Proposal: \_\_\_\_\_

Size of Parcel: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

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### PROPOSED ACTION (check all that apply) \*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Area Variance  | <input type="checkbox"/> Site Plan Review      | <input type="checkbox"/> New Zoning Ordinance |
| <input type="checkbox"/> Use Variance   | <input type="checkbox"/> Zoning Text Amendment | <input type="checkbox"/> Comprehensive Plan   |
| <input type="checkbox"/> Special Permit | <input type="checkbox"/> Zoning Map Amendment  | <input type="checkbox"/> Other _____          |

\* Applicants should contact the Niagara County Department of Economic Development at (716) 278-8750 to see if a representative should be present at the meeting to answer questions.

This referral is forwarded to your office for review in compliance with Sections 239-1 and 239-m of Article 12-B of New York State's General Municipal Law. The property affected is within 500 feet of the boundary of a (check all that apply):

- City, Town, Village
- State or County Land with Public Building
- Existing or Proposed Park or Recreation Area
- Existing or Proposed State of County Parkway, Road or Highway, or County-owned Drainage Channel.
- Farm operation located in an Agricultural District (except for area variances)

**DEADLINE**

**All completed referrals must be received by close of business on Friday, six business days preceding the 3<sup>rd</sup> Monday of each month. LATE REFERRALS WILL BE REVIEWED BY THE NIAGARA COUNTY PLANNING BOARD THE FOLLOWING MONTH.**

**REQUIRED ENCLOSURES**

The Niagara County Planning Board requires adequate information upon which to make its decision. The zoning referral form will not be accepted unless all the following information is submitted (please check that all items are included):

- Adequate written description of proposal
  
- Sketch Plan, Survey, Plats or Site Plans of the property affected showing: property boundaries, any existing and proposed structures, landscaping, traffic access patterns, parking arrangements, walls, fences or other buffers, existing and proposed signs. Drawings must be properly dimensioned and drawn to scale.
  
- SEQR Environmental Assessment Form (EAF)
  
- For variances, indicate specific changes from local code being requested:

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**NCPB ACTION**

**Case No. \_\_\_\_\_**

The Niagara County Planning Board has reviewed the proposal(s) and makes the following recommendations and comments:

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Joseph Kibler, Chairman  
Niagara County Planning Board

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Date