

General Municipal Law 239 (l) & (m) Zoning Referral Form

From: **Town** Village City of **Chatham** _____
Legislative Body Z.B.A. _____ Planning Board _____

To: Columbia County Planning Board
401 State Street
Hudson, New York 12534

Appeal: Applicant's Name: **Town of Chatham Town Board** _____
Mailing Address: **488 State Route 295, Chatham, NY** _____ Zip **12037** _____

Subject: Area Variance _____ Use Variance _____ Special Permit _____ Site Plan Review _____
Zoning Ordinance Amendment Zoning Map Amendment
Other _____

Property Location (describe accurately) **The updated zoning law will cover the entire Town of Chatham, excluding the Village of Chatham, Columbia County, NY**

For all referrals other than Zoning Ordinance & Map Amendments, the following information must be provided or the referral may be deemed incomplete:

1. Completed Building/Zoning Permit Application with reason for denial
2. Completed application form as required by the local Z.B.A. or Planning Board
3. A Plot Plan or plat containing all information required by your municipal Zoning Ordinance or Site Plan Review Local Law
4. The parcel's tax map number: _____
5. Zoning District in which the parcel is located: _____
6. The date the property was acquired by the applicant(s): ____/____/____
7. The date that the public hearing will be held: _____
8. A completed Environmental Assessment Form Part 1 or Draft Environmental Impact Statement if required

This action has been referred to the County Planning Board because the property in question is within 500' of:

- A municipal boundary
- _____ County or State Park or recreation either existing or proposed
- State or County road or right-of-way, either existing or proposed
- _____ State or County owned building or institution
- _____ Stream or drainage channel owned by the County or for which channel lines have been established
- Active farm operation within an Agricultural District
- _____ Other: _____

It is understood that if no action is taken on this referral within thirty days (or mutually agreed extension of time), of the receipt of a complete referral by the County Planning Board, we may proceed without its recommendation.

Date: 10/02/2019 Signature  Title_Supervisor_____

If you would like the Board's response to this referral forwarded via a FAX, please provide your FAX number: (____) _____-

Please remember that all referrals must be postmarked or received twelve days prior to the Board's regular meeting day of the third Tuesday of each month.

Rev. 5/01