

ST. LAWRENCE COUNTY PLANNING BOARD REFERRAL INFORMATION SHEET

DATE	_____		
MUNICIPAL BOARD MAKING A REFERRAL	_____		
REFERRING OFFICIAL	_____		
TITLE	_____		
PHONE NUMBER	_____	FAX NUMBER	_____

APPLICANT INFORMATION

NAME	_____
MAILING ADDRESS	_____ _____
PHONE	_____

APPLYING FOR

(check all that apply)

	Special Permit
	Site Plan Approval
	Area Variance
	Use Variance
	Code Interpretation
	Rezoning
	Zoning Map Change
	Code Amendment
	Sign Permit
	Subdivision
	Other Specify: _____

PROPERTY OWNER

OWNER	_____
STREET ADDRESS	_____ _____
TAX MAP PARCEL ID	_____
ZONING DISTRICT	_____
LOCAL CODE SECTION	_____

If owner is not applicant, is applicant authorized to apply? YES NO

Is this parcel located in an Agricultural District? ___ YES ___ NO

Does this referral require preparation of an Agricultural Data Statement? ___ YES ___ NO

Is this referral subject to the requirements of the State Environmental Quality Review? ___ YES ___ NO

If yes, SEQR status _____

PLEASE ATTACH A SITE PLAN AND INCLUDE ALL OTHER RELEVANT MATERIALS