



Referral Cover Sheet

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

- Area Variance
- Use Variance
- Special Use Permit
- Site Plan
- Subdivision
- Text Amendment
- Map Amendment
- Other

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

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>