Sullivan County Planning & Community Development GML-239 Referral Form

Municipality:	Town of	Village of	
	☐ Town/Village Board ☐ Planning		
500 feet of the follo Municipal Bound State or County State or County Agricultural Dis State or County County-owned s	Road Park trict	Type of Action: Site Plan Review Area Variance Use Variance Special Use Permit Subdivision Review Adoption/Amendment of Other	-
Project Name:			
Applicant:			
Project Location: _			
County Tax Parcel 1	Number(s):		
	Current Zoning:		
Determination of S Public Hearing:	tal Quality Review (SEQR) Status: Significance: Positive Declaratio Yes No Hearing Date: uested (if less than 30 days)		☐ Unlisted Action ☐ Type II ☐ Not issued
- · · · · · · · · · · · · · · · · · · ·		_	
Location Map	entation Included With This Referr	al: Subdivision Plat	
☐ Municipal Appli	<u> </u>	Environmental Assessment Form	or Environmental Impact
Project Narrative	<u></u>	tatement Agricultural Data States	_
☐ Site Plan	<u> </u>	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. Received Stamp (Internal Use Only) Signature: Date:			
Signature:		Date:	
SUBMIT 'FULL STATEMENT' TO: planning@sullivanny.gov Sullivan County Division of Planning & Community Development 100 North Street, Monticello, New York 12701			