



TOWN OF YORK

2668 Main Street P.O. Box 187
York, NY 14592
Telephone: (585) 243-3128
Fax: (585) 243-4618
E-mail: donnafalkner@frontier.com

ZONING REFERRAL FORM

Date: _____

Type of Application: (Check all that apply)

- _____ Change in zoning classification (Rezoning)
- _____ Amendment to text of zoning law/ordinance
- _____ Variance to zoning law/ordinance (____Area ____Use)
- _____ Special use Permit (special permit or conditional use permit)
- _____ Site Plan Review
- _____ Subdivision Review
- _____ Adoption or amendment of a comprehensive plan
- _____ Moratorium on issuance of building permits or development approvals

Name(s) of Applicant: _____
Address: _____

Location of property (Attach map indicating exact boundaries.)

Property is located in _____ Zoning District.

Describe proposed use or zoning change as completely as possible. Indicate the applicable section of the zoning law or ordinance, and explain the applicant's basis for this application. (Attach separate sheet, if necessary.) Include copy of completed Environmental Assessment Form.

Municipal board with jurisdiction over application _____
(Town Board, Planning Board, Zoning Board of Appeals)

Indicate what action the municipal board has taken on this application (reviewed, approved, discussed, etc.) _____

Date of Public Hearing: _____

Name of person completing this form: _____
Title: _____
Address: _____
Phone: _____