



# Schoharie County Planning Commission

276 Main Street, Suite 2  
PO Box 396  
Schoharie, New York 12157  
(518) 295-8770 / Fax (518) 295-8788

Fred Risse  
Chair

*This case documentation constitutes an official referral to the Schoharie County Planning Commission under New York State General Municipal Law, Sections 239-l,-m and-n. Please note that failure to provide complete information may delay the County's Planning Commissions ability to render a decision on the referral. Please contact the Schoharie County Planning and Development Agency at (518) 295-8770 for additional information.*

**Referring Municipality:** \_\_\_\_\_

**Referring Agency** (please circle one):    Legislative Board                      Planning Board                      Zoning Board of Appeals

**Project Name:** \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Location: \_\_\_\_\_

County Tax Parcel Number: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Parcel Size: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Square footage of existing building (if applicable): \_\_\_\_\_

Square footage after building expansion (if applicable): \_\_\_\_\_

**Project Description:** (attach additional pages if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Action** (please circle all that apply):

Site Plan Review                      Subdivision Review

Area Variance                      Use Variance

Rezoning                      Special Use Permit

Adoption/Amendment of Zoning Ordinance or Local Law

Adoption/Amendment of Comprehensive Plan

Other authorization under provisions of zoning ordinance or local law (please specify) \_\_\_\_\_

**Jurisdictional Determinant** (project located within 500 feet of any of the following existing or proposed facilities)  
(please circle all that apply):

Municipal Boundary	State or County Property
State or County Road	State or County Facility
State or County Park	County-owned stream or drainage channel
Farm in a designated Agricultural District	Other Recreation Area (please specify) _____

**State Environmental Quality Review (SEQR) Status** (please circle one):

Type I                                      Type II                                      Unlisted Action

**Determination of Significance** (please circle one):

Positive Declaration                      Negative Declaration                      Not Issued

**Status of Local Approval:**

Public Hearing Scheduled:              YES                      NO              If yes, hearing date: \_\_\_\_\_

**Supporting Documentation Included With This Referral** (please circle all that apply):

Location Map	Subdivision Plat
Municipal Application Form	Environmental Assessment Form
Project Narrative	SEQR Determination of Significance
Environmental Impact Statement	Other _____

**Submitted by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

**SUBMIT COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:**

**Schoharie County Planning Commission**  
276 Main Street, Suite 2  
PO Box 396  
Schoharie, New York 12157  
(518) 295-8770 / Fax (518) 295-8788