

# ALBANY COUNTY PLANNING BOARD PLANNING AND ZONING ACTION REFERRAL FORM

This case documentation constitutes an official referral to the Albany County Planning Board under § 239-l, -m, and -n of the New York State General Municipal Law. Please note that failure to provide complete information may delay the County Planning Board's ability to render a decision on the referral. Please contact Albany County Planning at (518) 655-7932 for additional information.

**Municipality:**  City  Town  Village of \_\_\_\_\_  
**Referring Agency:**  Legislative Board  Planning Board  Zoning Board of Appeals

**Project Name:** \_\_\_\_\_  
**Applicant:** \_\_\_\_\_  
**Project Location:** \_\_\_\_\_  
**County Tax Parcel Number:** Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
**Parcel Size:** \_\_\_\_\_ **Current Zoning:** \_\_\_\_\_

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

**Type of Action:**  
 Site Plan Review  Subdivision Review  
 Area Variance  Rezoning  
 Use Variance  Adoption/Amendment of Zoning Ordinance or Local Law  
 Special Use Permit  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):  
 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:**  Type I  Unlisted Action  Type II  
**Determination of Significance:**  Positive Declaration  Negative Declaration  Not issued

**Status of Local Approval:** Preliminary Approval Issued:  Yes  No  
**Public Hearing Scheduled:**  Yes  No If yes, hearing date: \_\_\_\_\_

**Supporting Documentation Included With This Referral:**  
 Location Map  Subdivision Plat  
 Municipal Application Form  Environmental Assessment Form  
 Project Narrative  SEQR Determination of Significance  
 Site Plan  Environmental Impact Statement  
 Other: \_\_\_\_\_

ACPB Use Only

**Submitted by:**  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Department/Agency:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**SUBMIT COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:** *Albany County Planning Board  
449 New Salem Road  
Voorheesville, New York 12186*