



LIVINGSTON COUNTY PLANNING BOARD

Livingston County Government Center
6 Court Street, Room 305
Geneseo, New York 14454-1043
www.livingstoncounty.us

Telephone: (585) 243-7550 (585) 335-1734
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Email: LCPlanningBoard@co.livingston.ny.us

Referral Number

office use only

Date Received

ZONING REFERRAL FORM

Please complete all information on both pages

Date Form Completed: 3/26/24

REFERRING MUNICIPALITY: X Town _____ Village of _____

Referring Official: Carl A. Peter Title: Code Enforcement Officer

Address: 2668 Main St PO Box 187 York, NY 14592

Phone Number: (585)243-3128 Ext. 6

Municipal board with jurisdiction over application: Town of York Zoning Board of Appeals

Referring Board (check appropriate boxes): Legislative Board ZBA Planning Board

APPLICANT(S): David S. Buisch Phone: (315)521-9648

Applicant mailing address: PO Box 71 York, NY 14592-0071

Location of Property: 2682 Main Street York, NY 14592

Tax Map # 51.5-1-21 Current Zoning District Hamlet Residential

PROPOSED ACTION (check all that apply)

- Area Variance
- Subdivision Review
- Moratorium
- Use Variance
- Rezoning
- Comprehensive Plan Adoption/Amendment
- Special/Conditional Use Permit
- Zoning Text Amendment
- Other _____
- Site Plan Review
- Zoning Map Amendment

Description of the proposed action (attach detailed narrative): Applicant requesting to build an open covered porch on south side of house that does not meet the minimum setback requirement.

Will the proposed connect to water and/or sewer facilities? Yes, Water Yes, Sewer
 Yes, Both No

Located in the Conesus Lake Watershed? Yes No

Is this action in compliance with the following?

Existing municipal plans _____yes no _____n/a
 (Comprehensive Plan, Strategic Plan, Ag & Farmland Protection Plan, etc.)

Local or State Subdivision regulations _____yes _____no n/a

Uniform Fire Prevention & Building Code _____yes _____no n/a

NYS Freshwater Wetlands Act _____yes _____no n/a

Local Flood Damage Prevention Law _____yes _____no n/a

Other federal, state, county, local laws _____yes _____no n/a

If non-compliance is identified, please describe. Owner cannot meet setback requirements.

Hearings/Meetings Schedule

Board	Public Hearing Date	Meeting Dates (prior & future)
Town Board/Board of Trustees		
Zoning Board of Appeals	4/16/24	3/19/24, 4/16/24
Planning Board		
Other:		

Action taken on this application (reviewed, approved, discussed, etc.) Reviewed and referred to County Planning Board.

“FULL STATEMENT” CHECKLIST

As defined in NYS General Municipal Law §239-m(1)(c)

Please make sure you have enclosed the following required information with your referral, as appropriate. **Failure to submit a “full statement” may result in a delay in County Planning Board review.**

For All Actions:

County Planning Board Zoning Referral form

All application materials required by local law/ordinance to be considered a “complete application” at the local level (digital preferred)

N/A Agricultural Data Statement (for Site Plan Review, Special/Conditional Use Permit, Use Variances, or Subdivision Review)

_____ Part 1 Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) for State Environmental Quality Review (SEQR). If Type II Action, provide a statement to that effect.

Municipal board meeting minutes on the proposed action (digital preferred)

For Proposing or Amending Zoning Ordinances or Local Laws: The above requirements AND

_____ Report /minutes from Town Board, Village Board of Trustees or Planning Board (digital preferred)

_____ Zoning map

_____ Complete text of proposed law, comprehensive plan, or ordinance (digital preferred)

Deadline: All completed referrals must be received by close of business on **Monday, TEN business days prior to the County Planning Board meeting.** County Planning Board meetings are held the second Thursday of each month.