



MONROE COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

DEVELOPMENT REFERRAL FORM

SUBMITTAL INSTRUCTIONS

Referrals are reviewed weekly by the MCDP&D and the Monroe County Development Review Committee (DRC). Applications must be received by 12:00 p.m. Friday. Any submittals received after 12:00 p.m. Friday will be distributed to the DRC in the next review cycle. Incomplete applications will be held for ten business days for correction. If not corrected within this time frame they will be returned to the municipality.

Direct all submittals and questions to: Monroe County Department of Planning and Development, Planning Division, CityPlace, 50 West Main Street, Suite 8100, Rochester, New York 14614-1225, Phone (585) 753-2000, Fax (585) 753-2028.

SUBMITTAL CHECKLIST *(Please check all that apply)*

- Referral form completed in full, clearly printed or typed, signed by municipal representative.
- 5 copies of plan sets folded to 8 ½"x11" with title block showing, including overall site plan showing phased development; or 5 copies of text amendment or new local law.
- If there is a wetland or protected stream on the property include extra copy of plan set (making a total of 6 sets).
- All information obtained by the municipality pertaining to this application (letter from agent, environmental assessment forms, agricultural data statement, etc.) is attached.
- Airport Referral Form (for projects subject to MCDP&D review under Section 239-m of the New York State (NYS) General Municipal Law (GML) and Section C5-4A of the County Charter).
See www2.monroecounty.gov/planning-index.php for forms & more information.

Note: *According to State Law, Monroe County is allowed 30 days to respond to this application.*

MUNICIPAL INFORMATION

Municipality:				
Referring Board:	<input type="checkbox"/> Planning	<input type="checkbox"/> Zoning	<input type="checkbox"/> Town/Village Board	<input type="checkbox"/> City Bureau Zoning/Planning
Date of Board Hearing for action:		Preferred Response Date:		
Please discuss any special concerns or additional information the municipality has with this application:				

CERTIFICATION

With the following signature I certify that this application provides a complete description of the proposed local action and is a complete application pursuant to NYS GML Article 12b, Section 239-m,1(c).

Referring Official Signature:				
Print Name:			Title:	
Phone No.:		Fax No.:		E-mail:

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PREVIOUS DRC REVIEW NUMBER: _____

PROJECT APPLICANT

	Owner/Applicant	Agent
Name:		
Business:		
Address:		
City/State/Zip Code:		
Telephone No.:		
E-mail Address:		

PROJECT INFORMATION

Project Name:			
Project Description:			
Project Address or Intersection:			
Tax Account Number(s):			
Type of Development (<i>Check only one, even though more than one type may apply.</i>)			
<input type="checkbox"/> Residential: (<i>If Residential, check below box for all that apply</i>) <input type="checkbox"/> Conversion to Residential <input type="checkbox"/> Senior Housing <input type="checkbox"/> Special Needs Housing	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Public Services	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Recreation & Entertainment	
	<input type="checkbox"/> Community Service	<input type="checkbox"/> Vacant Land	
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Wild, Forested, Conservation Lands & Public Parks	
	<input type="checkbox"/> Other (explain):		
Project Size			
Project Acreage:		Proposed Gross Floor Area:	
Number of Units:		Number of Lots:	Max. Structure/Equipment Height:
Permits: Will this project require any permits from the following agencies? (<i>Note: Permit application should be submitted directly to the agency.</i>)			
<input type="checkbox"/> Army Corps of Engineers	<input type="checkbox"/> MC Dept. of Health	<input type="checkbox"/> MC Dept. of Env. Services	
<input type="checkbox"/> NYS Dept. of Environmental Conservation	<input type="checkbox"/> NYS Dept. of Transportation	<input type="checkbox"/> MC Dept. of Transportation	
<input type="checkbox"/> Other (explain):			
Known environmental issues/resources on site:			

TYPE OF REFERRAL (*Please check all appropriate boxes.*)

Planning/Zoning Referral (<i>Subject to review under NYS GML Sec. 239-m & n and County Charter C5-2.B(4) & (5).</i>)	
<input type="checkbox"/> Code Revision	<input type="checkbox"/> Rezoning
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Permit/Variance
<input type="checkbox"/> Subdivision	
<input type="checkbox"/> Airport Referral (<i>Subject to review under County Charter Sec. C5-4.A. Attach Airport Referral Form.</i>)	

FOR MCDP&D USE ONLY

Copy Only	Airport	MCDOH	Post Mark Date:		Referral No.:	
Agriculture	Comm. Dev.	MCDOT	Date Received:		Reviewer:	
Army Corps	Econ. Dev.	NYSDOT	DRC Due Date:			
Canal Corp.	MCDES	NYSDEC	Notes:			
	Parks					
	Public Safety					
	Real Property					