

**SEND OR DELIVER TO:**

GENESEE COUNTY DEPARTMENT OF PLANNING  
3837 West Main Street Road  
Batavia, NY 14020-9404  
Phone: (585) 815-7901

**DEPARTMENT USE ONLY:**

GCDP Referral # \_\_\_\_\_



**\* GENESEE COUNTY \***  
**PLANNING BOARD REFERRAL**

Required According to:

**GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N**  
(Please answer ALL questions as fully as possible)

**1. REFERRING BOARD(S) INFORMATION**

Board(s) Village of LeRoy Village Board

Address 3 West Main Street

City, State, Zip LeRoy 14481

Phone (585) 768 - 2527 Ext. \_\_\_\_\_

**2. APPLICANT INFORMATION**

Name \_\_\_\_\_

Address 3 West Main Street

City, State, Zip LeRoy 14482

Phone (585) 768 - 2527 Ext. \_\_\_\_\_ Email \_\_\_\_\_

MUNICIPALITY: ☐ City ☐ Town ☒ Village of LeRoy

**3. TYPE OF REFERRAL: (Check all applicable items)**

- ☐ Area Variance  
☐ Use Variance  
☐ Special Use Permit  
☐ Site Plan Review

- ☐ Zoning Map Change  
☐ Zoning Text Amendments  
☒ Comprehensive Plan/Update  
☐ Other: \_\_\_\_\_

- Subdivision Proposal  
☐ Preliminary  
☐ Final

**4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:**

A. Full Address Entire Village of LeRoy

B. Nearest intersecting road \_\_\_\_\_

C. Tax Map Parcel Number \_\_\_\_\_

D. Total area of the property \_\_\_\_\_ Area of property to be disturbed \_\_\_\_\_

E. Present zoning district(s) \_\_\_\_\_

**5. REFERRAL CASE INFORMATION:**

A. Has this referral been previously reviewed by the Genesee County Planning Board?

☒ NO ☐ YES If yes, give date and action taken \_\_\_\_\_

B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law

N/A

C. Please describe the nature of this request The Village has undertaken a comprehensive process to update an older version of the comprehensive plan for the village. The plan covers the entire portion of the village.

**6. ENCLOSURES** – Please enclose copy(s) of all appropriate items in regard to this referral

- ☐ Local application  
☐ Site plan  
☐ Subdivision plot plans  
☐ SEQR forms

- ☐ Zoning text/map amendments  
☐ Location map or tax maps  
☐ Elevation drawings  
☐ Agricultural data statement

- ☒ New or updated comprehensive plan  
☐ Photos  
☐ Other: \_\_\_\_\_

**7. CONTACT INFORMATION** of the person representing the community in filling out this form (required information)

Name Eileen Carmel Title Clerk-Treasurer Phone (585) 768 - 2527 Ext. \_\_\_\_\_

Address, City, State, Zip 3 West Main St. LeRoy, NY 14482 Email clerk@villageofleroy.org