

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 Zoning Map Change
 Use Variance Zoning Text Amendments
 Special Use Permit Comprehensive Plan/Update
 Site Plan Review 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 Zoning text/map amendments New or updated comprehensive plan
 Site plan Location map or tax maps Photos
 Subdivision plot plans Elevation drawings Other: _____
 SEQR forms Agricultural data statement _____

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