

Municipal Contact Phone No.:

## **Orange County Department of Planning**

124 Main Street Goshen, NY 10924-2124 Tel: (845) 615-3840 Fax: (845) 291-2533 Alan J. Sorensen, AICP Commissioner www.orangecountygov.com/planning

## Coversheet: NYS General Municipal Law (GML) §239-l, m, and n Referral

This coversheet should be completed by the local board having jurisdiction. GML 239 coversheets submitted by an applicant's design professional will no longer be accepted without the signature of the responsible referring local board municipal official or their designated administrative assistant (for example city, village or town clerk, planning or zoning board chairperson or secretary). Please include all materials that are part of a "full statement" as defined by NYS GML §239(m), as "all materials required by and submitted to the referring body as an application on a proposed action". Emails with this coversheet, municipal board signature and full statement to landuseprojects@orangecountygov.com are acceptable.

		Referral ID No.: County Use Only
Municipality:		Tax Map No.:
Local Referring Board:		Tax Map No.:
Applicant:		Tax Map No.:
Project Name:		Local File No.:
Location of Project Site:		Zoning District:
Reason for County Planning Review (e.g. within 500 ft. of a		
Type	of Review:	
	Comprehensive Plan Update/Approval	
	Zoning Amendment	
	☐ Zoning District Change, from Ordinance Modification, cite section:	
	Local Law:	
	Site Plan, non-residential sq. ft. proposed:	
	Which approval is the applicant seeking? $\Box$ SKETCH / $\Box$ PRELIMINARY / $\Box$ FINAL	
	Subdivision, number of lots proposed:	
	Which approval is the applicant seeking? $\Box$ SKETCH / $\Box$ PRELIMINARY / $\Box$ FINAL	
	Special Use Permit:	
	Lot Line Change:	
	Variance: ☐ AREA / ☐ USE	
	SEQRA: Choose an item.	
	Other:	
Local Board comments/elaboration:		
Name/Signature of local official Date		Title