

# Ulster County Planning Board

## General Municipal Law 239 M-N Referral Submittal Form

**Please Fill Out All Sections - Type or Print Only**

Municipality:

Referring Board:

Referring Official:

Phone Number:

Local File #:

Applicant Name:

Project Name:

**239-M:**

### Type of Referral

(Check All Those That Apply)

- Site Plan Review
  - Special Permit
  - Area Variance
  - Use Variance
  - Amend Zoning Statute
  - Amend Zoning Map
  - Comprehensive Plan
  - Other Special Authorizations
- 239-N:**  Subdivision

### SEQRA Determination

- Type I Action
- Type II Action
- Unlisted Action

GML/Ulster County Charter Referral Criteria:  
(Choose One)

**Within 500 feet of a:** County Road or State Road, City, Village, Or Town Boundary, County or State Park or Other Recreation Area, Stream or Drainage Channel Owned or Established Channel Line by County, County or State Owned Land with public building or institution Located on it, or Boundary of Parcel with a farm operation

**Greater than 500 feet of :** Any of the Above Listed Conditions

### Parcel(s) Information

Section	Block	Lot
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section	Block	Lot
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Lots

Project Acreage

Zoning District(s) of Project

Parcel Utilities

- Central Water
- Private Water
- Central Sewer
- Individual Septic

Location of Project: (Address or Nearest Intersection)

Project Description: (Please Be As Specific as Possible)

Referring Official - Signature - Certification of Application's Completeness:

Received Stamp:

UCPB Staff Use Only

Referral #

Agenda Date:

Major Project?

**Return Form to:**

Referral Officer  
Ulster County Planning Board  
P.O. Box 1800  
Kingston, NY 12402

**Mail or Hand Delivery Only Please!**

**Questions? - Call  
845-340-3340**