



David R. Turner
Director

**OSWEGO COUNTY DEPARTMENT OF COMMUNITY
DEVELOPMENT, TOURISM AND PLANNING**

COUNTY BUILDING
46 EAST BRIDGE STREET
OSWEGO, NEW YORK 13126

TELEPHONE (315) 349-8292
FAX (315)349-8279

OCCDT&P #: _____

Janet W. Clerkin
Office of Promotion
And Tourism

Donna B. Scanlon
Office of Community
Development Programs

Dona Lee Falciano
Office of Housing Assistance

239 (L&M) REVIEW FORM
(To be filled in by submitting agency)

Part I

1. To be submitted to: Oswego County Department of Community Development,
Tourism and Planning
46 East Bridge Street
Oswego, NY 13126

2. Submitted by: Agency _____
Return Address _____

Contact Person _____
Phone Number _____

3. Name of Applicant: _____

4. Location of Site: _____

5. Date submitted: _____

6. Type of Action (check)
 - A. Adoption of New Zoning Ordinance or Law _____
 - B. Amendment of Zoning Ordinance or Law _____
 - C. Amendment to Zoning District Map _____
 - D. Development Moratorium _____
 - E. Area Variance _____
 - F. Use Variance _____
 - G. Special Use Permit, conditional use permit, Special Exception _____
 - H. Site Plan Review _____
 - I. Other Authorizations which may be issued under provisions of a Zoning Ordinance or Local Law

7. Present zoning classification of property involved: _____

8. Identify state or county road or facility, or municipal boundary, or farm operation, which triggers
239 Review: _____

Part II

In addition to the material required in Part I of this form, please provide the items numbered 9, 11 and 14-23, and if pertinent numbers 10, 12 and 13.

9. A "full statement" which means "a completed environmental assessment form and all other materials required by the referring municipal body as a completed application." (Section 239-m of NYS General Municipal Law.)

10. A copy of the Agricultural Data Statement, if applicable.

11. A copy of the Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) prepared under the State Environmental Quality Review Act (SEQRA). (Mandatory in 1994)

12. For proposed zoning ordinances or local laws and amendments ONLY.

A. Report of local zoning commission or planning board, if applicable.

B. Zoning map to be adopted with new law, or existing map illustrating area to be affected by amendment.

C. Pertinent text of the proposed ordinance, law, or amendment.

13. For variances, site plan reviews, and special use permits ONLY:

A. Site plan map showing:

a. Scale (suggest 1 inch equals 20 feet if site is less than 1 acre or an agreed upon scale for a site larger than 1 acre)

b. North arrow.

c. Physical characteristics of site, existing and proposed including septic system and well.

d. Layout plan showing buildings, parking, and available utilities.

e. Surface and subsurface drainage plan, incorporated within layout plan (if applicable).

f. Location of county or state facility, including road, pursuant to Section 239 (l&m) of the General Municipal Law.

g. Location map.

h. Area map at 1:200' or an agreed upon scale showing:

(1) Zoning classification of subject and adjoining properties

(2) Surrounding land use within 500 feet of subject property.

i. For commercial activities locations of signs and outdoor lighting, if any.

14. Describe public facilities available in the area to be affected.

Water: _____

Sewer: _____

15. Will this action impact water and/or sewer facilities? _____

16. Describe any public services available in the area to be affected.
(jurisdiction or district)

Police: _____

Fire: _____

Refuse: _____

School: _____

Other: _____

17. Will this action impact the services listed in #16 (above)? Describe. _____

18. Will this action affect traffic generation? Describe. _____

19. Is this action in compliance with the following?

Existing municipal plans	_____ yes	_____ no	_____ n/a
Local or State Subdivision regulations	_____ yes	_____ no	_____ n/a
NYS Building & Fire Code	_____ yes	_____ no	_____ n/a
NYS Freshwater Wetlands Act	_____ yes	_____ no	_____ n/a
Federal Flood Insurance Program	_____ yes	_____ no	_____ n/a
Other Federal, State, County Local Laws	_____ yes	_____ no	_____ n/a

If non-compliance is identified, please describe. _____

20. Describe existing land use of the areas to the north, south, east, and west of the site or action:

North: _____

South: _____

East: _____

West: _____

21. Identify any State or County facilities within the area. (Roads, Parks, Buildings)

22. Identify any streams or water bodies, wetlands, flood hazard zones within the area.

23. Describe any unique physical features or socio-economic conditions which are relevant to this matter.

CHECK LIST

Have you enclosed the following information with your referral?

All Actions Require the Following:

- _____ 239 (l&m) Review Form Parts I and II
- _____ Full statement as required by local law or ordinance
- _____ Agricultural Data Statement
- _____ EAF or EIS for State Environmental Quality Review

Proposed or Amending Zoning Ordinances or Local Laws

- _____ Report from zoning commission or planning board
- _____ Zoning map
- _____ Zoning text

Area and Use Variances, Site Plan Reviews and Special Use Permits

- _____ Site plan map