



Edward A. Diana
County Executive

Orange County Department of Planning
Submittal Form for Mandatory Review of Local Planning Action
as per NYS General Municipal Law §239-l,m, & n

Referral ID#:
(County use only)

This form is to be completed by the local board having jurisdiction. Submittals from applicants will not be accepted unless coordinated with both the local board having jurisdiction and the County Department of Planning.

Please include all materials that are part of a "full statement" as defined by NYS GML §239-m (i.e. "all materials required by and submitted to the referring body as an application on a proposed action").

Municipality:

Chester

Local Referring Board:

ZBA

Applicant:

Dr. Mark Lane

Project Name:

Lane Veterinary Clinic

Location of Project Site:

1136 Kings Hwy Unit #1
Chester NY 10918

Tax Map #:

17-1-101

Tax Map #:

Tax Map #:

Local File No.:

Size of Parcel*:

*If more than one parcel, please include sum of all parcels.

Reason for County

Review: w/ 500' of County Rd

Current Zoning

District (include

any overlays):

IP

Type of Review:

☐ Comprehensive Plan Update/Adoption

☐ Zoning Amendment

☐ Zoning District Change from _____ to _____

☐ Ordinance Modification (cite section): _____

☐ Local Law

☐ Site Plan

Sq. feet proposed (non-residential only): _____

☐ Subdivision

Which approval is the applicant currently seeking?

SKETCH / PRELIM / FINAL (circle one)

Number of lots proposed: _____

Which approval is the applicant currently seeking?

SKETCH / PRELIM / FINAL (circle one)

☐ Special Use Permit

☐ Lot Line Change

☐ Variance

☒ Other

AREA / USE (circle one)

Interpretation of "Professional Use" in IP Zone

Is this an update to a previously submitted referral? YES / (NO) (circle one)

Local board comments
or elaboration:

The ZBA is in favor of granting this interpretation.

[Signature]
Signature of local official

7-20-15

Date

ZBA Clerk

Title

Municipal Contact Phone Number: (845) 469-7000 x 308

If you would like the applicant to be cc'd on this letter, please provide the applicant's address:

Please return, along with full statement, to: Orange County Dept. of Planning 124 Main St. Goshen, NY 10924
Question or comments, call: 845-615-3840 or email: planning@orangecountygov.com