



**Cattaraugus County Planning Department
 Planning & Zoning Action
 Part 3: Municipal Report of Final Action**

For Office Use Only

Mail Email Delivery

Municipality: _____ City Town Village

Referring Agency: Legislative/Town Board Planning Board Zoning Board of Appeals

Date of Final Action: _____

Applicant Name: _____ **Property Address:** _____

Type of Action <i>(Check all that apply)</i>	
<input type="checkbox"/> Adoption/Amendment of Comprehensive Plan	<input type="checkbox"/> Granting of Variance - Area
<input type="checkbox"/> Adoption/Amendment of Local Law	<input type="checkbox"/> Granting of Variance - Use
<input type="checkbox"/> Approval of Site Plan	<input type="checkbox"/> Adoption or Amendment of Zoning Map
<input type="checkbox"/> Issuance of Special use Permit	<input type="checkbox"/> Adoption or Amendment of Zoning Text
<input type="checkbox"/> Approval of Subdivision	<input type="checkbox"/> Other: _____

Project Description: (*Required – be specific)

(Attach additional pages if necessary)

Concerning the proposed action described above the local board’s final action was:

- Disapproval
 - Approval
 - Approval with Modifications
- Modifications: _____

The local board’s final action was:

- In accordance with the Cattaraugus County Planning Board recommendations
- Contrary to the Cattaraugus County Planning Board recommendations

Per General Municipal Law 239-m, a referring body which acts contrary to the recommendation or modification or disapproval of a proposed action shall set for the reasons for the contrary action. Please attach the minutes of the meeting in which the action was taken

Municipal Official Certification:

Pursuant to Section 239 (m) (6) of General Municipal Law. As mandated by State Law, this form must be completed and filed within 30 days after Final Action has been taken by the local municipal agency.

Submitted by:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of Referring Officer

Date



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Directions:

1. Complete the Municipal Report of Final Action Form (*Municipality must complete one for each referral made*)
2. Include necessary documentation (*See checklist below*)
3. Sign Municipal Official Certification
4. Mail to: **Cattaraugus County EDPT
Attn: Planning Department
303 Court Street
Little Valley, NY 14755**

Please note:

- A. Within thirty (30) days of taking final action regarding a required referral to the Cattaraugus County Planning Board, the local referring agency shall file a report as to the final action taken.

Report of Final Acton Checklist of Enclosures:

- Meeting Minutes
- Public Hearing Minutes
- Approved Comprehensive Plan Text
- Approved Local Law Text
- Approved Zoning Amendment Text
- Approved Zoning Map Changes
- Reasoning for Granting a Variance or Special Use Permit