

**SEND OR DELIVER TO:**

GENESEE COUNTY DEPARTMENT OF PLANNING  
3837 West Main Street Road  
Batavia, NY 14020-9404  
Phone: (585) 547-2274

**Clear Form**

**DEPARTMENT USE ONLY:**

GCDP Referral # T-12-DAR-9-17



**\* GENESEE COUNTY \*  
PLANNING BOARD REFERRAL**

RECEIVED  
Genesee County  
Dept. of Planning  
8/30/2017

Required According to:  
**GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N**  
(Please answer ALL questions as fully as possible)

**1. REFERRING BOARD(S) INFORMATION**

Board(s) Darien Planning Board  
Address 10569 Alleghany Rd.  
City, State, Zip Darien, NY 14040  
Phone (585) 547-2274 Ext. 1026

**2. APPLICANT INFORMATION**

Name Raymond Gass  
Address 4885 Rt 39  
City, State, Zip Springville, NY 14141  
Phone (716) 592-4107 Ext. \_\_\_\_\_ Email \_\_\_\_\_

MUNICIPALITY:  City  Town  Village of Darien

**3. TYPE OF REFERRAL:** (Check all applicable items)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Area Variance                 | <input type="checkbox"/> Zoning Map Change         | <input type="checkbox"/> Subdivision Proposal |
| <input type="checkbox"/> Use Variance                  | <input type="checkbox"/> Zoning Text Amendments    | <input type="checkbox"/> Preliminary          |
| <input checked="" type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input type="checkbox"/> Final                |
| <input type="checkbox"/> Site Plan Review              | <input type="checkbox"/> Other: _____              |   |

**4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:**

A. Full Address 11120 Warner Road Darien, NY 14040  
B. Nearest intersecting road Mammoth Road  
C. Tax Map Parcel Number 14.-1-45  
D. Total area of the property 27.1 acres Area of property to be disturbed \_\_\_\_\_  
E. Present zoning district(s) ldr

**5. REFERRAL CASE INFORMATION:**

A. Has this referral been previously reviewed by the Genesee County Planning Board?  
 NO  YES If yes, give date and action taken \_\_\_\_\_  
B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law  
Art VII, Sec 701, Sub A  
C. Please describe the nature of this request Part-time noncommercial recreational use of property.

**6. ENCLOSURES** – Please enclose copy(s) of all appropriate items in regard to this referral

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Local application | <input type="checkbox"/> Zoning text/map amendments             | <input type="checkbox"/> New or updated comprehensive plan |
| <input type="checkbox"/> Site plan                    | <input type="checkbox"/> Location map or tax maps               | <input type="checkbox"/> Photos                            |
| <input type="checkbox"/> Subdivision plot plans       | <input type="checkbox"/> Elevation drawings                     | <input type="checkbox"/> Other: _____                      |
| <input checked="" type="checkbox"/> SEQR forms        | <input checked="" type="checkbox"/> Agricultural data statement |  |

**7. CONTACT INFORMATION** of the person representing the community in filling out this form (required information)

Name Jerry Yoder Title ZEO Phone (585) 547-2274 Ext. \_\_\_\_\_  
Address, City, State, Zip 10569 Alleghany Rd., Darien, NY 14040 Email zeo@townofdarienny.com

TOWN OF DARIEN  
GENESEE COUNTY, NEW YORK 14040

PLANNING BOARD  
SITE PLAN REVIEW  
SPECIAL USE PERMIT APPLICATION

Application #: PB-16-17  
(For office use only)

Today's Date: 8/1/17

Provision of Zoning Law Involved:

Article: V15, Section: 701, Subsection: A, Paragraph: \_\_\_\_\_

Purpose of Request:

\*This request would be in harmony with the orderly development of the district in which it is located because: Common accepted recreational use in low density residential district. (Casual - family oriented camping/hunting use)

\*This request would not be detrimental to the property or persons in the neighborhood because: 27 acre parcel suited to recreational use of hunting and family/friend site gatherings

\*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: N/A.

The applicant should submit one (1) copy of the application, nine (9) copies of the site plan and one (1) copy of the zoning application

CERTIFICATION:

I hereby certify that I have read the instructions and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinance regulating construction or performance of construction.

8/1/17  
Date of Signature

Raymond Jones  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Owner (If different from Applicant)

Office Use Only:  
Zoning Permit Application #: PB-16-17 Date Received: 8/1/17 Fee Paid: \$160.00  
Date of First Hearing: 8/21/17 Location: Darien Town Hall  
Date of Second Hearing: 9/14/17 Location: Gen. Co. PB  
Date of Subsequent Hearings: 9/18/17 Location: Darien Town Hall  
Action: ( ) APPROVED ( ) REJECTED Date: \_\_\_\_\_  
Planning Board Chairman Signature: \_\_\_\_\_  
Zoning Officer Signature: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_  
Additional Conditions Imposed: \_\_\_\_\_

**TOWN OF DARIEN APPLICATION FOR ZONING PERMIT**

Today's Date: 8-1-17 Application Number: PB-16-17

Applicant's Name: Raymond Gass

Address: 4885 Rt 39 Springville NY 14141

Phone Number: (716) 592-4107 Tax Map #: 14-1-45

Address of Project: 11120 Warner Rd Darien Center NY 14040

INSTRUCTIONS: Regway@gmail.com

Please read the instructions carefully before completing the application form. Fill out the application form completely, using ball point pen or a typewriter. Submit your application form & required attachments (list of such on this form) to the Zoning Enforcement Officer (ZEO) prior to commencing this project or use.

**\*THIS APPLICATION IS NONTRANSFERABLE AND IS VALID FOR ONE YEAR PERIOD ONLY**

1. Zoning District property located in: RESIDENTIAL  Low or  Medium Density)  
 Industrial  Commercial  Recreational
2. Permit Application for:  New Construction  Addition  Alteration  Relocation  
 Accessory Structure  Home Occupation  SPECIAL USE PERMIT  
 VARIANCE  SITE PLAN REVIEW  TEMPORARY USE
3. Is this parcel:  Corner Lot  Water District  Sewer District
4. Dimensions of this lot: 260' length X 475' width and/or area 27.1 ACRES
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);  
N/A  ft and what is the set back (in feet) from project property line Side A  Side B   
 Back  (Also depict on plot diagram).
6. Total percentage (%) of coverage of all buildings on lot (including proposed): 75 %
7. Total Dwelling Units: 0
8. Project Cost:  Actual  Estimated

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET
House				
Garage/Pole Barn				
Accessory Structure				
Commercial				
Industrial				
Signs				

# Bathrooms:   
 # Bedrooms:   
 Rec Room:   
 Family Room:   
 Fireplace:

Describe proposed project and/or use: Application for special use permits for part time non commercial recreational use

**CERTIFICATION:** I hereby certify that I have read the instructions, examined this application and supporting attachments and know them to be true & correct. All provisions of Laws and Ordinances covering this type of work or use will be complied with, whether specified herein or not. The granting of a permit does not give authority to violate or cancel the provisions of any other State or Local Law/Ordinance regulating construction, performance or use.

Raymond Gass  
 APPLICANT SIGNATURE (must sign in presence of ZEO)

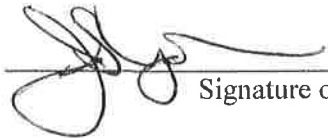
PROPERTY OWNER SIGNATURE (If other than applicant)

Attachments required & verified by ZEO: Requires Sur by Planning Board

Action taken by ZEO: **APPROVED:**  **DENIED:**  Reason: \_\_\_\_\_

Referral To:  Town Planning  Town Appeals  County Planning  Building Inspector

8/1/17  
Date of Signature

  
Signature of ZEO

\_\_\_\_\_  
Date of Signature # of Inspects Signature of Building Inspector

\_\_\_\_\_  
Date Fee Received Fee Indicate Fees Paid/Town Clerk Use Only

\_\_\_\_\_  
Date of Signature Renewal Approval / ZEO Signature

This application will not be considered complete until all appropriate attachments have been supplied and accepted; photo-copies are acceptable. The applicant is responsible to present all applicable attachments to the ZEO. The project in question can not be started until an approved Zoning Permit has been issued, the Building Inspector contacted and if required, the Town Clerk has issued the Building Permit. The applicant is responsible to make all calls to the Building Inspector for review of plans and inspection assignments and to pay any necessary fees as set forth in the appropriate schedule of fees to the Town Clerk.

If a Site Plan is necessary, a total of nine (9) copies are needed.

- Please be advised that you may contact the following if you have any questions or concerns with regard to procedures:
- \*ZEO – Filling out or filing Zoning Permits, Zoning Regulations, appointments for Zoning Permit approval, Variance & Special Use Procedures.
  - \*Building Inspector – Construction, Plan review, Code requirements and inspections
  - \*Town Clerk – Forms, Fees (payable to Town Clerk), Building Permit, General Information & who to contact.

**ATTACHMENTS:**

The following attachments are mandated for all projects or uses in question.  
\*Layout sketch (Plot Diagram) shall consist of an accurate map (survey or plot diagram on graph paper) showing all structures and/or buildings on the parcel. All dimensions of project, property lines and right-of-ways shall also be indicated. Identify adjoining parcels and indicate the owners of such.

Please contact the ZEO regarding which of the following attachments will be required for the project or use in question:

1. Graphic material showing traffic circulation, parking spaces, pedestrian walks, topography and landscape plans, open space & buffer zone.
  2. Preliminary engineering plans showing street improvements, storm drainage, water supply and sanitary sewer facilities.
  3. Copy of current Genesee County Health Department approval for an individual sewer disposal system and plans for such.
  4. A drawing of any signs which the applicant wishes to post. This drawing shall include dimensions, characters, shape, and illumination (if any, show source of power & location of illumination).
  5. Elevation drawings with applicable height dimensions.
  6. Description of the nature of existing use.
  7. Freshwater wetland determination and/or permit, from NYS Dept of Environmental Conservation.
  8. Certification indicating specific elevations in relation to the Federal Flood Hazard Area.
  9. Letter of review from the Department of Soil and Water Conservation when applying for a pond.
- Other: \_\_\_\_\_

Project: Date: 

***Short Environmental Assessment Form***  
***Part 2 - Impact Assessment***

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Short Environmental Assessment Form Part 3 Determination of Significance***

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.	
_____ Name of Lead Agency	_____ Date
_____ Print or Type Name of Responsible Officer in Lead Agency	_____ Title of Responsible Officer
_____ Signature of Responsible Officer in Lead Agency	_____ Signature of Preparer (if different from Responsible Officer)

## Short Environmental Assessment Form

### Part 1 - Project Information

#### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
Raymond Gass			
Name of Action or Project: Gass Recreational Use			
Project Location (describe, and attach a location map): 11120 Warner Rd. Darien Center, NY 14040			
Brief Description of Proposed Action: Application for Special Use Permit required by Town of Darien Zoning for non commercial part time recreational use.			
Name of Applicant or Sponsor: Raymond Gass		Telephone: 716-592-4107	
		E-Mail: Rcgwny@gmail.com	
Address: 4885 Rt 39			
City/PO: Springville		State: NY	Zip Code: 14141
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Town of Darien Special Use Permit			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		27.1 acres	
b. Total acreage to be physically disturbed?		<1 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

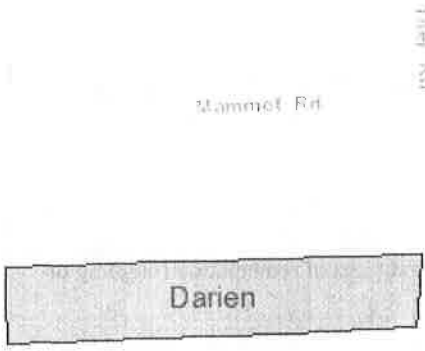
5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: N/A	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____ Well	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____ Placement of outhouse	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input checked="" type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban				
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Is the project site located in the 100 year flood plain?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: <u>Raymond Gass</u>		Date: <u>8-1-17</u>
Signature: <u>Raymond Gass</u>		

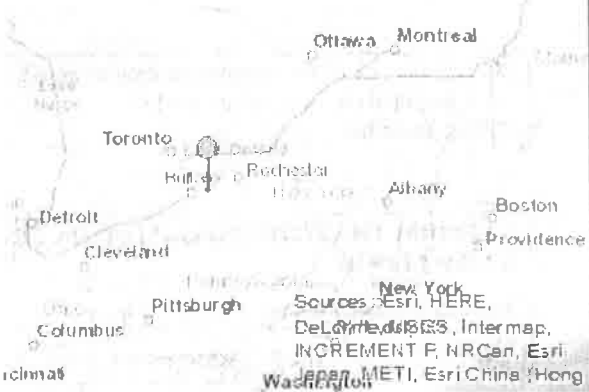
# EAF Mapper Summary Report

Tuesday, August 01, 2017 8:51 AM



Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), MapmyIndia, NGCC, © OpenStreetMap contributors, and the GIS User Community

**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), MapmyIndia, NGCC, © OpenStreetMap contributors, and the GIS User Community

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National Register of Historic Places]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	No

# TOWN OF DARIEN

## Agricultural Data Statement

Application # PB-16-17  
Date 8/1/17

**INSTRUCTIONS:** This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval, requiring municipal review, that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag. & Markets certified Agricultural District.

Applicant

Name Raymond Gass  
Address 4885 Rt. 39  
Springville, NY, 14141

Owner if different than Applicant

Name \_\_\_\_\_  
Address \_\_\_\_\_

1. Type of application: Special use permit ; Site plan approval ; Use variance ; Subdivision approval

2. Description of proposed project: Part-time non-commercial recreational use (cabin)

3. Location of project: Address 11120 Warren Rd. Ivesdale, NY 14040  
Tax Map Number (TMP) 14.-1-45

4. Is this property within an Agricultural District? NO  YES  } Check with your local Assessor if you do not know

5. If yes, Agricultural District Number \_\_\_\_\_

6. Is this property actively farmed? NO  YES

7. List all farm operations within 500 feet of your property, (Attach additional sheets if necessary).

1. None  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Is this property actively farmed? NO  YES

2. \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Is this property actively farmed? NO  YES

3. \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Is this property actively farmed? NO  YES

4. \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Is this property actively farmed? NO  YES

Raymond Gass  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner (if other than Applicant)

REVIEWED BY

[Signature]  
Signature of Municipal Official

8/1/17  
Date

NOTE TO REFERRAL AGENCY

County review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.