REFERRAL FORM
MONTGOMERY COUNTY PLANNING BOARD

Referral Number_____
assigned by the MCPB upon acceptance of referral for review

This Referral must be received **SEVEN CALENDAR DAYS** prior to the MCPB meeting date in order for it to be placed on the agenda.

TO: Montgomery County Planning Board,
Old County Courthouse,
PO Box 1500, Fonda, New York 12068
Phone: 518-853-8334
Fax: 518-853-8336

FROM: Municipal Board: Town of Florida Town Board
Referring Officer: Town Supervisor
Mail original resolution to:
214 Fort Hunter Road
Amsterdam, NY 12010

1. **Applicant:** Solar Energy Partners **2. Site Address:** State Route 5s
3. **Tax Map Number(s):** 56.-3-7.22 **4. Acres:** 19.35
5. **Is the site currently serviced by public water?** ☐ Yes ☒ No
6. **On-site waste water treatment is currently provided by:** ☐ Public Sewer or ☐ Septic System
7. **Current Zoning:** IBP **8. Current Land Use:** Vacant - unused
9. **Project Description:** Applicant proposes a 2.50 MWAC ground-mounted fixed tilt solar array

10. **MCPB Jurisdiction:**

☐ **Text Adoption or Amendment**

☒ **Site is located within 500' of:** City of Amsterdam, State Rte 5s, NYS Thruway *(Specify by Name)*

Check All That Apply:
- ☒ a municipal boundary.
- ☒ a State or County thruway/highway/roadway
- ☐ an existing or proposed State or County park/recreation area
- ☐ an existing or proposed County-owned stream or drainage channel
- ☐ a State or County-owned parcel on which a public building or institution is situated
- ☐ a farm operation within an Agricultural District (Incl. Ag data Statement) (does not apply to area variances)

11. **PUBLIC HEARING:** Date: 10/19/2026 Time: 6:45pm Location: Town of Florida

Referred Action(s)
If referring multiple, related actions, please identify the referring municipal board if different from above.

12. ☐ **Text Adoption or** ☐ **Amendment** **Referring Board:**

☐ Comprehensive Plan ☐ Local Law ☐ Zoning Ordinance ☐ Other _____

13. ☐ **Zone Change** **Referring Board:**

Proposed Zone District: _____ Number of Acres: _____

Purpose of the Zone Change: _____

14. ☑ **Site Plan** ☐ **Project Site Review** **Referring Board:**

Proposed Improvements: 2.50 MWAC ground mounted fixed tilt solar array

Proposed Use: solar generation

Will the proposed project require a variance? ☐ Yes ☑ No Type: ☐ Area ☐ Use

Specify: _____

Is a State of County DOT work permit needed? If Yes : ☐ State or ☐ County ☑ No

Specify: _____

15. ☐ **Special Permit** **Referring Board:**

Section of local zoning code that requires a special permit for this use: _____

Will the proposed project require a variance? ☐ Yes ☐ No Type: ☐ Area ☐ Use

16. Variance **Referring Board:**

☐ Area ☐ Use

Section(s) of local zoning code to which the variance is being sought: _____

Describe how the proposed project varies from the above code section: _____

_____

SEQR Determination

Action: **Finding:** SEQRA not done by Town Board yet.

Check One

- ☒ Type I
- ☐ Type II
- ☐ Unlisted Action
- ☐ Exempt
- ☐ Positive Declaration – Draft EIS
- ☐ Conditional Negative Declaration
- ☐ Negative Declaration
- ☐ No Finding (Type II Only)

SEQR determination made by (Lead Agency): _____ **Date**: _____

REQUIRED MATERIAL

Send 13 copies of a "Full Statement of the Proposed Action" which includes:

All materials required by and submitted to the referring body as an application

- If submitting site plans, please submit only 1 large set of plans, and 12 11x17 packets.
- All material may be submitted digitally as well at http://www.mcbdc.org/planning-services/montgomery-county-planning-board-referrals/

This referral, as required by GML §239 l and m, includes complete information, and supporting materials to assist the Montgomery County Planning Board (MCPB) in its review. Recommendations by MCPB shall be made to the Referring Body within thirty days of receipt of the Full Statement.

Emily Staley - Town Clerk 518-843-6372 ext 1
Name, Title & Phone Number of Person Completing this Form

11/2/2026
Transmittal Date

This side to be completed by Montgomery County Planning.

REFERRAL FORM

MONTGOMERY COUNTY PLANNING BOARD

TO: _____

Receipt of 239-m referral is acknowledged on _____. Please be advised that the Montgomery County Planning Board has reviewed the proposal stated on the opposite side of this form on _____ and makes the following recommendation.

☐ Approves

☐ Approves (with Modification)

☐ Disapproves:

☐ No significant County-wide or inter-community input

☐ Not subject to Planning Board review

☐ Took no action

Section 239-m of the General Municipal Law requires that within thirty days after final action by the municipality is taken; a report of the final action shall be filed with the County Planning Board.

_____ _____

Date

Kenneth F. Rose, Director
Montgomery County Dept. of Economic Development and Planning