



**Application For State Agency  
Projects  
General Information Request**

**Instructions:** Please answer all of the questions in each numbered section and complete all applicable Attachments. In addition to this General Information Request (GIR), a Supplemental Information Request (SIR) related to the specific type of project you are proposing must also be completed. The Agency may also request pertinent additional information based on the information contained in your application.

Type or print clearly in ink. If you need assistance answering the questions, please call the Agency at the above telephone number. **Mail three copies of your application and the required attachments to the Agency at the above address.** A site visit by Agency staff will be required.

**For those projects requiring a Section 814 Order, the completed GIR and appropriate SIR will be considered a "Notice of Intent to Undertake Land Use or Development Within the Adirondack Park."**

This application will be deemed incomplete if all of the information required by the GIR and the appropriate SIR is not provided. **The Adirondack Park Agency Act provides that the time period for the review of this project will not begin to run until the Agency determines that the application is complete.** If the application is not complete, a request for missing or additional information will be issued within 15 days of the receipt of the application indicating the information needed for a complete application. The proposed project may not be undertaken until a permit/order has been issued by the Agency.

<b>1. Project Sponsor</b> (the State Agency/Department seeking a permit/order from the Adirondack Park Agency):	
Name:	
Mailing Address:	
Telephone Number (daytime):	FAX:

<b>2. Current Property Landowner</b>		___ check if same as Project Sponsor and proceed to next question
Name:		
Mailing Address:		
Telephone Number (daytime):		FAX:

<b>3. Authorized Representative:</b>	
The person named below shall act as the Department's agent in all matters relating to this permit application before the Adirondack Park Agency. All contact regarding the permit application will be through the authorized representative. The Department is ultimately responsible for the accuracy of the information contained in this permit application and for compliance with all terms and conditions of any permit or order issued by the Agency.	
Name:	
Title:	
Mailing Address:	
Telephone Number (daytime):	FAX:

<b>4. Project Site Location/Description:</b>	
Road/Highway:	
State Land Unit (if applicable):	
Nearby Waterbody:	
Town(s):	County(ies):
Tax Map Designation (from the tax bill for the property):	
Section: _____	Block: _____ Parcel: _____
Section: _____	Block: _____ Parcel: _____
Section: _____	Block: _____ Parcel: _____

<b>5. Project Sponsor's Legal Interest in Project Site (check the one that applies)</b>		
___ owner	___ Signed purchase agreement holder	1. option holder
___ lessee		2. other _____

<b>6. Prior Agency Contact/Master Plan MOU:</b>	
a)	<p>Have you had any previous discussions with Agency staff regarding this project or project site, or has any Agency staff visited the project site with you or your representative?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Staff person's name: _____</p> <p>Date of Contact: _____</p>
b)	<p>Has the project site been the subject of a past Agency action (i.e., project permit, approved UMP, variance, jurisdictional inquiry, enforcement case or wetland flagging)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. If known, provide the following number and date:</p> <p>Past Permit/Order Number: _____ date: _____</p> <p>Jurisdictional Inquiry Number: _____ date: _____</p> <p>Enforcement Case Number: _____ date: _____</p> <p>Wetland Boundary Flagging : _____ date: _____</p> <p>UMP: _____ date: _____</p>

<b>7. Historic Resources</b>	
<p>Does the project site have any buildings that are more than 50 years old, or does the site or surrounding area contain any structures or districts which are listed or deemed eligible to be listed on the State or National Register of Historic Places or does the project site involve any known archeological resources?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (to any of the above criteria)</p> <p>If Yes, you must provide to the NYS Office of Parks Recreation and Historic Preservation (OPRHP) a location map, project description, site plan map, and recent photographs.</p> <p>ATTACH, as part of a complete application, documentation from OPRHP that the project will not have an impact on historic resources or their recommendations for studies or surveys to be done and their recommendations for mitigation of any impacts to historic resources. OPRHP may be contacted at the following address or phone number.</p> <p style="text-align: center;">Deputy Commissioner for Historic Preservation  NYS Office of Parks, Recreation and Historic Preservation  Peebles Island, P.O. Box 189  Waterford, NY 12188-0189  (518)237-8643</p>	

**8. Project Description and New Land Use**

Provide a brief description of your proposed project.

Does the project include any of the following types of new land use and development?  
 (Check all that apply and attach the appropriate completed Special Information Request)

- |  |   |
|--|---|
| <input type="checkbox"/> Single Family Dwellings   | <input type="checkbox"/> Golf Courses   |
| <input type="checkbox"/> Individual Mobile Homes   | <input type="checkbox"/> Campgrounds  |
| <input type="checkbox"/> Subdivisions  | <input type="checkbox"/> Group Camps  |
| <input type="checkbox"/> Open Space Recreational Uses                                    | <input type="checkbox"/> Ski Centers  |
| <input type="checkbox"/> Agricultural Uses   | <input type="checkbox"/> Commercial Seaplane Bases  |
| <input type="checkbox"/> Agricultural Use Structures                                     | <input type="checkbox"/> Commercial or Private Airports   |
| <input type="checkbox"/> Forestry Uses   | <input type="checkbox"/> Sawmills, Chipping Mills, Pallet Mills<br>or similar Wood Using Facilities |
| <input type="checkbox"/> Forestry Use Structures   | <input type="checkbox"/> Commercial Sand and Gravel<br>Extractions                                  |
| <input type="checkbox"/> Hunting and Fishing Cabins and other<br>Private Club Structures | <input type="checkbox"/> Mineral Extractions  |
| <input type="checkbox"/> Cemeteries  | <input type="checkbox"/> Mineral Extraction Structures  |
| <input type="checkbox"/> Private Roads   | <input type="checkbox"/> Watershed Management and Flood<br>Control Projects                         |
| <input type="checkbox"/> Private Sand and Gravel Extractions                             | <input type="checkbox"/> Sewage Treatment Plants  |
| <input type="checkbox"/> Public Utility Uses   | <input type="checkbox"/> Waste Disposal Areas   |
| <input type="checkbox"/> Game Preserves and Private Parks                                | <input type="checkbox"/> Junkyards  |
| <input type="checkbox"/> Multiple Family Dwellings                                       | <input type="checkbox"/> Major Public Utility Uses  |
| <input type="checkbox"/> Mobile Home Courts  | <input type="checkbox"/> Industrial Uses  |
| <input type="checkbox"/> Public or Semi-Public Buildings                                 | <input type="checkbox"/> Accessory Uses or Accessory Use<br>Structures to any of the above          |
| <input type="checkbox"/> Municipal Roads   | <input type="checkbox"/> Construction in or adjacent to a<br>jurisdictional wetland                 |
| <input type="checkbox"/> Agricultural Service Uses                                       |   |
| <input type="checkbox"/> Commercial Uses   |   |
| <input type="checkbox"/> Tourist Accommodations  |   |
| <input type="checkbox"/> Tourist Attractions   |   |
| <input type="checkbox"/> Marinas, Boat Yards and Boats<br>Launching Sites                |   |

**9. Wetlands**

a) Are there any wetlands on the project site?  
 No  
 Yes (Answer the following questions. The wetland boundaries as delineated or confirmed by Agency staff must be shown and labeled on the Site Plan Map)

b) Will any of the activities listed below be proposed and occur within the boundaries of a freshwater wetland?  
 No  
 Yes (check all that apply):  
 Draining; dredging; excavation; removing soil, peat, muck, sand, shells or gravel  
 Dumping or filling with soil, stone, sand, gravel, mud, or fill of any kind  
 Erecting structures, building roads or driveways, driving pilings, or placing any other obstructions  
 Clearcutting of more than three acres: provide number of acres \_\_\_\_\_  
 Applying pesticides or fertilizers  
 Constructing a wastewater treatment system or discharging a sewer outfall

If yes to any of the above, provide a detailed written description of the measures taken to avoid or minimize wetland impacts:

c) Will any of the activities listed below occur within the 100 feet of a wetland?  
 No  
 Yes (check all that apply)  
 Constructing a wastewater treatment leaching or absorption facility  
 Applying pesticides  
 Conducting other activities that could impair the functions or benefits derived from wetlands, including any diversion of water or change in hydrology, or substantially increases erosion or sedimentation

d) Will the project result in the temporary or permanent loss of any wetland acreage by filling or draining?  
 No  
 Yes. Amount of acreage to be lost: \_\_\_\_\_ square feet.

If you checked Yes to any of the above questions, you may be required to provide a Wetland Mitigation Report as part of your Special Information Request. Contact the Agency for a copy of the Agency's Wetlands Mitigation Guidelines for further information).

**10. Other Regulatory Permits and Approvals**

*The project should be designed to the regulatory requirements of other involved agencies.*

**a) State and Federal Agency Contacts**

Complete the following and indicate whether you have contacted any of the following agencies or departments. Your APA application may remain incomplete until all state agency applications are complete to allow a coordinated review.

AGENCY	NO	YES	DATE	CONTACT PERSON & PHONE #
NYS Department of Health				
NYS Department of Transportation				
NYS Department of Environmental Conservation				
NYS Department of Law				
NYS Office of Parks, Rec. & Historic Preservation				
U.S. Army Corps of Engineers				
Other				

**b) State and Federal Permits, Approvals and Determinations**

Provide as **Attachment G**, copies of all permits, approvals and determinations received from the above agencies.

**11. Required Signatures**

**I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS APPLICATION, INCLUDING ALL ATTACHMENTS, AND I BELIEVE THIS INFORMATION TO BE TRUE, ACCURATE AND COMPLETE.**

**I HEREBY AUTHORIZE THE ADIRONDACK PARK AGENCY AND MEMBERS OF ITS STAFF TO ENTER ON THE PROPERTY DESCRIBED HEREIN FOR THE PURPOSES OF CONDUCTING SUCH INVESTIGATIONS, EXAMINATIONS, TESTS AND SITE EVALUATIONS AS IT DEEMS NECESSARY, AT REASONABLE TIMES AND WITH ADVANCE NOTICE WHERE POSSIBLE, TO VERIFY INFORMATION CONTAINED IN OR RELATED TO THIS APPLICATION FOR A PROJECT PERMIT/ORDER.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature(s) of all Landowner(s), if not State land,  
from current deed of record:  
(Required for all applications)**

\_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of State Agency/Department  
Authorized Representative:  
(Required)**