



LOCAL GOVERNMENT NOTICE FORM
for Project/Variance Application to the Adirondack Park Agency

The Adirondack Park Agency will not deem an application complete until the appropriate municipal official in the Town/Village where a project is located has completed, signed and returned this form to the Agency.

If the Town/Village where the project site is located has zoning or other regulations which apply to the proposal, the Adirondack Park Agency will be unable to issue a permit if: (a) the town or village has either refused to grant a necessary permit or variance, or (b) the proposal is a prohibited use in that jurisdiction.

To be completed by the Applicant:

APA Project Number (if available): _____

Applicant Name: _____ Landowner Name: _____

Project site location: Town/Village: _____ Tax Map Number: _____

Project type/description: _____

If the project involves a subdivision, please provide the appropriate local official a copy of the proposed plat as part of the project description with the plan title and date recorded in the space provided above.

To be completed by the Town/Village:

Does the Town/Village have land use controls? ___ Yes ___ No

If the Town/Village has zoning, provide Zoning District Name(s) _____

Is the "use" allowed in the zoning district(s) ___ Yes ___ No

Is the project prohibited by any local law or ordinance? ___ Yes ___ No

Does this project require a municipal permit? ___ Yes ___ No

 If yes, is the required permit a building permit only? ___ Yes ___ No

 If no, identify the type of permit required: _____

Does this project require a municipal variance? ___ Yes ___ No

 If yes, identify the type of variance required (e.g., area, setback, etc.) _____

Does the project require any other municipal approval? ___ Yes ___ No

 If yes, identify the approval required: _____

Has the municipality received an application for this project? ___ Yes ___ No

 If yes, has the municipality issued any decision on this project? ___ Yes ___ No

Provide explanation for any decisions on this project or inconsistencies the project may have with local laws or any comments you wish to provide to the Agency about the project: _____

Please provide a daytime contact telephone number with the best days/times to be reached, and/or an email address for the official signing this form, should Agency staff have further questions regarding municipal review of this project: (___) _____ e-mail _____

Signature of Zoning Official or Planning Board Chair (or Supervisor/Mayor if no such official exists)

Name and Title (Print)

Date

Please return this completed & signed form to the address or fax number below.

P.O. Box 99 • 1133 NYS Route 86 • Ray Brook, NY 12977 • Tel: 518 891-4050 • Fax: 518 891-3938 • www.apa.ny.gov