## ADIRONDACK PARK AGENCY Division of Regulatory Programs

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**Project Applicant** 



REQUEST FOR EMERGENCY RECOVERY AUTHORIZATION

The emergency recovery authorization is for additional work necessary once an emergency is over to recover from the aftermath of the emergency or to correct work done during the emergency. To request an emergency recovery authorization, please provide the information below and submit by email to <a href="mailto:APAsubmissions@apa.ny.gov">APAsubmissions@apa.ny.gov</a>.

Name of Project Sponsor:		
Authorized Representative:		
Email:		
Phone (Daytime):		
<b>Project Location</b>		
Town/Village:	County:	
Road/Highway:		
Tax Map Number(s) of project site:	:	
Highway Mile Marker number(s):		
<b>Project Description</b>		
, , ,	proposed project description, as w dization work. Int erosion and sediment control m	ell as a proposed site plan that
Signature of Authorized Represe	<u>entative</u>	
I affirm that the information contain	ned in this request is true, accurate	e, and complete.
Signature	Date	Name