



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/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 Yes, please complete 1-9 below. If No, please skip to #9 below.

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

2) How is the "use" defined under the local code? _____

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

3) Is the project prohibited by any local law or ordinance? ☐ Yes ☐ No

4) Does this project require a municipal permit? ☐ Yes ☐ No

a) If Yes, is the required permit a building permit only? ☐ Yes ☐ No

b) If No, identify the type of permit required: _____

5) Does this project require a municipal variance? ☐ Yes ☐ No

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

6) Does the project require any other municipal approval? ☐ Yes ☐ No

If Yes, identify the approval required: _____

7) Has the municipality received an application for this project? ☐ Yes ☐ No

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

8) 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: _____

9) 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: (____) _____ best times _____
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.