



**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.**