TOWN OF LAKE GEORGE

20 OLD POST ROAD
LAKE GEORGE, NY 12845
Tel No: 518-668-5722
Email address: pzclerk@townoflakegeorge.gov

DATE: _____ APPLICATION NO: _____

CONSOLIDATED BOARD OF HEALTH REVIEW APPLICATION

Applicant's Name: _____

Mailing Address: _____

_____

Telephone # _____ Email: _____

Owners Name (if different from applicant): _____

Mailing address: _____

_____

Telephone: _____ Email: _____

Location of Site: _____

Tax Map ID : _____Zoning District: _____

Total Site Area (Square Feet/Acres): _____State/Federal Permits Needed: _____

Project Description:

_____

_____

_____

_____

OFFICE USE ONLY

Date: _____ Fee Amount: _____ Receipt Number: _____

Describe in detail all variances requested and applicable code provisions:

_____

_____

_____

_____

_____

_____

_____

I AFIRM THAT I AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND ALL ATTACHMENTS SUBMITTED WITH IT AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION PRESENTED IS TRUE AND NO INFORMATION RELEVANT TO THIS APPLICATION HAS BEEN OMITTED OR MISREPRESENTED. I HEREBY EXPRESSLY ACKNOWLEDGE THAT ANY FAILURE TO ACCURATELY PRESENT INFORMATION RELEVANT TO THIS APPLICATION MAY RESULT IN APPLICATION DENIAL, NULLIFICATION OF APPROVAL OR REVOCATION OF ANY PERMIT(S) RECEIVED.

_____

SIGNATURE OF APPLICANT

AUTHORIZATION FORM

"TO ACT AS AGENT FOR"

I, _____seller/owner of premises located at

_____ hereby designate:
(Property)

_____ to act as agent regarding an application for:
(Name)

_____ Land Use & Development Permit _____ Use Variance

_____ Area Variance _____ Subdivision

_____ Interpretation Request _____ Site Plan Review

Agent Information:

Name: _____
Phone: _____
Address: _____
Email: _____

OWNER'S SIGNATURE: _____ Date: _____

REQUESTED INFORMATION FOR CONSOLIDATED BOARD OF HEALTH APPLICATION

I understand that this application for Consolidated Board of Health review shall consist of, but not be limited to the following, unless specifically waived by the Consolidated Board of Health:

A. **Four copies of the application & site plan drawn to scale** to include the following:

1. Location map showing boundaries & dimensions of the parcel or tract of land involved, identification of contiguous properties, zoning districts, any easements or public right-of-ways, adjacent owners and any well locations, existing septic systems and all features within five hundred feet of the site.

2. Existing features of the site including existing land and water area, existing buildings and any existing accessory structures, existing water supply systems and sewage systems located either on the parcel or on an immediate adjacent parcel and existing surface characteristics.

3. Map of existing and proposed topography at a contour interval not to exceed five feet.

4. Results of any required on-site investigations including soil test boring and percolation tests.

5. Site Plan map shall include north arrow, scale & date.