

AREA VARIANCE APPLICATION

REVIEW PROCESS

1. Required Pre-Submission meeting with staff to determine general completeness to be held no later than 1 week prior to deadline day. Call (518) 761-8238 for appointment.
2. Submittal of complete application: 1 original & 18 copies of the application package by monthly deadline.
3. Determination of application completeness. All necessary information must be provided and appropriate fee(s) paid for consideration for placement on an agenda for that month.
4. Incomplete applications will not be considered for placement on any agenda until all missing information has been supplied.
5. Submittal to the Warren County Planning Board, if applicable.
6. Zoning Board meeting, generally the third and fourth Wednesday of each month. You will be advised in writing as to which meeting to attend.
7. Following the meeting, you will be provided with a copy of the resolution stating the Board's decision on your application. If your application was approved, the next likely step is a Building Permit. Final plans/drawings must be provided for the next phase of review. If your application was denied your project cannot proceed as submitted.

DOCUMENTATION REQUIREMENTS: Please submit **1 original** and **18 copies** of the completed application package to include:

- **Completed Application** - pages 1 – 8 completed, signed & dated
- **Pre-Submission Meeting Notes** - signed by staff
- **Denial Letter** - from the Zoning Administrator
- **Waiver Request** - any request for a waiver from the applicant regarding submission requirements.
- **Copy of Deed**
- **Survey** – stamped, dated & signed

ZONING STAFF & CONTACT INFORMATION

Craig Brown, Zoning Administrator

craigb@queensbury.net

Sue Hemingway, Office Specialist

(518)761-8238

Visit our website at www.queensbury.net for further information and forms.

GENERAL INFORMATION

Tax Parcel ID number _____

Zoning District _____

Detailed Description of Project (include current & proposed use): _____

Location of Project: _____

Will the proposal require a Septic Variance from the Town Board of Health? _____

If the parcel has previous approvals, list application number(s) _____

<i>Applicant Name:</i>		<i>Address:</i>	
<i>Home Phone:</i>		<i>Cell:</i>	
<i>Work Phone:</i>		<i>Fax:</i>	
<i>Email:</i>			
<i>Applicant's Agent Name:</i>		<i>Address:</i>	
<i>Home Phone:</i>		<i>Cell:</i>	
<i>Work Phone:</i>		<i>Fax:</i>	
<i>Email:</i>			
<i>Owner's Name:</i>		<i>Address:</i>	
<i>Home Phone:</i>		<i>Cell:</i>	
<i>Work Phone:</i>		<i>Fax:</i>	
<i>Email:</i>			

SITE DEVELOPMENT DATA

Area / Type	Existing sq. ft.	Proposed Addition sq. ft.	Total sq. ft.
A. Building Footprint			
B. Detached Garage			
C. Accessory Structure(s)			
D. Paved, gravel or other hard surfaced area			
E. Porches / Decks			
F. Other			
G. Total Non-Permeable <i>(Add A-F)</i>			
H. Parcel Area <i>(43,560 sq. ft./acre)</i>			
I. Percentage of Impermeable Area of Site <i>(I=G/H)</i>			

SETBACK REQUIREMENTS

Area	Required	Existing	Proposed
Front (1)			
Front (2)			
Shoreline			
Side Yard (1)			
Side Yard (2)			
Rear Yard (1)			
Rear Yard (2)			
Travel Corridor			
Height(max)			
Permeability			
No. of Parking Spaces			

FLOOR AREA RATIO WORKSHEET

Floor Area Ratio (FAR) is the relationship of building site to lot size dividing the total building square footage by the lot size in square feet, yielding a percentage. The applicable ratios are as follows:

Zoning District	Symbol	Floor Area Ratio(FAR)
Waterfront Residential	WR-3A	0.22
	WR-1A	0.22
Professional Office	PO	0.3
Highway Commercial Moderate	HC-Mod	0.3
Highway Commercial Intensive	HC-Int	0.3
Neighborhood Commercial	NC-1A	.22
	NC-10	.22
Commercial Industrial	CI-1A	0.3
Light Industrial	LI	0.3
Heavy Industry	HI	0.3
Enclosed Shopping Center	ESC-21A	See Zoning Administrator

Building square footage includes all floors of the primary structure, covered porches, and basements that may be suitable for living space. Detached storage buildings greater than 100 sq. ft. and detached garages are included in the FAR calculations. Building square footage does not include: open decks, docks and that portion of covered docks extending over the water, and one shed 100 sq. ft. or less. All additional sheds are included in the FAR calculations.

Area Type	Existing Area (sq. ft.)	Proposed Area (sq. ft.)
Primary Structure		
First Floor		
Second Floor		
Basement (living space)		
Covered or enclosed porches		
Covered docks		
Guest House		
Apartment		
Detached Garage(s)		
Shed (1 shed 100 sq. ft. or less exempt)		
Covered Dock or Boathouse (portion on land)		
Other (describe)		
A. Lot area: Acres x 43,560 =		
B. Total Allowable Floor Area = A x (see table for value)		
C. Existing Floor Area; Total from above lines		
D. Remaining Area: potentially developable = B minus C		
E. Proposed Area of Construction		

NOTE: If E is larger than D, a variance or revisions to your plan may be needed. Please consult with Staff.

COMPLIANCE WITH ZONING ORDINANCE

Requesting relief from SECTION: _____

Need relief from the requirement(s) listed below which can not be met by the project as proposed.

[Check all that apply] Setback Buffer Zone Lot Width Other _____

The following questions reflect the criteria for granting this type of variance. Please complete them; use additional sheets if needed.

1. Will an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance?

2. Can the benefit sought by the applicant be achieved by some method, feasible for the applicant to pursue, other than an area variance? _____

3. Is the requested area variance is substantial? _____

4. Will the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district? _____

5. Is the alleged difficulty self- created? This consideration shall be relevant to the decision of the Zoning Board of Appeals, but shall not necessarily preclude the granting of the area variance.

DO NOT WRITE ON THIS PAGE: ITEMS TO BE IDENTIFIED BY STAFF DURING PRE-SUBMISSION MEETING

You should use this page for guidance when drafting your application; however, it will be completed by a staff member. Submittal of a stamped and signed SURVEY MAP depicting existing and proposed conditions shall include the items as noted below. Failure to include all required information may result in a determination of incompleteness and a delay in the processing of your application.

Legend: R (Required); NA (Not Applicable)

R	NA	GENERAL
		Title, name, address of applicant & person responsible for preparation of drawing
		Deed
		North arrow, Tax Map ID, date prepared and scale (minimum 1 in. = 40 ft.)
		Boundaries of the property plotted to scale, zoning boundary
		Location of principal structures, accessory structures with exterior dimensions
		Location of site improvements incl. outdoor storage areas, driveways (existing & proposed) parking areas, etc.
		Setbacks for all structures and improvements
		Elevations and floor plans of proposed structures
		WATER & SEWER
		Location of on-site sewage disposal facilities, design details, construction details, flow rates, and number of bedrooms proposed
		Location of water supply (i.e., well) and septic on adjoining lots with separation distances to existing or proposed on-site water supply and septic
		Separation distances for proposed sewage disposal system to well and water bodies
		Location and description of existing public or private water supply (well, lake, etc.). Method of securing public or private water, location, design and construction of water supply including daily water usage
		Percolation test location and results
		PARKING / PERMEABLE AREAS
		Number of spaces required for project including calculations and justification
		Number of existing parking spaces, number to be removed, number to maintain and type of surfacing material (e.g., gravel, paved)
		Provision for pedestrian and handicap access and parking
		Location and design details of ingress, egress, loading areas and cutting
		Location and character of green areas (existing and proposed), modification to green area, buffer zone to remain undisturbed
		Lighting, location and design of all existing or proposed outdoor lighting

PROJECT ID NUMBER

SEQR

617.20
APPENDIX C
STATE ENVIRONMENTAL QUALITY REVIEW

SHORT ENVIRONMENTAL ASSESSMENT FORM
for UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR		2. PROJECT NAME	
3. PROJECT LOCATION: Municipality		County	
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map			
5. IS PROPOSED ACTION : New Expansion Modification / alteration			
6. DESCRIBE PROJECT BRIEFLY:			
7. AMOUNT OF LAND AFFECTED: Initially acres Ultimately acres			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? Yes No If no, describe briefly:			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) Residential Industrial Commercial Agriculture Park / Forest / Open Space Other (describe)			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) Yes No If yes, list agency name and permit / approval:			
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If yes, list agency name and permit / approval:			
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? Yes No			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Applicant / Sponsor Name		Date	
Signature _____			

**If the action is a Coastal Area, and you are a state agency,
complete the Coastal Assessment Form before proceeding with this assessment**

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? (If yes, explain briefly: <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____ Signature of Responsible Officer in Lead Agency	_____ Signature of Preparer (If different from responsible officer)

SIGNATURE PAGE

This page includes the Authorization to Act as Agent Form, Engineering Fee Disclosure, Authorization for Site Visits, Other Permit Responsibilities and Agreement to provide documentation required.

OWNER'S AGENT FORM:

Complete the following if the **OWNER** of the property is not the same as the applicant

Owner: _____
Designates: _____
As agent regarding: ___ Variance ___ Site Plan ___ Subdivision
For Tax Map No.: ___ Section ___ Block ___ Lot
Deed Reference: ___ Book ___ Page _____ Date

OWNER SIGNATURE: _____ **DATE:** _____

APPLICANT'S AGENT FORM:

Complete the following **if** the **APPLICANT** is unable to attend the meeting or wishes to be represented by another party:

Owner: _____
Designates: _____
As agent regarding: ___ Variance ___ Site Plan ___ Subdivision
For Tax Map No.: ___ Section ___ Block ___ Lot

OWNER SIGNATURE: _____ **DATE:** _____

ENGINEERING FEE DISCLOSURE: Applications may be referred to the Town consulting engineer for review of septic design, storm drainage, etc. as determined by the Zoning or Planning Department. Fees for engineering review services will be charged directly to the applicant. Fees for engineering review will not exceed \$1,000 without notification to the applicant.

AUTHORIZATION FOR SITE VISITS: By signing this page and submitting the application materials attached herein, the Owner, Applicant and his/her/their agent(s) hereby authorize the Zoning Board or Planning Board and Town Staff to enter the subject properties for the purpose of reviewing the application submitted.

PLEASE NOTE: Other permits may be required for construction or alteration activity subsequent to approval by the Zoning Board or Planning Board. It is the applicant's responsibility to obtain any additional permits.

OFFICIAL MEETING MINUTES DISCLOSURE: It is the practice of the Community Development Dept. to have a designated stenographer tape record the proceedings of meetings resulting from application, and minutes transcribed from those tapes constitutes the official record of all proceedings. If there is a discrepancy between such record and the handwritten minutes taken by the designated stenographer, the handwritten minutes shall be deemed the official record.

I, the undersigned, have thoroughly read and understand the instructions for submission and agree to the submission requirements. I acknowledge no construction activities shall be commenced prior to issuance of a valid permit. I certify that the application, plans, and supporting materials are a true and complete statement/description of the existing conditions and the work proposed, and that all work will be performed in accordance with the approved plans and in conformance with local zoning regulations. I acknowledge that prior to occupying the facilities proposed, I or my agents will obtain a certificate of occupancy as necessary. I also understand that I/we may be required to provide an as-built survey by a licensed land surveyor of all newly constructed facilities prior to issuance of a certificate of occupancy.

I have read and agree to the above. SIGNATURE OF APPLICANT: _____ Date _____

SIGNATURE OF AGENT: _____ Date _____