



SEPTIC VARIANCE APPLICATION

742 Bay Road, Queensbury, NY 12804
P: 518-761-8256 www.queensbury.net

Office Use Only

Received: _____
Permit #: _____
Permit Fee: _____
Invoice #: _____
Approvals: _____

Submittal: I (one) original & 8 copies of the completed application package

Property Owner(s): _____ Owner's Agent: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Site Address: _____ Tax ID#: _____

Directions to Site: _____

Distance from well on property to septic system (if applicable) _____ feet

Is it possible to install a conforming septic system on this property? _____ Yes _____ No

If **YES**, please explain and attach a diagram: _____

Does the proposed system meet setback requirements for distance from wells & septic systems on neighboring properties? _____ Yes _____ No If **NO**, please explain: _____

Is the proposed system to be installed under a parking area? _____ Yes _____ No

Section of the Sanitary Sewage Ordinance from which you are seeking the variance (i.e. leaching system will be 89 ft. from well in lieu of required 100 ft.):

List the names, parcel addresses, and tax map numbers of all adjoining property owners. You may obtain tax map numbers from the Assessor's Office as well as the names and addresses:

North Name _____
 Address _____
 Tax Map ID _____

South Name _____
 Address _____
 Tax Map ID _____

East Name _____
 Address _____
 Tax Map ID _____

West Name _____
 Address _____
 Tax Map ID _____

OWNER STATEMENT

I/We do hereby relieve the Town of Queensbury from any liabilities on the plumbing and septic system located at:

I/We realize that putting the well, septic tank or leaching system less than the required ____ feet from the _____ may increase the risk of pollution.

Owner—Print Name: _____ Date: _____

Owner—Signature: _____ Date: _____

NEIGHBOR OR TENANT RELEASE STATEMENT (if applicable)

I/We do hereby relieve the Town of Queensbury from any liabilities on the plumbing and septic system located at:

I/We realize that putting the septic tank or leaching system less than the required ____ feet from the _____ may increase the risk of pollution.

Neighbor/Tenant—Print Name: _____ Date: _____

Neighbor/Tenant-Signature: _____ Date: _____

AUTHORIZATION AND 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.

Complete the following if the **OWNER** is using an Agent:

Owner's Name: _____

Designates: _____ as agent regarding the Septic Variance for

Tax Map #: _____

OWNER'S 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 Town Board of Health. Fees for engineering review services will be charged directly 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 hereby authorize the Town Board of Health, building and code Enforcement Officers and Town Engineer 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 Town Board of Health. It is the applicant's responsibility to obtain any additional permits.

Official Meeting Minutes Disclosure: It is the practice of the Town Board of Health to have a designated stenographer tape record the proceedings of the meetings resulting from the application, and that the minutes transcribed from those tapes constitute 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; agree to the submission requirements and completed checklist:

OWNER—PRINT NAME: _____

OWNER—SIGNATURE: _____ DATE: _____

AGENT—PRINT NAME: _____

AGENT—SIGNATURE: _____ DATE: _____