



742 Bay Road, Queensbury, NY 12804  
P: 518-761-8256 [www.queensbury.net](http://www.queensbury.net)

# SEPTIC VARIANCE APPLICATION

<u>Office Use Only</u>
Permit #: _____
Permit Fee: \$_____
Invoice #: _____
Approvals: _____

Submittal: 1 (one) original & 8 copies of the completed application package

**Contact Information:** PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

Property Owner(s):	Owner's Agent:
Address:	Address:
Phone #:	Phone #:
Email:	Email:

**Site Information:**

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 this information from the Town of Queensbury's Assessor's Office:

**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:

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 well, septic tank or leaching system less than the required        feet  
from the        may increase the risk of pollution.

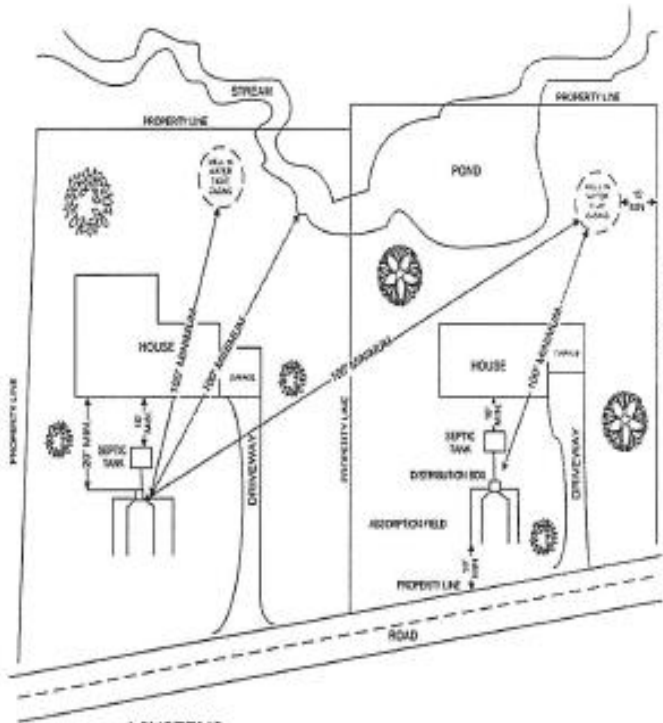
Neighbor/Tenant—Print Name:

Neighbor/Tenant-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:**

1. A location map showing the site within the Town of Queensbury
2. A plot plan showing existing **and** proposed features of the property, including:
  - a. Lot dimensions
  - b. North arrow and scale: 1 inch=40 feet
  - c. Location & dimensions of existing and proposed buildings, showing setback distances and uses
  - d. Parking layout to scale (if applicable)
  - e. Physical features (street, steep slopes, lakes, wetlands, etc.)
  - f. Location of all wells and septic systems on neighboring properties
  - g. Adjacent ownerships
  - h. All properties within 500 feet

**A sample plot plan and location are shown below:**



## 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

Site Address:

Tax Map #:

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: \_\_\_\_\_