

# TOWN OF LAKE GEORGE

## ZONING BOARD OF APPEALS

TOWN CENTER, 20 OLD POST ROAD

LAKE GEORGE, NY 12845

Telephone No: 518-668-5722

Email: pzclerk@lakegeorgetown.org

## SIGN VARIANCE REQUEST

APPLICATION NO: \_\_\_\_\_

DATE: \_\_\_\_\_

**10 COPIES OF THE APPLICATION, MAP TO SCALE & FEES MUST BE SUBMITTED BY THE 15<sup>TH</sup> OF THE MONTH, THE PRECEEDING FRIDAY IF THE 15<sup>TH</sup> FALLS ON A SATURDAY AND THE FOLLOWING MONDAY IF THE 15<sup>TH</sup> FALLS ON A SUNDAY.**

APPLICANT'S NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

(IF DIFFERENT)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TAX MAP NO: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

### LOCATION OF PROPERTY:

\_\_\_\_\_

### PRESENT USE OF PROPERTY:

\_\_\_\_\_

\_\_\_\_\_

BRIEF DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following information is to be provided, in detail, on a separate sheet and attached to this application.**

- Map drawn to scale showing all structures, non-permeable surfaces north depicting arrow and location map.
- Elevation plan of existing structure(s) or proposed structures depicting location of sign/s.

**Compliance with Sign Ordinance**

Sections that apply: \_\_\_\_\_

What signs are you allowed per ordinance?

| Sign Type    | How Many Allowed | Square Feet | Height |
|--------------|------------------|-------------|--------|
| Wall         |                  |             |        |
| Freestanding |                  |             |        |

This application is for a change in the:

\_\_\_\_\_ Number of Signs: From (currently)\_\_\_\_\_ To (proposed)\_\_\_\_\_

\_\_\_\_\_ Setback for Sign

\_\_\_\_\_ Size of Sign

\_\_\_\_\_ Height of Sign

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Elevation:

For wall signs, provide a scale drawing of the façade the sign(s) will be located upon, with location(s) shown.

The following information to be provided:

Sign Number \_\_\_\_\_ (if you applying for more than one (1) sign).

| Sign Type    | Existing | Proposed | Length | Width | Total Size (Sq. Ft.) | Height |
|--------------|----------|----------|--------|-------|----------------------|--------|
| Wall         |          |          |        |       |                      |        |
| Freestanding |          |          |        |       |                      |        |
| Illuminated  |          |          |        |       |                      |        |

Property Line Setbacks: Front\_\_\_\_\_ Side\_\_\_\_\_

Sign Wording \_\_\_\_\_

**Attach a sketch or submit manufacturer's rendition of the sign.**

(a) The Board of Appeals shall have the power, upon an appeal from a decision or determination of the Zoning Officer, to grant area variances from the area or dimensional requirements of this chapter.

(b) In making its determination, the Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determination, the Board of Appeals shall also consider:

[1] Whether 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.

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[2] Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance.

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[3] Whether the requested area variance is substantial.

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[4] Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district.

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[5] Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the area variance.

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(c) The Board of Appeals, in the granting of an area variance, shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

**Imposition of conditions.** The Board of Appeals shall, in the granting of an area variance, have the authority to impose such reasonable conditions and restrictions as are directly related to and incidental to the proposed use of the property or the period of time such variance shall be in effect.

Such conditions shall be consistent with the spirit and intent of this chapter and shall be imposed for the purpose of minimizing any adverse impact such variance may have on the neighborhood or community.

This page includes the following: 1). Authorization to Act as Agent Form. 2) Engineering Fee Disclosure. 3) Authorization for Site Visits. 4) Other Permit Responsibilities. 5) Official Meeting Disclosure and 6) Agreement to provide documentation required.

**2. 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 Boards. 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.

**3. AUTHORIZATION FOR SITE VISITS:** by signing this page and submitting the application materials attached here, the Owner, Applicant and his/hers/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.

**4. OTHER PERMIT RESPONSIBILITIES:** 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.

**5. OFFICIAL MEETING MINUTES DISCLOSURE:** It is the practice of the Community Development Department 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.

**6. AGREEMENT TO PROVIDE DOCUMENTATION REQUIRED:** 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.

**AUTHORIZATION FORM**

**“TO ACT AS AGENT FOR”**

I, \_\_\_\_\_ seller/owner of premises  
located at \_\_\_\_\_ hereby designate:

\_\_\_\_\_  
(Name) (Address)  
\_\_\_\_\_  
(City) (State) (Zip) (Phone)

to act as agent for this area variance application.

**OWNER'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

IF THIS AUTHORIZATION FORM IS NOT APPLICABLE, PLEASE SIGN AND DATE  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY**  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

**PRESUBMISSION MEETING FORM**

1. **Tax Map ID:** \_\_\_\_\_

2. **Zoning Classification:** \_\_\_\_\_

3. **Reason For Review:** \_\_\_\_\_

4. **Zoning Section #:** \_\_\_\_\_

5. **Pre-Submission Meeting Notes; Outstanding Items to be Addressed include:**

|                                |           |          |
|--------------------------------|-----------|----------|
| Deed                           | Yes _____ | No _____ |
| General Information pages 1-3  | Yes _____ | No _____ |
| Required Information page 4-6  | Yes _____ | No _____ |
| Authorization Form (if needed) | Yes _____ | No _____ |
| Environmental Form (if needed) | Yes _____ | No _____ |
| Signature                      | Yes _____ | No _____ |

**Outstanding items:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_