

TOWN OF LAKE GEORGE

**TOWN CENTER
20 OLD POST ROAD
LAKE GEORGE, NY 12845
518-668-5131 (Phone)**

APPLICATION FOR LAND USE & DEVELOPMENT PERMIT

APPLICATION NO: _____

DATE: _____

Include three (3) copies of a plot plan on an 8-1/2 X 11" paper (if larger, folded to 8-1/2 X 11"), drawn to scale showing the actual dimensions of the building to be erected or altered and all other structures, MUST BE SUBMITTED WITH THIS APPLICATION. The plot plan shall include street names, setbacks, yard dimensions, off street parking facilities, fences, walls, landscaping & stormwater plans.

Applicant's Name: _____

Phone No: _____

Mailing Address:

Owner's Name: _____ **Phone No:** _____

Mailing Address:

Contractors' Names _____ **Phone No:** _____

Mailing Address:

Contractors' EMAIL: _____

Location of Property: _____

Zoning District: _____ **Tax Map No:** _____

Lot size/Area: _____ **Size of existing Buildings:** _____

Intended Use of Structures or Additions: _____

Existing use of Property: _____

Nature of Proposed New Construction: & size (Remodeling, Alteration, Replacement)

Front yard Distance: _____ **Right Side yard Distance:** _____

Left Side Yard Distance: _____ **Rear Yard Distance:** _____

Accessory Structure Location & Size: _____

Height of Proposed Structure: _____

Sewer Connection Requested: YES () NO ()

Highway Permit Requested: YES () NO ()

Water Tap Requested: YES () NO ()

Estimated Cost of Construction: \$ _____

Date Application received: _____

Application Fee paid: _____

(If paying by check make payable to: Town of Lake George)

Receipt Number: _____

Plan Box Needed: YES _____ NO _____

THE CONTRACTOR, PRIOR TO COMMENCING CONSTRUCTION, MUST SECURE -- A BUSINESS LICENSE FROM THE TOWN OF LAKE GEORGE.

I AFFIRM 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 RECEIVED. I ALSO ACKNOWLEDGE AND CONSENT TO INSPECTIONS OF THIS PROJECT CONDUCTED BY THE TOWN PLANNING AND ZONING OFFICE.

IF THIS PROJECT HAS RECEIVED AN APPROVAL FROM THE PLANNING OR ZONING BOARD YOU MUST CONTACT THE TOWN PRIOR TO OCCUPYING THE STRUCTURE. FAILURE TO NOTIFY COULD RESULT IN A POSSIBLE FINE

SIGNATURE OF APPLICANT: _____

(Print Name): _____

SIGNATURE OF OWNER: _____

(Print Name): _____

AUTHORIZATION FORM

“TO ACT AS AGENT FOR”

I, _____ seller/owner of premises

located at _____,

hereby designate: _____
(Print Name)

(Address)

(City) (State) (Zip) (Phone)

To act as agent regarding an application for the following:

Please circle the appropriate application

- Land Use & Development Permit
- Subdivision
- Site Plan Review
- Use Variance
- Area Variance
- Interpretation Request

OWNER'S SIGNATURE: _____

(Print Name): _____

Date: _____

IF THIS AUTHORIZATION FORM IS NOT APPLICABLE, AND YOU WILL REPRESENT YOURSELF, PLEASE SIGN AND DATE:

SIGNATURE : _____

DATE: _____