

# TOWN OF LAKE GEORGE

TOWN CENTER, OLD POST ROAD

LAKE GEORGE, NY 12845

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

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

## APPLICATION FOR CONSOLIDATED BOARD OF HEALTH REVIEW

APPLICANT'S NAME: \_\_\_\_\_

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

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

OWNER IF DIFFERENT THAN APPLICANT: \_\_\_\_\_

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

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

LOCATION OF SITE: \_\_\_\_\_

TAX MAP NO: \_\_\_\_\_

CURRENT ZONING CLASSIFICATION: \_\_\_\_\_

STATE & FEDERAL PERMITS NEEDED: \_\_\_\_\_

TOTAL SITE AREA (SQUARE FEET/ACRES):

\_\_\_\_\_

DESCRIBE IN DETAIL ALL VARIANCES REQUESTED:

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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 (S) RECEIVED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**FOR OFFICE USE ONLY**

Date Application was received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt No: \_\_\_\_\_

**REQUESTED INFORMATION FOR CONSOLIDATED BOARD OF  
HEALTH APPLICATION**

I understand that this application for Consolidated Board of Health review shall consist of, but not be limited to the following, unless specifically waived by the Consolidated Board of Health:

- A. Four copies of the application & site plan drawn to scale, to include the following:
  - 1. Location map showing boundaries & dimensions of the parcel or tract of land involved, identification of contiguous properties, zoning districts, any easements or public right-of-ways, adjacent owners and any well locations, existing septic systems and all features within five hundred feet of the site.
  - 2. Existing features of the site including existing land and water area, existing buildings and any existing accessory structures, existing water supply systems and sewage systems located either on the parcel or on an immediate adjacent parcel and existing surface characteristics.
  - 3. Map of existing and proposed topography at a contour interval not to exceed five feet.
  - 4. Results of any required on-site investigations including soil test boring and percolation tests.
  - 5. Site Plan map shall include north arrow, scale & date.

**AUTHORIZATION FORM**  
**“TO ACT AS AGENT FOR”**

I, \_\_\_\_\_ seller/owner of premises  
located at

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Hereby designate

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To act as agent regarding an application for:

Please circle the appropriate application

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

OWNER'S SIGNATURE \_\_\_\_\_

Date: \_\_\_\_\_