

**TOWN OF LAKE GEORGE**

**TOWN CENTER**

**20 OLD POST ROAD**

**LAKE GEORGE, NY 12845**

**518-668-5131 (Phone)**

**518-668-0269 (Fax)**

**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:**

\_\_\_\_\_

**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.**

**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:** \_\_\_\_\_