

# Town of Lake George

20 Old Post Road

Lake George, NY 12845

Direct 518 668-5131/Fax 668-0269

Email: [pzclerk@lakegeorgetown.org](mailto:pzclerk@lakegeorgetown.org)

## Use Variance Review Application

### Review Process:

1. Applicant and/or agent to meet with Zoning Administrator for project determination.
2. Pre-submission meeting is available prior to submittal of application. Call 668-5131 ext. 311 for appointment.
3. Application submittal: Ten (10) copies to consist of one (1) original application and nine (9) copies. Two copies to be large format (minimum 40 scale), eight (8) copies to be 11x17.
4. Submittal dates for all applications is the 15<sup>th</sup> of every month; if that date falls on the weekend or a holiday, the following business day is observed.
5. Application completeness review and placement on an agenda.
6. Zoning Board of Appeals meeting is held the first Wednesday of the month; additional meetings at the discretion of the Chairman. Notice will be sent to advise applicants of date and time for review.
7. Whether approved or denied, a resolution will be sent to the applicant stating the Board's decision. If approved, a Land Use and Development Permit and Warren County Building Permit will be required. If denied, the project cannot proceed.
8. Fees: Residential - \$100.00  
Commercial - \$150.00  
After the Fact Area or Use Variance Review - \$350.00

### Planning and Zoning Staff:

Dan Barusch, Director of Planning and Zoning      [dbarusch@lakegeorgetown.org](mailto:dbarusch@lakegeorgetown.org)

Doug Frost, Code Compliance Officer      [dfrost@lakegeorgetown.org](mailto:dfrost@lakegeorgetown.org)

Adele Bermann, Office Administration      [pzclerk@lakegeorgetown.org](mailto:pzclerk@lakegeorgetown.org)

# TOWN OF LAKE GEORGE

## ZONING BOARD OF APPEALS

TOWN CENTER, 20 OLD POST ROAD

LAKE GEORGE, NY 12845

Telephone No: 518-668-5131

Fax No: 518-668-0269

E-Mail: [lgpbzba@lakegeorgetown.org](mailto:lgpbzba@lakegeorgetown.org)

## USE VARIANCE REQUEST

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

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

**8 COPIES OF THE APPLICATION, MAP TO SCALE & FEES MUST BE SUBMITTED BY THE 15<sup>TH</sup> OF THE MONTH OR NEXT BUSINESS DAY IF THE 15<sup>TH</sup> FALLS ON A WEEKEND.**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SEQRA REVIEW REQUIRED: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ Type 1 – Type 2 - Unlisted

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 and north depicting arrow
- Septic and water
- Floor plan and elevation plan of existing structure(s) and proposed structures.

### Site Development Data

Area/Type	Existing sq. ft.	Proposed Addition sq. ft.	Total sq. ft.
A. Building footprint			
B. Detached Garage			
C. Accessory Structure(s)			
D. Paved, gravel or other hard surfaced area			
E. Porches/Decks			
F. Other			
G. Total non-permeable (Add A + F)			
H. Parcel Area (43,560 sq. ft. = 1 acre)			
I. Percentage of Impermeable Area of Site (I = G:H)			

### Setback Requirements

Area	Required	Existing	Proposed
Front (1)			
Front (2)			
Shoreline			
Side Yard (1)			
Side Yard (2)			
Rear Yard (1)			
Rear Yard (2)			
Travel Corridor			
Height (maximum)			
Permeability			
No. of parking spaces			

## USE VARIANCE REQUEST

(a) The Board of Appeals, on appeal from the decision or determination of the Zoning Officer, shall have the power to grant use variances, authorizing a use of the land which otherwise would not be allowed or would be prohibited by the terms of this chapter.

(b) No use variance shall be granted by the Board of Appeals without a showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship. In order to prove such unnecessary hardship, the applicant shall demonstrate to the Board of Appeals that:

[1] Under applicable zoning regulations, the applicant cannot realize a reasonable return, provided that the lack of return is substantial as demonstrated by competent financial evidence.

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[2] The alleged hardship relating to the property in question is unique and does not apply to a substantial portion of the district or neighborhood.

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[3] The requested use variance, if granted, will not alter the essential character of the neighborhood.

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[4] The alleged hardship has not been self-created.

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(c) The Board of Appeals, in the granting of a use variance, shall grant the minimum variance that it shall deem necessary and adequate to address the unnecessary hardship proven by the applicant 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: \_\_\_\_\_

**REQUESTED INFORMATION FOR AREA VARIANCE APPLICATION**

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

- A. **Ten copies** of the application & site plan drawn to scale, **to consist of 2 Engineer Drawings (large) and 8 reduced drawings to be 8-1/2X11” or 11X17” folded to 8-1/2X 11”**, to include the following: (the sketch plan may be deemed to be the final plan at the Zoning Board’s discretion).
  - 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 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. Delineation of proposed building location, identified variances requested, and arrangement of buildings of installation on the site, including parking area and means of ingress & egress.
  - 4. Sketch of architectural plans of proposed building or structure including exterior dimensions and elevations of front, side and rear view.
  - 5. Map of existing and proposed topography at a contour interval not to exceed five feet if required at the pre-submission meeting or by the Zoning Board.
  
- B. Accompanying data (which will be required for any follow-up Site Plan Review by the Planning Board), to include the following:
  - 1. Application for follow-up Site Plan Review and fee, if applicable.
  - 2. Application & address for Land Use & Development Permit and fee.
  - 3. Name and address of any licensed professional consultants.
  - 4. Description of materials and methods of installation for any equipment or installation for which the permit is being sought.
  - 5. Results of any required on-site investigations including soil test boring and percolation tests if applicable.
  - 6. Site Plan map shall include north arrow, scale & date. Such additional information as the Zoning Board may reasonably require in assessing the proposed project.
  - 7. A stormwater design plan – refer to the Zoning Ordinance (Article V Section 175-21) for requirements concerning minor or major projects.

**Environmental Group Disclaimer**

AS AN APPLICANT SUBMITTING AN APPLICATION TO THE TOWN OF LAKE GEORGE PLANNING OR ZONING BOARD OF APPEALS, PLEASE BE AWARE THAT YOU MAY BE CONTACTED BY A REPRESENTATIVE OF VARIOUS ENVIRONMENTAL PROTECTION GROUPS REGARDING YOUR APPLICATION. THESE ARE PRIVATE, NOT-FOR-PROFIT ORGANIZATIONS AND ARE NEITHER FEDERAL, STATE NOR LOCAL GOVERNMENTAL AGENCIES, NOR IS IT AFFILIATED WITH THE APA, LAKE GEORGE PARK COMMISSION OR THE TOWN OF LAKE GEORGE. THEREFORE, WHILE YOU ARE CERTAINLY FREE TO PROVIDE ANY INFORMATION TO THEM IF YOU WISH, YOU ARE NOT LEGALLY REQUIRED TO DO SO. THEY ARE NOT AUTHORIZED AGENTS OF THE TOWN OF LAKE GEORGE AND NO INQUIRY FROM THEM SHOULD BE CONSTRUED AS BEING MADE BY OR ON BEHALF OF THE TOWN OR WITH THE TOWN’S ENDORSEMENT OR AUTHORITY.

**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:**

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

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