

<p>ADIRONDACK PARK AGENCY Division of Regulatory Programs PO Box 99, 1133 NYS Route 86 Ray Brook, New York 12977 Telephone (518) 891-4050 www.apa.ny.gov</p>	 <p>Adirondack Park Agency</p>	<p>PERMIT AMENDMENT REQUEST</p>
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Applicability: This application is for an amendment to an existing Adirondack Park Agency permit.
Note: if you are requesting changes to an existing telecommunications tower permit, please see the applications for General Permits [2005G-3R](#) and [2010G-1](#) for applicability.

Please note: a jurisdictional project may not be undertaken until a permit has been issued by the Agency. “Undertake” means any commencement of a material disturbance of land preparatory to the proposed project, including but not limited to road construction, grading, installation of utilities, excavation, clearing of building sites, or other landscaping.

Instructions: Please provide all the information below and submit by email to APAsubmissions@apa.ny.gov. The application and attachments should be in PDF or similar format. Electronic copies of plans must be fully scalable. If unable to submit via email, hard copy submissions will be accepted but delays may occur. Please contact the Agency’s Regulatory Programs Division at (518) 891-4050 with any questions.

By law, the Agency is required to respond to your request within 15 days of receipt, identifying any additional information necessary for a complete application. The Agency will make every effort to conduct a site visit if necessary within these 15 days. **However, the combined site visit and amendment review may not be possible within 15 days**, especially depending on weather and project complexity.

Site visits conducted early in the amendment process help to ensure that proposals are well designed from the beginning, minimize the need for follow-up information requests from the Agency, and result in a more efficient review.

Please indicate if you agree to extend the response deadline until 15 days after a site visit.

YES NO

1. Project Applicant(s)*:

Name(s):

Mailing Address:

Phone (daytime):

Email:

2. Current Landowner(s): (☐)**

(check above if same as Project Applicants)

Name(s):

Mailing Address:

Phone (daytime):

Email:

* The project applicant is any person having a specific legal interest in the property who submits an application to the Agency for a minor project permit.

** List all names on the current deed of record.

3. **Project Applicant's Authorized Representative:** By filling in the name and address below and signing this application, the project applicant is authorizing the person named below to act as their agent in all matters relating to this permit application before the Adirondack Park Agency. The project applicant acknowledges that all contact regarding the application will be through the Authorized Representative. The project applicant is, however; ultimately responsible for the accuracy of the information contained in this application and for compliance with all terms and conditions of any permit issued to them by the Agency.

Name: _____

Mailing Address: _____

Phone (daytime): _____ Email: _____

4. Identify the original permit or order for variance number.
5. Provide date, book, and page when the permit was recorded in the County Clerk's Office. If the permit was not recorded within 60 days of its issuance, the permit is void and a new permit application must be submitted.
6. Identify the town and current tax map parcel number(s) of the project site.
7. Please explain your legal interest in the project (i.e., are you the owner, a prospective purchaser, or lessee of the parcel). If you have new legal interest since the permit was issued, provide a copy of the legal instrument such as the new recorded deed, executed contract or lease.
- Please note that, if this is a subdivision with common facilities and the proposal involves the common facilities, the Agency may require notice to all or a subset of landowners within the subdivision.
8. If the permit authorized a subdivision, please provide the tax map parcels of any lots that have been conveyed and the dates of conveyance. If the permit did not authorize a subdivision, please describe the extent to which the authorized development has been undertaken.

- 9.** Identify the specific term(s) or condition(s) in the permit that you request to be changed. Describe in detail why and how you want the permit to be amended and provide supporting site plans, construction details and documents, including proposals to avoid or mitigate potential impacts.

- 10.** Please provide a site plan map or subdivision map that is drawn to-scale and labeled with the map scale, north arrow, date of preparation, and name of preparer. The map must depict all existing and proposed development and/or subdivision.

11. Project Applicant(s)/Landowner(s) Signatures:

I HAVE PERSONALLY EXAMINED AND I AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS APPLICATION, INCLUDING ALL ATTACHMENTS, AND I AFFIRM THIS INFORMATION TO BE TRUE, ACCURATE, AND COMPLETE. IN ADDITION, IN THE CASE OF ANY PROJECT APPLICANT THAT IS A CORPORATION, LIMITED LIABILITY CORPORATION, PARTNERSHIP, OR OTHER SIMILAR LEGAL ENTITY, I ALSO AFFIRM THAT I AM AUTHORIZED TO SIGN AND SUBMIT THIS APPLICATION ON BEHALF OF THAT ENTITY.

I HEREBY AUTHORIZE THE ADIRONDACK PARK AGENCY AND ITS STAFF TO ENTER ON THE PROPERTY DESCRIBED HEREIN FOR THE PURPOSES OF CONDUCTING SUCH INVESTIGATIONS, EXAMINATIONS, TESTS, AND SITE EVALUATIONS AS IT DEEMS NECESSARY, AT REASONABLE TIMES, AND WITH ADVANCE NOTICE, TO VERIFY INFORMATION CONTAINED IN OR RELATED TO THIS APPLICATION FOR A PROJECT PERMIT.

Note: Please sign or type below. The use of an electronic signature, by typing your signature below, shall have the same validity and effect as a handwritten signature.

Signature(s) of all Project Applicant(s) (if not the landowners):
(Required for all applications)

_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature (type or sign)	First & Last Name/Title (if applicable)	Date

Signature(s) of all Landowner(s) from current deed:
(Required for all applications)

_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature (type or sign)	First & Last Name/Title (if applicable)	Date

Please provide all the required information and submit by email to APAsubmissions@apa.ny.gov