

# Town of Caroga - Variance Referral to APA

*Agency-approved Local Land Use Program Referral*

*Please use this form as a cover sheet for any correspondence associated with a variance referral to the Adirondack Park Agency as provided for in the Town's Agency-approved Local Land Use Program.*

*Send this cover sheet & variance referral record to:*

**Adirondack Park Agency, % Local Government Services, PO Box 99, Ray Brook, NY 12977**  
*or fax to: (518) 891-3938 or email\* to: LocalGovernment@apa.ny.gov*

**From: James McMartin Long Title: Deputy Supervisor Date Sent: 09/17/2019**

**The Adirondack Park Agency is hereby notified of the receipt of a variance referral record.**

**Applicant(s): Arthur Wadsworth Var. Application #: Z2019-03**

**Parcel(s) 83.4-1-17.5 (tax map #)**

**For:  Area Variance       Use Variance       Septic Variance**

<b><u>Local Zoning District(s):</u></b> <u>LF-2.5</u>	<b><u>APA Land Use Area(s):</u></b> <input type="checkbox"/> Hamlet <input type="checkbox"/> Moderate Intensity Use <input type="checkbox"/> Unknown <input type="checkbox"/> Rural Use <input type="checkbox"/> Resource Management <input checked="" type="checkbox"/> Low Intensity Use <input type="checkbox"/> Industrial Use
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**The variance involves** (check all that apply):

<input type="checkbox"/> Shoreline Setback	<input type="checkbox"/> Density	<input type="checkbox"/> Front/Rear/Side/Road Setbacks
<input type="checkbox"/> Shoreline Lot Width	<input type="checkbox"/> Lot Size	<input type="checkbox"/> Road Frontage
<input type="checkbox"/> Dock/Boathouse	<input type="checkbox"/> Structure Height	<input checked="" type="checkbox"/> Maximum Lot Coverage
<input type="checkbox"/> Other Shoreline Requirements	<input type="checkbox"/> Other:	

**The attached correspondence contains:**

Notice of Application     Application Materials     Meeting Minutes  
 Record of Decision / Decision Date: **08/22/2019**     Granted     Denied  
 Postponed/Tabled (until: \_\_\_\_\_) *Denied variances do not need to be referred to the Agency*

***Thank you for your assistance in helping to keep the variance decision record complete.***

<b><u>For Agency Use:</u></b>  Log #: <u>LV_____</u>  Cross References:	<div style="background-color: #ffffcc; width: 100px; height: 100px; margin: 0 auto;"></div>	<b>Agency Date Stamp – Received:</b>
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\*Note referrals submitted via email may require follow-up with paper copies.