

Instructions for Town of Chester Application for Dock, Deck, Boat Lift, Float, Inflatable Platform or Mooring

(Please Read Carefully)

1. Fill out and return application with all required materials to the Office of Planning and Zoning.
2. Application shall be accompanied by:
 - a. **One (1) Plot Plan, drawn to scale (min. scale 1"=10')** showing:
 - i. An accurate representation of the shoreline and property lines, tax map parcel number, name of property owner(s), shoreline lot width (frontage).
 - ii. Location and dimensions of **proposed** dock, deck, float, inflatable platform or mooring showing the distance projected into water from shoreline (mean high water mark¹), to any adjacent property lines and/or wetlands along waterfront.
 1. **For proposed mooring**, please include the size of the boat and anticipated swing of the boat around the mooring in addition to the distance from the shoreline and adjacent property lines.
 - iii. Location and dimensions of **existing** dock(s), deck(s), float(s), inflatable platform(s) or mooring(s) showing the distance projected into water from shoreline (mean high water mark¹) and to any adjacent property lines.
 - iv. Location and dimensions of all associated and/or attached structures (i.e. stairs).
 - v. Any nearby navigational obstacles, whether pre-existing or created by the proposed structure, including distances to them.
 - b. **One (1) Building Plan** showing:
 - i. Dimensions of the construction and structural design, including elevation views.
 - ii. Method of anchoring to shore and materials to be used for framing, deck, posts, etc.
 1. Pressure treated lumber will be allowed for construction of a dock or installation of swim float, except for parts which would be in constant contact with the water (i.e. legs of the dock).
 - iii. For boat lifts, please include manufacturer specification sheet with dimensions. If canopied, please include an elevation view with height from the top of the dock.
 - c. **Deed** for the property for which the Application is being made.
 - d. **Fee**, as per Fee Schedule, shall accompany each Application. Checks to be made payable to: **Town of Chester**.
 - e. **Authorization Form**. If the Application and materials are being submitted by someone other than the owner of record, the Authorization Form **must be** completed and attached with this Application. If waterfront parcel is Association-owned or commonly/jointly owned, please see below.
 - f. **For Waterfront Parcel that is used for contractual access:**
 - i. If your proposal involves construction of a dock or dock system or installation of a boat lift or mooring (used to moor a vessel) on a lot that is intended to serve as a waterfront access area for beach use, boating, and/or other recreational facilities granted through membership in an organization, club or by legal contract or deed stipulation, the proposal is subject to Site Plan Review by the Planning Board, as per Section 7.03(B)(9) of the Town of Chester Zoning Local Law.
 1. If the parcel is commonly/jointly owned with no Association or property owner, please complete Addendum A & B included with this Application.
 2. If Association-owned or a property owner exists, please include written permission from the Association or property owner with this Application.
 - g. **For additional information outlining regulations pertaining to your project**, please refer to Section 7.03 of the Town of Chester Zoning Local Law which can be located on the Town website (www.townofchesterny.org) or obtained at the Planning and Zoning Office.

¹ *Mean High Water Mark* - the average annual high water level of a lake, pond, river, stream, creek or other body of water as established by Adirondack Park Agency regulation or by a licensed surveyor.



Town of Chester
 Planning and Zoning
 P.O. Box 423
 Chestertown, NY 12817
 Phone: (518) 494-7369

Application #: _____ - _____
 Date Received: ____/____/____
 Amt. Paid: _____

Application for Dock, Deck, Float, Inflatable Platform or Mooring

Contact Information:

Property Owner's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Applicant's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

Contractor's Name: _____

Mailing Address: _____

Phone (Cell and/or Home): _____ Email: _____

General Property Information:

Physical Address (911 Location): _____ Tax Map #: _____

Zoning District: Hamlet:____ Rural Use:____ Low Intensity:____ M. Intensity:____ R. Mgmt.:____ Industrial:____

Acreage:____ Shoreline Frontage (in ft.):____ Current # (on parcel) of: Dock(s)____ Mooring(s)____ Float(s)____

Are there jurisdictional wetlands on the identified parcel? Yes No Unknown

If yes, a Jurisdictional Inquiry Form may be required to be submitted to the Adirondack Park Agency.

Proposed Project Information:

Application is for the following: New Construction New Installation/Placement Rebuild/Replacement

OF A: Dock Dock System Shoreline Deck
 Float Boat Lift Other: _____
 Mooring

Project Description: _____

Proposed Starting Date: _____ Proposed Completion Date: _____

1. Will the installation of the proposed mooring, boat lift, or construction and/or reconstruction of the dock or dock system be for a marina or contractual access lot? Yes No
 - a. **If yes, site plan review is required as per Section 7.03(B)(9) of the Zoning Local Law.*
2. How much of your property's shoreline is **currently** being used for docking² and/or beaching, including docks plus boat slips: _____ ft.
 - a. Will more than one-half of the shoreline be used for docking (including slips) and/or beaching? Yes No

² Boat lifts and moorings that are used to moor a vessel are to be counted as dockage.

Please complete the following applicable sections for which the Application is being made:

DOCK or DOCK SYSTEM

1. Total proposed dock surface area: _____ sq. ft. (Not to exceed 240 sf.) Proposed Dock Width: _____ ft.
2. (a) How far (in ft.) will the dock extend offshore from the shoreline? _____ (b) Will the dock have a canopy? Yes No
3. Setback distance from each side yard³: Left Side Yard: _____ ft. Right Side Yard: _____ ft.
4. If your parcel has shorefront on a **stream, brook, river or other flowing water**, please indicate the following:
 - a. Width (in ft.) of the stream, brook, river or other body of water: _____
 - b. Does the proposed dock or dock system extend offshore more than twenty percent (20%) of the width of the stream, brook, river, or other body of water? Yes No **[2(a) divided by 4(a)]**

SHORELINE DECK

1. Dimensions of proposed deck: Length _____ x Width _____ = Total sq. ft. _____
2. If the deck is pre-existing, will the replacement be over forty-percent (40%)? Yes No
3. Will the deck be flush with natural ground level without raised elements (i.e. railings or walls) and not attached to any other structure? Yes No
 - a. If yes, please indicate the distance from each side yard in the table below.
 - b. If no, please indicate the distance from each side yard and shoreline in the table below.

Deck is to be measured either in elevation (face) view or plan (top) view, whichever is larger.

	Right Side Yard ³	Left Side Yard ³	Shoreline
MINIMUM Setback Requirement	15 ft.	15 ft.	
PROPOSED Setback Distance (in ft.)			

Section 7.03(C)(5): Any deck that extends over the water from the shoreline is to be deducted from the overall length and area of a dock.

BOAT LIFT

1. Dimensions of proposed boat lift: Length _____ x Width _____ = Total sq. ft. _____
2. Will the boat lift have a canopy/cover? Yes No **If yes, an area variance is required.*

MOORING, FLOAT, OR INFLATABLE PLATFORM

1. Please indicate the distance the proposed mooring, float or inflatable platform will be from the shoreline: _____
2. Dimensions of proposed swim float or inflatable platform: Length _____ x Width _____ = Total sq. ft. _____
3. Will the proposed mooring be used for commercial purposes? Yes No **If yes, site plan review is required.*

*I have read the regulations above and agree to abide by these and all requirements of **Article 7, Section 7.03 Docks, Moorings, Floats, Inflatable Platforms and Boathouses** in the Town of Chester Zoning Local Law. The undersigned hereby applies for a Zoning Permit to do the attached work in accordance with the description, plan, specifications, and such special conditions.*

I, We, hereby authorize the Town of Chester, its employees, and authorized agents access to the property for purpose of inspection.

Signature of Property Owner

Signature of Applicant

Date

Date

³ Right and left side yard setbacks are determined as viewed from the shoreline facing water.

To Be Completed by the Zoning Administrator (Office Use Only)

Action Taken: Approved (Permit Issued): _____ Denied: _____

Reasons for Denial: _____

Additional Town Approvals Required: _____ Variance: _____ Site Plan Review: _____

Zoning Administrator

Date

AUTHORIZATION FORM
“TO ACT AS AGENT FOR”

I, _____, owner of the premises
located at: _____ in the Town of Chester,
identified by Tax Map Parcel #: _____,
hereby designate: _____,
to act as my AGENT regarding my Zoning Permit for:

Owner's Signature

Date

Agent's Signature

Date

Addendum A – List of Parties with Deeded/Contractual Access to the Waterfront Property

Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Name		Email	
Mailing Address			
City	State	Zip Code	Phone

Addendum B – Co-Owner Signature Page

Please print your name and address as co-owner of the identified waterfront property, if waterfront is commonly or jointly owned. By signing your name below, it is confirmed that you have agreed with the information contained in this Application and the proposed project.

Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Signature			Date
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Signature			Date
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Signature			Date
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Signature			Date
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Signature			Date
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Signature			Date
Name		Email	
Mailing Address			
City	State	Zip Code	Phone
Signature			Date