



TOWN OF CHESTER  
TOWN BOARD (ACTING AS LOCAL BOARD OF HEALTH)

SEPTIC VARIANCE APPLICATION AND INSTRUCTIONS  
(PLEASE READ CAREFULLY)

1. Fill out and return application with all required materials to the Office of Planning and Zoning.
2. Applications must be received **at least ten (10) days** prior to a regularly scheduled meeting. Town Board Meetings are held on the 2<sup>nd</sup> Tuesday of the month at 7:00 p.m.
3. Complete **Part One (1)** only of the attached Environmental Assessment Form.
4. Provide seven (7) copies of the plot plan showing the proposed variance and seven (7) copies of the septic variance application.
5. The plot plan of the lot should indicate location and size of the lot with proposed improvements, and any existing structures including septic and well locations, if applicable. Show all setbacks from adjoining property owners.
6. An application being represented by someone other than the owner of record must include the completed, notarized **AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER**, attached to this application.
7. Attach copy of your deed as proof of ownership, and legal description of property.
8. Enclose a check for the appropriate fee made payable to: **TOWN OF CHESTER**.
9. Include any additional documents you wish to present with this application.
10. Place batter stakes at the site location for inspection by the Board members. Failure to do so could result in an incomplete application and a delay in hearing your project.

**CHECK LIST:**

- ✓ Application \_\_\_\_\_
- ✓ Environmental Assessment Form \_\_\_\_\_
- ✓ Plot Plan \_\_\_\_\_
- ✓ Authorization Form (If Applicable) \_\_\_\_\_
- ✓ Deed \_\_\_\_\_
- ✓ Appropriate Payment \_\_\_\_\_



**TOWN OF CHESTER**  
**P.O. Box 423**  
**Chestertown, New York 12817**  
**Telephone: (518) 494-7369**

Application # \_\_\_\_\_  
Rec'd: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_

## APPLICATION FOR SEPTIC WASTEWATER TREATMENT SYSTEM VARIANCE

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Phone #: \_\_\_\_\_

911 (Physical) Address: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_

Engineer's Phone #: \_\_\_\_\_

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The Local Board of Health may vary or adapt the strict application of any of the requirements of this Ordinance in the case whereby such strict application would result in unnecessary hardship that would deprive the owner of the reasonable use of the land involved. No variance in the strict application of any provision of the Ordinance shall be granted by the Local Board of Health unless it shall find all of the following:

A. That there are special circumstances or conditions, fully described in the findings of the Local Board of Health, applying to such land and that such circumstances or conditions are such that strict application of the provisions of this Ordinance would deprive the applicant of the reasonable use of such land.

B. That the variance would not be materially detrimental to the purposes and objectives of this Ordinance, or to other adjoining properties, or otherwise conflict with the purpose or objectives of any plan or policy of the Town.

C. That, for reasons fully set forth in the findings of the Local Board of Health, the granting of the variance is necessary for the reasonable use of the land and that the variance, as granted by the Local Board of Health, is the minimum variance which would alleviate the specific unnecessary hardship found by the Local Board of Health to affect the applicant.

D. In granting any variance, the Local Board of Health shall prescribe and attach any reasonable conditions that it deems to be necessary or desirable.

In reviewing any application for an alternative system, the Town Board, acting as the Local Board of Health, may require an independent engineer to evaluate the proposal and the cost of such evaluation shall be borne by the applicant.

Within sixty-two (62) days of the closing of the public hearing, the Local Board of Health shall grant, grant with condition, or deny the variance applied for. The decision of the Local Board shall be in writing, and shall contain each of the findings specified.

Appeal from Action of the Local Board of Health: Any action, decision, omission or ruling of the Local Board of Health pursuant to this Ordinance may be reviewed at the instance of any aggrieved person in accordance with Article 78 of the Civil Practice Law and Rules, but application for such review must be made not later than 60 days from the effective date of the decision or ruling, or the date when the action or omission occurred.

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*Please fill in all applicable spaces and sign your application.*

Number of bedrooms (residential only): \_\_\_\_\_

Total daily flow (compute @ 110 gal. per bedroom): \_\_\_\_\_

Topography (Check One  ): Flat: \_\_\_\_\_ Rolling Slope: \_\_\_\_\_ % of Slope \_\_\_\_\_

Soil investigation results and dates conducted:

Percolation test # 1 \_\_\_\_\_ min/in.

Percolation test # 2 \_\_\_\_\_ min/in.

Date conducted: \_\_\_\_\_

Depth to: Groundwater: \_\_\_\_\_ Mottling: \_\_\_\_\_

Impermeable soil or bedrock: \_\_\_\_\_

Date Conducted: \_\_\_\_\_

Name of individual who performed soil test: \_\_\_\_\_

Phone # of test performer: \_\_\_\_\_

Domestic water supply (Check One  ): Municipal: \_\_\_\_\_ Well: \_\_\_\_\_

Other: \_\_\_\_\_

If domestic water is a well, list separation from Septic absorption field: \_\_\_\_\_ feet.

Proposed system: \_\_\_\_\_

Tile Field: Each trench: \_\_\_\_\_ Total system length: \_\_\_\_\_

**Requested Variance: (Please explain in detail):**

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**Reasonable alternative:**

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**TO BE INCLUDED WITH THIS APPLICATION:**

- Site Plan of proposed wastewater treatment system which includes the following:

\_\_\_\_\_ The proposed location of the system.

\_\_\_\_\_ Location and distance to lot lines.

\_\_\_\_\_ Location and distance to structures (if any).

\_\_\_\_\_ Location and distance to water supply on property **and** water supply of direct property adjoiners.

\_\_\_\_\_ Size and dimension of all tanks, distribution boxes and tile fields.

\_\_\_\_\_ Two (2) soil perc tests and one (1) deep hole test pit at site of proposed absorption area.

- Stamped Engineered Plans.

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\_\_\_\_\_  
Signature of responsible person  
(Owner, Installer, or Other)

\_\_\_\_\_  
Date

Adirondack Park Agency Permit, if required, is attached: \_\_\_\_\_

Any permit, other than the Town of Chester, that is required (such as NYS Department of Health, DEC, or Army Corps of Engineers), is attached: \_\_\_\_\_

## AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER

I, \_\_\_\_\_, the owner of record of the property described in this application, hereby empower \_\_\_\_\_ to act as my agent and representative in conducting presentations to the necessary board(s) and in deliberations with the board(s) pertaining to my application. As my agent, He/She is empowered to act on my behalf in full. In so doing, I, the owner/applicant, understand that I am bound by any conditions imposed on my project and agreed to by my agent or by any conditions or restrictions imposed by my agent as part of the presentation.

\_\_\_\_\_  
Signature of Agent/Representative

\_\_\_\_\_  
Signature of Owner/Applicant

Date: \_\_\_\_\_ Date: \_\_\_\_\_