



**Town of Horicon**  
**Town Board**  
 P.O. Box 90  
 Brant Lake, NY 12815  
 Phone: (518) 494-4643

**Application #:** SV20\_\_\_\_ - \_\_\_\_\_  
**Amt. Paid:** \$100.00 **Ck #** \_\_\_\_\_ **Cash** \_\_\_\_\_  
**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**VARIANCE Application/Permit for Septic Wastewater Treatment System**

**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:** \_\_\_\_\_

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

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

**Phone (Cell and/or Home):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**General Property Information:**

**Physical Address (911 Location):** \_\_\_\_\_ **Tax Map #:** \_\_\_\_\_

**Proposed System Information:**

**Description of Project:**  New Construction  Alteration/Repair  Replacement System

**Number of Bedrooms:** \_\_\_\_\_ **Garbage Grinder?** \_\_\_\_ **Spa or Hot Tub?** \_\_\_\_ **Total Daily Design Flow:** \_\_\_\_\_

**Septic Tank Size:** \_\_\_\_\_ *\*A garbage grinder or spa/hot tub is considered equivalent to an additional bedroom for determining tank size.*

**Type of System:**  Conventional Absorption Trench System  Absorption Bed System  Non-Waterborne System \_\_\_\_\_  
 Gravelless Absorption System  Raised System \_\_\_\_\_  
 Deep Absorption Trenches  Mound  Other: \_\_\_\_\_  
 Shallow Absorption Trenches  Holding Tank \_\_\_\_\_

**Absorption Field:** Each Trench: \_\_\_\_\_ ft.; Total System Length: \_\_\_\_\_ ft.

**Holding Tank:** Tank Size: \_\_\_\_\_ Number of Tanks: \_\_\_\_\_

**Soil Type:**  Sand  Loam  Clay  Other: \_\_\_\_\_ **Topography:** % of Slope \_\_\_\_\_

**Depth to:** Groundwater: \_\_\_\_\_ Impervious Material: \_\_\_\_\_ Bedrock: \_\_\_\_\_

**Soil Investigation Results and Dates Conducted:** Percolation Test #1: \_\_\_\_\_ min/in. Date: \_\_\_\_\_  
 Percolation Test #2: \_\_\_\_\_ min/in.

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

**Domestic Water Supply:**  Municipal  Well

- If domestic water is a well, indicate separation distance from well to absorption field: \_\_\_\_\_ ft.

Does the proposed system meet setback requirements for distance from wells and septic systems on neighboring properties?  Yes  No

- If No, please explain: \_\_\_\_\_

**Requested Variance: (Please Explain In Detail):**

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**Reasonable Alternative:**

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**Site Plan Requirements:**

The site plan of the proposed wastewater treatment system is to include the following, as a minimum:

1. Title Box indicating property owner and location of property, tax map parcel number, name and address of designer of the proposed system, date of drawing and any revisions made, and scale of drawing (minimum scale is 1"=10'. Draw to a scale divisible by 10);
2. Lot dimensions, site location and north arrow;
3. The proposed location of the system, along with replacement area indicated for any new construction;
4. Location and distance of proposed system to:
  - a. Property lines and road/street;
  - b. Any existing and/or proposed structures (i.e. dwelling, detached garage, swimming pool, etc.);
  - c. Water supply on property and water supply of all adjoining properties within 200 ft.; and,
  - d. Surface waterbodies or wetlands within 200 ft.;
5. Size and dimensions of all tanks, distribution boxes, and fields. **Seepage pits shall not be permitted;**
6. Two (2) soil perc tests and one (1) deep hole test pit at site of proposed absorption area; and,
7. Indication of slope.

**Additional Information:**

Within thirty (30) days of receipt by the Local Board of Health of a completed application for a variance, the Local Board of Health shall give notice by publication in an official newspaper of the Town of a public hearing to be held on the variance application which public hearing shall be held not less than five (5) days nor more than thirty (30) days after the publication of said notice. At least ten (10) days prior to said public hearing, notices of said public hearing will be mailed to all owners of properties located within five hundred (500) feet of the property for which the variance is sought. 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 Local Board of Health may vary or adapt the strict application of any of the requirements of the On-Site Wastewater Treatment Local Law 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.

**Engineering Fee Disclosure:** 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. Applications may be referred to the Town Engineer for review of septic design, as determined by the Town Board, acting as the Local Board of Health. Fees for engineering review services will be charged directly to the property owner(s).

**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.

*By signing below, the Applicant hereby authorizes the Town Board (acting as the Local Board of Health), Town of Horicon employees, and Town Engineer access to the subject property for the purpose of inspection.*

*I, the undersigned, have thoroughly read and understand the instructions for submission, agree to the submission requirements and completed checklist.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Received: Date \_\_\_\_\_ By: \_\_\_\_\_

- Adirondack Park Agency Permit, if required, is attached.
- Any permit, other than the Town of Horicon, that is required (such as NYS Department of Health, DEC, or Army Corps of Engineers), is attached.
- FOR CONSTRUCTION Plans Attached

VARIANCE APPROVED BY TOWN B.O.H \_\_\_\_\_ DATE \_\_\_\_\_ VARIANCE DENIED \_\_\_\_\_ DATE \_\_\_\_\_

Town Resolution attached \_\_\_\_\_

**Septic Variance Referral Authorization**

I, \_\_\_\_\_, do hereby agree to reimburse the Town of Horicon for the cost of referring a Wastewater Replacement Plan prepared by \_\_\_\_\_ to Cedarwood Engineering for their review and opinion before the Horicon Town Board of Health renders a decision on the attached Septic Variance application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ before me personally came

\_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and he/se acknowledged to me that he/she executed the same.

Stamp/Seal:

\_\_\_\_\_  
**Notary Public**

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**AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER**

I/We, \_\_\_\_\_, the owner(s) 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/We, the property owner(s), 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 Property Owner(s)

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

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

## **Instructions for Town of Horicon Septic VARIANCE Application** *(Please Read Carefully)*

1. Fill out and return application with all required materials to the Horicon Zoning and Planning Office
2. Applications must be received **at least ten (10) days** prior to a regularly scheduled meeting. Town Board Meetings are held on the 3<sup>rd</sup> Thursday of the month at 6:00 p.m. Dates for Application Submission Deadlines can be obtained from the Zoning and Planning Office and on the Town of Horicon website ([www.horiconny.gov](http://www.horiconny.gov)).
3. Complete **Part One (1)** only of the Short Environmental Assessment Form.
4. Attach copy of your deed as proof of ownership, and legal description of property.
5. Please provide seven (7) **copies** and **one (1) electronic copy forwarded to [townclerk@horiconny.gov](mailto:townclerk@horiconny.gov)** of the following:
  - a. Completed Septic Variance Application, including the deed for the property;
  - b. A map showing the property and all properties within a radius of 500 feet of the exterior boundaries thereof;
  - c. Site plan showing the proposed variance(s) (Please see Site Plan requirements included with this Application);
  - d. Part I of the Short Environmental Assessment Form (EAF).
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. Enclose a check for \$100.00 made payable to: **Town of Horicon**.
8. Include any additional documents you wish to present with this Application.
9. 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.
10. IF septic variance is approved by the Town of Horicon Board of Health, you will receive a Septic Permit and then once installed a Certificate of Completion from the Horicon Zoning Office, see the Zoning Administrator for details.

### **Application Check List**

Please provide **seven (7) copies of all application materials/plans check to the Town of Horicon Zoning and Planning office** and **one (1) electronic copy of the application and forms to [townclerk@horiconny.gov](mailto:townclerk@horiconny.gov)**

- Application
- Deed
- Map showing the property & all properties within radius of 500 ft.
- Site Plan
- Stamped Engineered Plans
- Part I of the Short Environmental Assessment Form
- Authorization Form (If Applicable)
- Referral Authorization Form
- Fee \$100. (Make check payable to the Town of Horicon)