



FOR STATE USE ONLY	
ACTIVITY NUMBER:	DATE RECEIVED:
PART 360 PERMIT NUMBER:	
DEPARTMENT ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DATE:

**APPLICATION FOR VARIANCE UNDER 6 NYCRR PART 360.10**

1. OWNER'S NAME:		2. OWNER'S PHONE NUMBER:	
3. OWNER'S ADDRESS (Street, City, State, Zip Code):			
4. OPERATOR'S NAME:		5. OPERATOR'S PHONE NUMBER:	
6. OPERATOR'S ADDRESS (Street, City, State, Zip Code):			
7. ENGINEER'S NAME:		8. ENGINEER'S PHONE NUMBER:	
9. ENGINEER'S ADDRESS (Street, City, State, Zip Code):			
10. FACILITY NAME:			
11. COUNTY IN WHICH FACILITY IS LOCATED:			12. NYS DEC REGION NUMBER:
13. DESCRIBE SPECIFIC LOCATION OF FACILITY:			
14. TYPE OF ACTIVITY:			
15. BRIEFLY DESCRIBE THE PROCESS OR COMPONENTS OF THE FACILITY ASSOCIATED WITH THE PROPOSED VARIANCE:			
16. THE PROPOSED VARIANCE IS REQUESTED AS PART OF AN APPLICATION FOR A:			
<input type="checkbox"/> NEW PERMIT <input type="checkbox"/> PERMIT RENEWAL <input type="checkbox"/> PERMIT MODIFICATION			

**17. SPECIFIC PROVISION FROM WHICH A VARIANCE IS REQUESTED:**

**SECTION:**

**PARAGRAPH:**

**VARIANCE REQUEST NUMBER:**

**18. BRIEFLY DESCRIBE PROPOSED VARIANCE:**

**19. IMPACTS OF VARIANCE APPROVAL OR DISAPPROVAL**

**a. Environmental Impact:**

**b. Economic Impact:**

**20. CERTIFICATION:**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have authority or am authorized as (title) \_\_\_\_\_ of (entity) \_\_\_\_\_ to sign this application pursuant to 6 NYCRR 360. I am aware that any false statements herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR VARIANCE

### General Instructions:

1. The application form should be completed in quadruplicate. The original and two copies should be submitted to the Regional Office of the New York State Department of Environmental Conservation in the Region where the solid waste management facility is or is proposed to be located. The fourth copy may be retained for your file.
2. Attached with the application form is a map showing the Environmental Conservation regions and their addresses.
3. Entries on the application form should be either typewritten or neatly printed in black ink.
4. Attach additional referenced sheets if space on the application form is insufficient or supplementary information is required or appropriate.
5. The application may be submitted by the owner or any agent designated, in writing, by the owner. Written authorization by the owner must accompany all applications submitted by persons other than the owner.

### Specific Instructions:

**Item 2.** Include area code as part of the telephone number. Also applies to Items 5 and 8.

**Item 7.** The engineer must be licensed in New York State. 6 NYCRR 360.6

**Item 12.** The Environmental Conservation Region can be identified from the map furnished with the application.

**Item 13.** Include the address of the facility location. 6 NYCRR 360.2(b)(101)

**Item 14.** Fill in the types of activities located at the facility.

**Item 17.** Cite the specific provision in the regulations from which a variance is proposed. If more than one variance is requested for an activity, number each variance consecutively in the space provided and submit a separate application for each. 6 NYCRR 360.10(b)(1)

**Item 19.**

a. Demonstrate that approval of the proposed variance would not result in significant adverse effects upon the environment, considering factors such as health, safety, natural resources, aesthetics and site usability. 6 NYCRR 360.10(b)(3)

b. Demonstrate that compliance with the identified provision would, on the basis of conditions unique to the applicant's particular situation, tend to impose a substantial financial, technological, or safety burden on the applicant or the public. 6 NYCRR 360.10(b)(2)

**Item 20.** If the applicant is a municipality, the form must be signed by the principal executive officer or elected official to whom all correspondence is to be addressed. If applicant is a partnership, at least one partner must sign. If applicant is a corporation, the signature of an authorized officer is required. Include the name of municipality, partnership or corporation with the title of the individual signing the form. Please print or type name under signature and insert address (if different from Item 3 under title). 6 NYCRR 360.16(a)

## REGIONAL OFFICES

**Please send all applications to the attention of the Regional Materials Management Engineer.**

DEC Region	Address	Phone	Counties Served
1	SUNY Stony Brook 50 Circle Road Stony Brook, NY 11790	(631) 444-0375	Nassau, Suffolk
2	1 Hunters Point Plaza 47-40 21 <sup>st</sup> Street Long Island City, NY 11101	(718) 482-4896	Bronx, Kings, New York, Queens, Richmond
3	21 South Putt Corners Road New Paltz, NY 12561	(845) 256-3000	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
4	1130 North Westcott Road Schenectady, NY 12306	(518) 357-2243	Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie
5	232 Golf Course Road Warrensburg, NY 12885	(518) 623-1233	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington
6	317 Washington Street Watertown, NY 13601	(315) 785-2513	Herkimer, Jefferson, Lewis, Oneida, St. Lawrence
7	5786 Widewaters Parkway Syracuse, NY 13214	(315) 426-7533	Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins
8	6274 East Avon-Lima Road Avon, NY 14414	(585) 226-5408	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates
9	700 Delaware Avenue Buffalo, NY 14209	(716) 851-7220	Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming