NEW YORK STATE | Department of Environmental Conservation

FOR STATE USE ONLY	
ACTIVITY NUMBER:	DATE RECEIVED:
PART 360 PERMIT NUMBER:	
DEPARTMENT ACTION: ☐ Approved ☐ Disapproved	DATE:
	REVISED 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:

☐ NEW PERMIT	☐ PERMIT RENEWAL	☐ PERMIT MODIFICATION

17. SPECIFIC PROVISION FROM WHICH A VARIANCE IS REQUESTED:

SECTION:	PARAGRAPH:	VARIANCE REQUEST NUMBER:

18. BRIEFLY DESCRIBE PROPOSED VARIANCE:

19. DEMONSTRATE THAT COMPLIANCE WITH IDENTIFIED PROVISION WOULD, BASED ON SITE-SPECIFIC CONDITIONS, IMPOSE ONE OR MORE OF THE FOLLOWING: AN UNREASONABLE FINANCIAL, TECHNOLOGICAL, OR SAFETY BURDEN ON THE PERSON OR THE PUBLIC (6 NYCRR 360.10(b)(2)**):**

20. DEMONSTRATE THAT THE PROPOSED VARIANCE IS EXPECTED TO RESULT IN EQUIVALENT ENVIRONMENTAL PERFORMANCE AND WILL HAVE NO SIGNIFICANT ADVERSE IMPACT ON PUBLIC HEALTH, SAFETY OR WELFARE, THE ENVIRONMENT, OR NATURAL RESOURCES (6 NYCRR 360.10(b)(3)**):**

21. 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 360.10 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 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. Attached to the application form is a list of the Environmental Conservation regions and their addresses.

2. Entries on the application form should be either typewritten or neatly printed in black ink.

3. Attach additional referenced sheets if space on the application form is insufficient or supplementary information is required or appropriate.

4. 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 the area code as part of the telephone number. This 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 16. A variance application for a permitted facility must be submitted as part of a permit application or modification of an existing permit. 6 NYCRR 360.10(b)

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, under “Variance Request Number,” and submit a separate application for each. 6 NYCRR 360.10(b)(1)

Item 21. 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 the applicant is a partnership, at least one partner must sign. If the applicant is a corporation, the signature of an authorized officer is required. Include the name of the municipality, partnership, or corporation with the title of the individual signing the form. Print or type the name under the signature and insert the address (if it is 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 21st Street Long Island City, NY 11101	(718) 482-4996	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