

# Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD DESIRED (Check One)	
<p>Search and Certification <input type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certification, an abstract from the marriage record issued under the seal of the Health Department, includes the names of the contracting parties, their residence at the time the license was issued as well as date and place of birth of the bride and groom.</p> <p>A Certification may be used as proof that a marriage occurred.</p>	<p>Search and Certified Copy <input type="checkbox"/> Fee \$10.00 per copy</p> <p>A Certified Transcript includes all of the items of information occurring on the original record of the marriage.</p> <p>A Certified Transcript may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.</p>

PLEASE COMPLETE FORM AND REMIT FEE	
PLEASE PRINT OR TYPE	
Name (First) (Middle) (Last) of Groom	Name (First) (Middle) (Last) of Bride
Groom's Age or Date of Birth	Bride's Age or Date of Birth
Residence (County) (State) of Groom	Residence (County) (State) of Bride
Date of Marriage or Period Covered by Search	If Bride Previously Married, State Name Used at That Time
Place Where License Was Issued	Place Where Marriage Was Performed
For what purpose is information required? _____	
What is your relationship to person whose record is requested? If self, state "self." _____	
In what capacity are you acting? _____	
If attorney: Name and relationship of your client to persons whose marriage record is required. _____	
Signature of Applicant	
Date	
Address of Applicant	
Please print name and address where record is to be sent.	



## **TYPES OF ACCEPTABLE IDENTIFICATION**

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**

# Application to Local Registrar for Copy of Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

**PLEASE PRINT OR TYPE**

Name of Deceased First Middle Last			Date of Death or Period to be Covered by Search		
Name of Father of Deceased First Middle Last			Social Security Number of Deceased		
Maiden Name of Mother of Deceased First Middle Last			Date of Birth of Deceased Month Day Year		Age at Death
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____				Date _____	
Address of Applicant _____					

**COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988**

\_\_\_\_\_ Number of copies requested with confidential cause of death  
\_\_\_\_\_ Number of copies requested without confidential cause of death

**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please **TEAR at the PERF** and keep pages 1 & 2 for your information.



**APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES, FOR PERSONS WITH SEVERE DISABILITIES**

Please read pages 1 and 2 of this packet before completing this application. If applying for a Parking Permit, take the completed application to the issuing agent (local municipality) in the city, town or village where you live. **Do not send your application to the Department of Motor Vehicles. DMV does not issue parking permits.**

**Part 1 INFORMATION ABOUT PERSON WITH DISABILITY — (Please print and sign by the arrow.)**

Last Name		First	M.I.	Telephone No. ( )	
Address: No. and Street		Apt. No.	City	State	Zip Code
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	I am applying for <input type="checkbox"/> License Plates (Apply to DMV.) <input type="checkbox"/> Parking Permit (Apply to local issuing agent.)			
Do you have license plates for persons with disabilities? <input type="checkbox"/> Yes - My license plate number is: _____ <input type="checkbox"/> No					

**Read Note on Page 4 Before Signing**  
 → \_\_\_\_\_ (Date)  
 (Signature of Person with Disability or Signature of Parent or Guardian) — *If signed by a parent or guardian, please state your relationship to the person with the disability after your signature.*

**Part 2 MEDICAL CERTIFICATION**

**NOTE: PERMANENT DISABILITIES** may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), or in cases involving podiatry, a Doctor of Podiatric Medicine (DPM). **TEMPORARY DISABILITIES**, however, may be certified only by a Medical Doctor or Doctor of Osteopathy.

**Check the box(es) that describe the disability, and fill in the diagnosis:**

**TEMPORARY DISABILITY:** A person with a temporary disability is any person who is temporarily unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. **IMPORTANT:** Temporary permits are issued for six months or less regardless of expected recovery date.

Expected Recovery Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

What assistive device is needed? \_\_\_\_\_

**PERMANENT DISABILITY:** A "severely disabled" person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility.

Diagnosis: \_\_\_\_\_ Please check the conditions that apply:

Uses portable oxygen  Legally blind  Limited or no use of one or both legs  Unable to walk 200 ft. without stopping

Neuromuscular dysfunction that severely limits mobility  Class III or IV cardiac condition. (American Heart Assoc. standards)

Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition

Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg of room air at rest

Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

**EXPLAIN BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.**

\_\_\_\_\_

MD/DO/DPM/NP/PA Name	Professional License No.
MD/DO/DPM/NP/PA Address	Telephone No. ( )

**Read Note on Page 4 Before Signing**  
 → \_\_\_\_\_ (Date)  
 (MD/DO/DPM/NP/PA Signature)

**Part 3 FILE INFORMATION (For Issuing Agent Use Only)**

Blue  Red **Parking Permit No.** \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

First  Second 9-digit number from NYS Driver License/ID Card \_\_\_\_\_

Denied  Revoked Reason: \_\_\_\_\_ (Date) \_\_\_\_\_

→ \_\_\_\_\_ (Issuing Agent) \_\_\_\_\_ (Locality)

TOWN OF FORESTBURGH SKI PROGRAM

Re: Consent and release form

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

NAME OF PARTICIPANT(S):

NAME

AGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

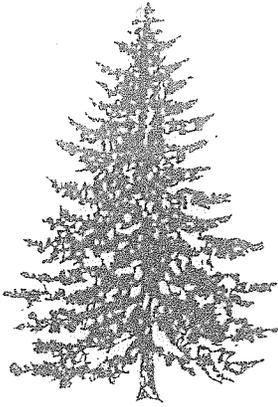
The above named child(ren) has (have) applied to participate in the Forestburgh Ski Program. As the parent/guardian of the above named child(ren), the undersigned acknowledge(s) that I (we) are aware of the inherent dangers and risks involved in skiing/snowboarding.

It is with this understanding that the undersigned hereby consents to my child(ren)s participation in the Forestburgh Ski Program and its related activities, and I (we) specifically assume any and all risks involved in my (our) child(ren)s participation in the Forestburgh Ski Program, its program and activities.

That as a condition to my child(ren)s participation, I (we) hereby release, remise, indemnify, save and hold harmless the said Town of Forestburgh and Forestburgh Ski Program, its directors, employees and selected ski volunteers, and drivers from any and all liability arising out of or in anyway connected with their participation in said Forestburgh Ski Program activities.

That the foregoing consent and release is being executed by the undersigned parent and/or guardian as a condition to my child(ren)s participation well knowing that the Forestburgh Ski Program, directors, agents, employees, selected ski volunteers and drivers will rely on the statement made herein.

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



TOWN OF FORESTBURGH  
332 King Road  
Forestburgh, New York 12777

Tel. (845) 794-0611  
Fax (845) 794-0678

## FREEDOM OF INFORMATION LAW REQUEST FORM

This form is to be used by all persons making a request for information and/or records from the Town of Forestburgh pursuant to the New York State Freedom of Information Law. (Public Officers Law Article 6)

**APPLICANT:**

Name: \_\_\_\_\_ . Phone: \_\_\_\_\_ .

Address: \_\_\_\_\_ .

\_\_\_\_\_ .

Department information is being requested from: \_\_\_\_\_ .

Please indicate below the record(s) you are requesting including relevant dates, name, addresses, and case number, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Please be aware that the Freedom of Information Law of New York State allows a Municipality to take up to five (5) days to acknowledge your request. The production of certain records may require additional time. All requests may be picked up at this office. To inquire about a request you may contact this office at (845)794-0611.
2. The statutory fee which the town will charge for the production of records is \$.25 per 8 ½ "x 11" photocopied page; and or the actual cost of reproduction of certain other materials and records. You may view the information you have requested at the Town Clerk's Office. You may be asked to make copies at the Town Clerk's Office in order to expedite compliance with your request.
3. The Freedom of Information officer for the Town of Forestburgh is the Town Clerk. The Freedom of Information Law Appeals Office for the Town of Forestburgh is the Town Board.

Should you need to make a request or appeal you may do so in writing and mail it to Town of Forestburgh, 332 King Road. Forestburgh, NY 12777.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.**

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**SIGNATURE**

**REQUEST FOR FIREWORKS DISPLAY PERMIT**

**Town of Forestburgh**

Ref: NY State Penal Law, Article 405.00

Application is to be submitted at least five (5) days in advance.

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

Application Fee: \$100.00 \_\_\_\_\_ paid

**(A) Sponsor of the show**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Display Company**

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

NYS Dept. of Labor Explosives License# \_\_\_\_\_ Expires: \_\_\_\_\_

**Operator - Name of the certified pyrotechnician who will be in charge of the display**

Name	Certificate #	Expires
_____	_____	_____

**Authorized Assistants:** Names of the individuals who are authorized by the operator to work on the show, identified either by their certificate number and expiration date, if they are certified, or by their age and phone number, if they are not certified.

Name	Certificate# / Age	Expires / Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on a separate sheet, if necessary).

**(B) Display Date/Time:** \_\_\_\_\_ **Expected Duration:** \_\_\_\_\_

**(C) Display Location:** \_\_\_\_\_

**(D) Display Content:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(E) How will fireworks be stored prior to display:** \_\_\_\_\_

- (F) Rain Date for display: \_\_\_\_\_
- (G) If rained out how will fireworks be stored: \_\_\_\_\_
- (H) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to: all the buildings, highways, lines of communications, location of the audience, trees, overhead obstructions or other structures or devices that could be affected by the display or fallout from it. The National Firework Protection Agency (NFPA) code 11-23 must be followed.
- (I) Proof of a Five million dollar (\$5,000,000.00) Liability Insurance Policy or Bond must be submitted.
- (J) For Indoor displays, in addition to the information provided above, include a written plan for how you intend to use the pyrotechnics as required by the New York State Penal Law 405.10. That plan shall be submitted at least five days prior to the performance and include:
- In addition to the State Licenses and Certificates already included in this application, proof of Federal ATF Licenses if required,
  - Proof of experience of the pyrotechnician in charge,
  - Proof of experience with the types of devices being used and a description of duties of any authorized assistants,
  - Point of assembly of the pyrotechnic devices,
  - Manner and place of storage of the pyrotechnic materials and devices,
  - Material Safety Data Sheets (MSDS) for the pyrotechnic materials to be used,
  - Certification that set, scenery, and rigging materials are inherently flame-retardant or have been treated to achieve flame retardancy,
  - Certification that all materials worn by performers in the fallout area during the use of pyrotechnic effects are inherently flame-retardant or have been treated to achieve flame retardancy,
  - For indoor displays attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to the audience, the location of sprinklers and the fallout radius for each pyrotechnic device used,
  - A copy of the approved permit and plan shall be kept on site and available for review,
  - Any significant changes to the plan shall be approved prior to the performance.
- (K) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statements made in this permit application are subject to the applicable versions of the NYS Penal Law.

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Signature of Applicant

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Date

TOWN OF FORESTBURGH  
332 KING ROAD  
FORESTBURGH, NEW YORK 12777  
845-794-0611 EXT. 21  
845-794-0678 – FAX  
townofforestburgh@hvc.rr.com

Appearance Application  
**ZONING BOARD OF APPEALS**  
Town of Forestburgh, New York

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

Name: \_\_\_\_\_

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

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Hereby Appeal from the decision of the \_\_\_\_\_  
of the Town of Forestburgh, Forestburgh, New York.

Dated: \_\_\_\_\_ For: \_\_\_\_\_

\_\_\_\_\_  
Signature of Official making decision

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Applying For:

Variance ( ) Special Use Permit ( ) Interpretation ( )

Property Location: \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoned: \_\_\_\_\_

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**\*\* Is property within 500 feet of a County or State Highway, County or State property or boundary of another municipality?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, application will be subject to county review.

**\*\*Provisions of the Zoning Ordinance Appealed. State Article, Section and paragraph** \_\_\_\_\_

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**AN APPEAL IS MADE HEREWITH FOR:**

An interpretation of the Zone ordinance or map.

A Special Permit in accordance with the provisions of the zoning ordinance.

A variance to the provisions of the Zoning Ordinance or map.

An extension to a special permit

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**Signature of person making application:**

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

**Signature of property owner:** \_\_\_\_\_

**(If the applicant is NOT the property owner, owner's endorsement signature MUST be notarized)**

**Notary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\_\_\_\_\_  
Zoning Board of Appeals Chairman

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### PROCEDURE

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The applicant must fill out this application and a check for \$50.00 made out to the Town of Forestburgh. This fee is NOT refundable. The following steps MUST be followed:

1. A public hearing on the granting of the variance or special permit by the Zoning Board of Appeals must be held by the Zoning Board of Appeals.
2. The public hearing will be held when scheduled and noticed by the Zoning Board of Appeals.
3. The applicant must give notice of the public hearing to all property owners within 300 feet of the perimeter of the property.
4. The notice is given by mailing a copy of the public hearing notice by certified mail with return receipt to those property owners. The applicant is responsible for mailing the notices.
5. The secretary of the Zoning Board of Appeals will cause the notice to be published in the newspaper. The advertisement must be published in the newspapers ten days prior to the hearing date.
6. At the hearing the applicant will be required to hand to the secretary of the Zoning Board of Appeals the certified mail receipts, including all return receipts. **THE HEARING CANNOT TAKE PLACE UNLESS THE APPLICANT SO PROVES THAT THE NOTICES WERE MAILED OUT.**

**SITE INSPECTION AUTHORIZATION**

I hereby give permission to members of the Zoning Board of Appeals of the Town of Forestburgh, the Engineer of the Town of Forestburgh or any of their agents and/or assign(s) to enter upon my property, located at \_\_\_\_\_, Town of Forestburgh, State of New York, County of Sullivan, designated upon the Tax Rolls of the Town of Forestburgh, Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_, in order to personally inspect said premises in order to evaluate the application for \_\_\_\_\_ affecting the said premises.

Dated: \_\_\_\_\_, New York

\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner of Property

\_\_\_\_\_  
Print Name of Owner of Property

# ZONING BOARD OF APPEALS

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## Applicants Procedure before the Zoning Board of Appeals

### Important steps to KNOW and FOLLOW:

The Zoning Board of Appeals generally meets quarterly (January, April, July, October) on the third Tuesday of the month at 7:00 p.m. in the Town Hall.

1. PLEASE read the Town's Zoning Law.
2. Obtain a denial from the Building Inspector/Code Enforcement Officer or referral/denial from the Planning Board or a request for an interpretation.
3. You can expect a MINIMUM of two (2) months time frame encompassing two (2) meetings to obtain a decision.
  - a. Informal meeting at 7:00 p.m. (first meeting) with application.
  - b. Public Hearing meeting at 7:00 p.m. (second meeting) which MAY be adjourned or continued to a subsequent meeting.

### INFORMAL MEETING:

1. Ten (10) days PRIOR to the Informal Meeting the following MUST be submitted to the secretary of the ZBA:
  - a. A COMPLETED application, Nine (9) copies with a copy of the tax map showing the property, in envelopes ready to be addressed and mailed.
  - b. The application fee of \$50.00 must be paid at this time.

### NINE COPIES OF EACH OF THE FOLLOWING:

- c. A letter briefly explaining the request.
  - d. Short Form EAF (Environmental Assessment Form) completed.
  - e. Proof of ownership of the property or written permission of the owner.
  - f. Survey map or site plan, folded for mailing.
  - g. Denial or referral of Building Inspector/Planning Board.
2. You or your representative must appear at the informal meeting to present your request.
  3. A public hearing is scheduled or a second review meeting is scheduled (if necessary).

4. Revised plans may be requested. These MUST be submitted fourteen (14) days prior to the scheduled public hearing. If not submitted on time the public hearing will be postponed.
5. ZBA members may review the property prior to the public hearing.

6. PRIOR TO THE PUBLIC HEARING:

- A. Ten (10) days before the date of the Public Hearing each owner appearing on the adjoining owners list in compliance with the Town's Zoning Law must be forwarded a copy of the Public Notice by certified, return receipt mail. Receipts of the certified mailing must be delivered to the board at the public hearing. The adjoining owner's list is the responsibility of the applicant. The Public Hearing Notice will be provided by the Secretary of the ZBA.
  - B. The ZBA will place the public notice in the Legal section of the Sullivan County Democrat as notification to the general public as well as placed in two (2) public places within the Town.
7. Public Hearing will be held at 7:00 p.m. (2<sup>nd</sup> meeting) unless a different time is scheduled.
  8. The ZBA, by State Law has 62 days from the close of the public hearing to render a decision.
    - a. You or a representative presents your case.
    - b. In order for the Zoning Board of Appeals to grant a variance you must show practical difficulties or unnecessary hardship. Please review the Zoning Law and Section 267b of New York State Town Law.
    - c. Section 267b of the Town Law of the State of New York reads as follows:
      1. Orders, requirements, decisions, interpretations and determinations.

The Board of Appeals may reverse or affirm, wholly or partly, or may modify the order, requirement, decision, interpretation or determination appealed from and shall make such order, requirement, decision, interpretation or determination as in its opinion ought to have been made in the matter by the administrative official charged with the enforcement of such ordinance or local law and to the end shall have all the powers of the administrative official from whose order, requirement, decision, interpretation or determination the appeal is taken.

2. Use Variances:

- a. The Board of Appeals, on appeal from the decision or determination of the administrative official charged with the enforcement of such ordinance or local law, shall have the power to grant use variances, as defined herein.

- b. No such variance shall be granted by a Board of Appeals without showing by the applicant that the applicable zoning regulations and restrictions have caused unnecessary hardship. In order to prove such unnecessary hardship the applicant shall demonstrate to the Board of Appeals that for each permitted use under the zoning regulations for the particular district where the property is located.
    - 1. The applicant cannot realize a reasonable return, provided that lack of return is substantial as demonstrated by competent financial evidence;
    - 2. That the alleged hardship relating to the property in question is unique, and does not apply to a substantial portion of the district or neighborhood;
    - 3. That the requested use variance, if granted, will not alter the essential character of the neighborhood; and
    - 4. That the alleged hardship had not been self created.
  - c. The Board of Appeals, in granting of use variances, shall grant the minimum variance that it shall deem necessary and adequate to address the unnecessary hardship proven by the applicant, and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.
3. Area Variances:
- a. The Zoning Board of Appeals shall have the power, upon an appeal from the decision or determination of the administrative official charged with the enforcement of such ordinance or local law, to grant area variances as defined herein.
  - b. In making its determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determination the board shall also consider:
    - 1. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by granting of the area variance;
    - 2. Whether the benefit can be achieved by some other method feasible for the applicant to pursue, other than an area variance;
    - 3. Whether the requested area variance is substantial;
    - 4. Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district;
    - 5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the area variance.
  - c. The Board of Appeals, in granting area variances, shall grant the minimum variance that it shall deem necessary and adequate and at the same time

preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

9. **IMPOSITION OF CONDITIONS:**

The Board of Appeals shall, in granting of both use and area variances, have the authority to impose such reasonable conditions and restrictions as are directly related to and incidental to the proposed use of the property. Such conditions shall be consistent with the spirit and intent of the zoning ordinances or local laws and shall be imposed for the purpose of minimizing an adverse impact such variance may have on the neighborhood or community.

10. Applicant may be required to go to the Planning Board after the granting of requested variance(s).

11. Applicant will be required to contact the Building Inspector for required permits, if any.