

**CITY OF ONEIDA**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**

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**COMBINED PLANNING COMMISSION ZONING BOARD OF APPEALS**  
**COVER SHEET**

**Fee Schedule** (please make checks payable to City of Oneida)

- |   |         |
|---|---------|
| <input type="checkbox"/> Site Plan Review– 1,000 sq ft or less    | \$100   |
| <input type="checkbox"/> Site Plan Review– 1,001 to 5,000 sq ft   | \$150   |
| <input type="checkbox"/> Site Plan Review– 5,001 to 10,000 sq ft  | \$350   |
| <input type="checkbox"/> Site Plan Review– 10,001 sq ft or larger | \$1,100 |
| <input type="checkbox"/> Conditional Use Permit                   | \$150   |
| <input type="checkbox"/> Site Plan Modification                   | \$100   |
| <input type="checkbox"/> Area Variance                            | \$100   |
| <input type="checkbox"/> Use Variance                             | \$200   |
| <input type="checkbox"/> Zoning Amendment                         | \$200   |

**FOR OFFICE USE:**

Application Number: \_\_\_\_\_  
 Date of Fee Collection: \_\_\_\_\_  
 Date of Public Hearing: \_\_\_\_\_  
 Date Received by Planning: \_\_\_\_\_  
 Date of Final Action \_\_\_\_\_  
 Action Filing Date \_\_\_\_\_

Location of property \_\_\_\_\_

Zone \_\_\_\_\_ Ward \_\_\_\_\_ Tax Map # \_\_\_\_\_

**Property Owner (If Different):**

**Applicant:**

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

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

City/State/Zip Code: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Owner                      Date

\_\_\_\_\_  
 Signature of Applicant                      Date

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

\_\_\_\_\_  
 Print Applicant Name

Description of Proposal (Attach additional pages if necessary):

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

Explain why your proposal is in harmony with the character of the area, and will not have a negative impact on other persons or properties in the area (attach additional pages if necessary):

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