

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):

