

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



109 North Main Street  
Oneida, New York 13421  
Tel.: 315-363-7467  
Fax: 315-363-2572

**APPLICATION FOR SUBDIVISION  
OF LAND (Chapter 155 City of Oneida  
Code)**

**FEE SCHEDULE:**

**Please make the check payable to the City of  
Oneida**

- Sketch Plat                      \$100 per lot
- Preliminary Plat                \$100 per lot
- Waiver of Subdivision        \$175
- Amendment of Plat            \$200

**FOR OFFICE USE:**

Application Number: \_\_\_\_\_  
Date of Public Hearing (If Required): \_\_\_\_\_  
Date Received by Planning: \_\_\_\_\_  
Date of Final Action \_\_\_\_\_  
Action Filing Date \_\_\_\_\_  
 Approved       Denied

**Name of Proposed Development:** \_\_\_\_\_

**Location of Site:** \_\_\_\_\_

**Tax Map Number:** \_\_\_\_\_

**Current Zoning Classification:** \_\_\_\_\_ **Ward:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Plans Prepared By:** \_\_\_\_\_  
**Licensed Surveyor / Engineer (If  
Applicable)**

Name(Print): \_\_\_\_\_

Name (Print): \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

