

CITY OF ONEIDA
DEPARTMENT OF PLANNING AND DEVELOPMENT
 109 North Main Street
 Oneida, New York 13421

Project Location:		
Tax Map #:		
Applicant Name:		
Applicant Address (If Different):		
Zone:	Ward:	File #:

Zoning Amendment Application Submission Receipt

Received	Item
<input type="checkbox"/>	Cover Sheet
<input type="checkbox"/>	Zoning Amendment Application
<input type="checkbox"/>	Codes Determination / Referral (if applicable)
<input type="checkbox"/>	Location Map from Assessor
<input type="checkbox"/>	Application Fee
<input type="checkbox"/>	Concept Plan
<input type="checkbox"/>	Project Narrative / Description (Required)
<input type="checkbox"/>	SEQR Forms (Short or Full EAF as required)
<input type="checkbox"/>	Photos/Renderings (Optional)
<input type="checkbox"/>	Elevation Drawings (Optional)
<input type="checkbox"/>	Letter to the Mayor Requesting an Amendment
<input type="checkbox"/>	Survey and Legal Description (if applicable)
<input type="checkbox"/>	Up to Date Taxes Proof from Chamberlain
<input type="checkbox"/>	Pre-Application Conference Completed
<input type="checkbox"/>	Other _____

Date Submitted: _____

Received By (Print): _____

Signature: _____

This receipt acknowledges submission of materials but does not indicate completeness, acceptance for review, or approval.

The application will be reviewed for completeness, and additional materials may be required prior to scheduling.