

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

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**APPLICATION FOR AREA VARIANCE for  
Signage**

The appeal concerns property at the following address:

\_\_\_\_\_

Zone \_\_\_\_\_ Ward \_\_\_\_\_

Tax Map # \_\_\_\_\_

**FOR OFFICE USE:**

Application Number: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Date Received by Planning: \_\_\_\_\_

Date of Final Action \_\_\_\_\_

Action Filing Date \_\_\_\_\_

Approved  Denied

**Applicant:**

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

Signature \_\_\_\_\_

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

Date \_\_\_\_\_

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

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

*If the property on which the Area Variance is being requested is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.*

The applicant's appeal from a decision of the Code Enforcement Officer concerns the following:

\_\_\_\_\_ Denial of an Application for a Permit (attach to Application)

\_\_\_\_\_ Denial of an Application for a Certificate of Occupancy (attach to Application)

\_\_\_\_\_ Denial of an Application for a Certificate of Compliance (attach to Application)

Date of Code Enforcement Officer's Decision: \_\_\_\_\_

**Proposed Activity:** \_\_\_\_\_

Type and size of variance for signage requested: \_\_\_\_\_  
\_\_\_\_\_

Reason for variance: \_\_\_\_\_  
\_\_\_\_\_

Describe the character of the neighborhood: \_\_\_\_\_

**Area Variance for Signage Fee: \$100 Please make a check payable to the City of Oneida**

**Statement from Adjoining Property Owner**

<b>To be completed by the Petitioner</b>	
Owner: _____	
Project address: _____	
Requested variance: _____	
I certify that the plans presented to the undersigned neighbor for his/her review are identical to those plans for which an Area Variance is being requested.	
Signature of Owner _____	Date _____

<b>To be completed by the Neighbor</b>	
Name: _____	
Address: _____	
I have reviewed the above request for an Area Variance.	
<input type="checkbox"/> I have no objection to the above request.	
<input type="checkbox"/> I object to the above request.	
Signature _____	Date _____

**Statement from Adjoining Property Owner**

<b>To be completed by the Petitioner</b>	
Owner: _____	
Project address: _____	
Requested variance: _____	
I certify that the plans presented to the undersigned neighbor for his/her review are identical to those plans for which an Area Variance is being requested.	
_____ Signature of Owner	_____ Date

<b>To be completed by the Neighbor</b>	
Name: _____	
Address: _____	
I have reviewed the above request for an Area Variance.	
<input type="checkbox"/> I have no objection to the above request.	
<input type="checkbox"/> I object to the above request.	
_____ Signature	_____ Date

### Procedure for Requesting an Area Variance

1. Applications for an Area Variance for Signage may be obtained from the Planning Department. When the application is completed and returned, it will be reviewed by the Joint Zoning Board of Appeals/Planning Commission and, if required by law, the Madison County Planning Department, then referred to the Zoning Board of Appeals for final determination. All applications **MUST** include the Combined Planning Commission/ ZBA Cover Sheet.
2. The applicant must send a neighbor statement via certified mail to all adjacent neighbors. The completed neighbor statement must be returned to the **Department of Planning and Development at 109 N. Main Street, Oneida, NY 13421** by the neighbor, not the applicant.
3. A copy of the tax map showing the property in question and adjoining owners must be submitted with the application. This will be provided by the Assessor's Office.
4. The application must be accompanied by a site plan showing all structures on the property, distances from the structures to the property lines and from each other, and the location and size of proposed signs.
5. If the applicant is not the owner of the subject property, the owner of the property must sign the application.
6. The Joint Zoning Board of Appeals/Planning Commission will schedule a Public Hearing within a reasonable time. The Public Hearing Notice must appear in the newspaper at least five (5) days before the hearing.
7. Following the Public Hearing, the Joint Zoning Board of Appeals/Planning Commission reaches a decision and puts its decision in writing. The decision may be reached on the night of the public hearing or at a later date. However, the decision must be reached within thirty (30) days of the public hearing.
8. If a person wants to challenge the decision of the Joint Zoning Board of Appeals/Planning Commission, an application can be made to the State Supreme Court for relief by a proceeding under Article 78 of the civil practice law and rules. This action must be taken within thirty (30) days of the decision.
9. If a person wants to challenge the decision of the Joint Zoning Board of Appeals/Planning Commission, an application can be made to the State Supreme Court for relief by a proceeding under Article 78 of the civil practice law and rules. This action must be taken within thirty (30) days of the decision.
10. The Joint Zoning Board of Appeals/Planning Commission meets on the second Tuesday of each month. Applications must be submitted by the last Tuesday of the month prior to the meeting. Example: Tuesday, September 13, 2022 meeting materials must be submitted by Tuesday, August 30th, 2022.
11. Applicants **SHOULD** attend the Joint Zoning Board of Appeals/Planning Commission meeting.

\*Do not submit informational only.

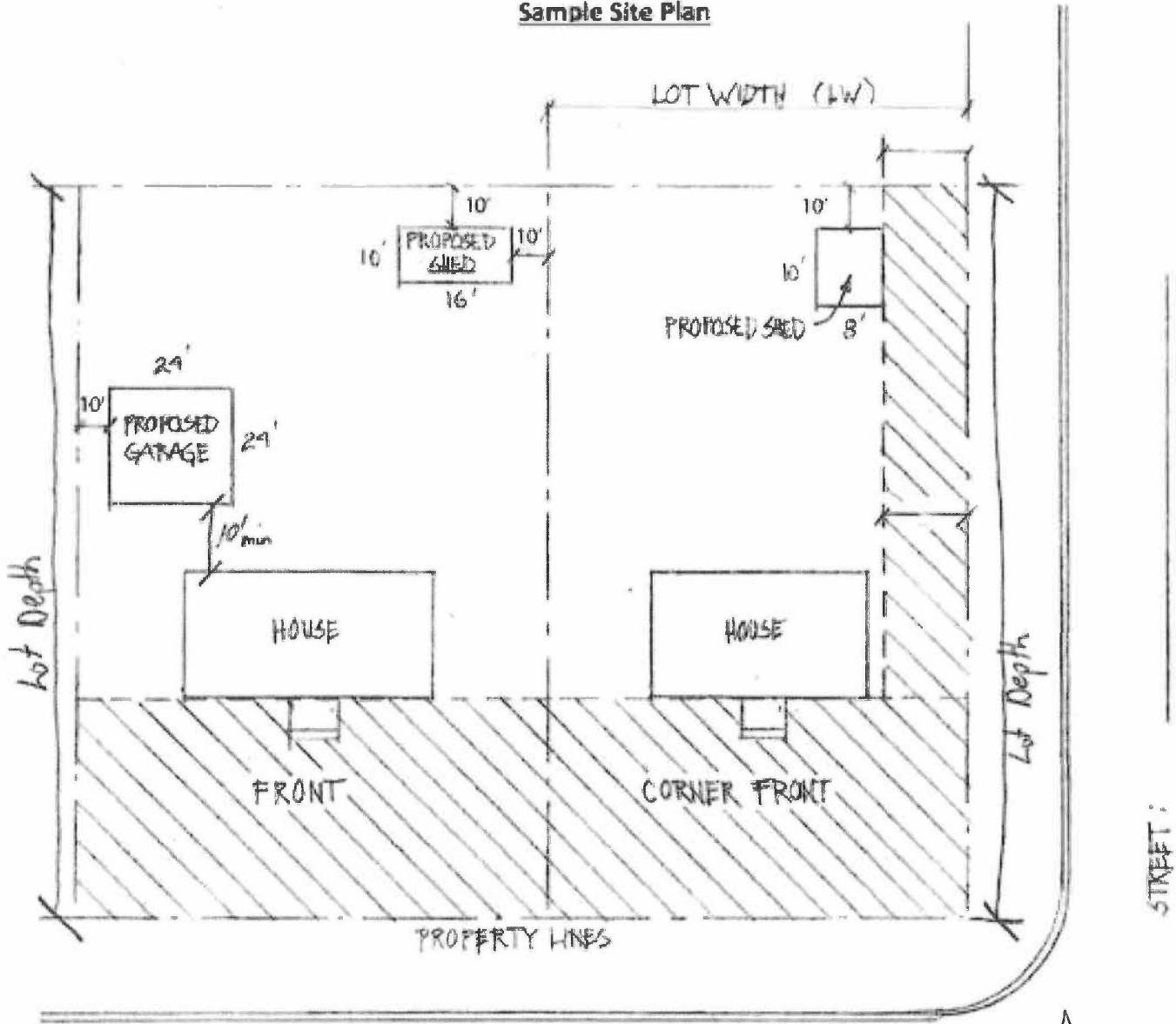
12. The reviewed criteria are as follows in accordance with 81-b of General City Law.

- a. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance.
- b. Whether the benefit sought by the applicant can be achieved by some method feasible for the applicant to pursue, other than an area variance.
- c. Whether the requested variance is substantial.
- d. Whether the proposed variance will have an adverse effect or impact on the physical or environmental condition in the neighborhood or district.
- e. Whether the alleged difficulty was self-created; which consideration shall be relevant to the decision of the Joint Zoning Board of Appeals/Planning Commission, but shall not necessarily preclude the granting of the Area.

# CITY OF ONEIDA

Department of Planning and Development  
109 N. Main Street Oneida, NY 13421

## Sample Site Plan



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

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

For Official Use Only:

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

Reviewed by: \_\_\_\_\_

\*Do not submit informational only.

## **2024 PCZBA Schedule**

February – Meeting Date: February 13, 2024

Applications due: January 25, 2024

March – Meeting Date: March 12, 2024

Applications due: February 22, 2024

April – Meeting Date: April 9, 2024

Applications due: March 21, 2024

May – Meeting Date: May 14, 2024

Applications due: April 25, 2024

June – Meeting Date: June 11, 2024

Applications due: May 23, 2024

July – Meeting Date: July 9, 2024

Applications due: June 20, 2024

August – Meeting Date: August 13, 2024

Applications due: July 25, 2024

September – Meeting Date: September 10, 2024

Applications due: August 22, 2024

October – Meeting Date: October 08, 2024

Applications due: September 19, 2024

November – Meeting Date: November 12, 2024

Applications due: October 24, 2024

December – Meeting Date: December 10, 2024

Applications due: November 21, 2024

January 2024– Meeting Date: January 14, 2025

Applications due: December 19, 2024