

CITY OF ONEIDA
DEPARTMENT OF PLANNING AND DEVELOPMENT



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

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):

Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

Applicant:

Address: _____

City/State/Zip Code: _____

Phone: _____

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):

