

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 AN INTERPRETATION
OR APPEAL**

The appeal concerns property at the following address:

Zone _____ Ward _____

Tax Map # _____

Applicant:

Name: _____

Signature _____

Address: _____

Date _____

Phone: _____

Email: _____

If the property 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 concerns property (choose one):

_____ Owned by the Applicant or the Applicant as Agent for the Owner

_____ Which is Adjacent to or Nearby Property owned by the Applicant

(Indicate the Tax Map Parcel No. of Such Property _____)

Zoning Officer Decision Being Appealed (attach additional documentation if necessary) :

Date of Code Enforcement Officer's Decision being appealed: _____

Relevant Section of the Zoning Code: _____

Reason for the Appeal (Attach a additional sheets if necessary):

FOR OFFICE USE:

Application Number: _____

Date of Public Hearing: _____

Date Received by Planning: _____

Date of Final Action _____

Action Filing Date _____

☐ Approved ☐ Denied

Interpretation Fee: \$75 per interpretation

Please make a check payable to City of Oneida