

CITY OF ONEIDA
DEPARTMENT OF PLANNING AND DEVELOPMENT

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

Project Location _____ Tax Map # _____

Applicant Name _____

Applicant Address (If Different): _____

Zone _____ Ward _____ File # _____

Site Plan Review Application Checklist of Documents

<u>Applicant</u>	<u>City</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover Sheet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan Review Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Codes Office Denied Permit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location Map from Assessor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associated Fee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEQR Forms (If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photos/Renderings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevation Drawings (If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appendix A.1 Plans (If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appendix B Plans (If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-application Meeting Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Notes:

Be sure to submit 14 printed copies and 1 Digital Copy to the Director of Planning and Development at 109 N. Main Street, Oneida 13421. Additional required items will be provided by the Director of Planning and Development.

Date Modified 9/19/2022