## **Site Plan Modification Checklist**

Name: Address: Date:		Applicant: Applicant Address:
Project Location: Proposed Modification:		Tax Map Number:
Applicant in attendance:	Yes	No
	Discussion	(More Notes at the End)
		<u>SEQR</u>
Lead Agency: City of Oneida F Action Classification: Review: Determination:	PCZBA	
Comments:		
	Moved	Second
Randy Bonville		
Barbara Henderson		
Kipp Hicks		
Pat Thorpe		
Todd Schaal		
Perry Tooker		
Aye: Nay: Abstain:		

Grant the Site Plan Modification Resolution Approval with listed conditions – add extra conditions at bottom. Amended Motion (If required):				
		Moved	Second	
Randy I	Ropvillo			
	a Henderson	П	П	
Kipp Hi		П		
Pat Tho				
	•	П	П	
Todd Schaal Perry Tooker		П		
Perry II	ookei	Ш		
Aye: Nay: Abstair	n: nal Conditions:			
1.	The applicant must obtain all building permits;			
2.	. The Planning Board directs the Director of Planning to provide a copy of this resolution to the applicant, and any other relevant parties;			
3.	3. This resolution shall take effect immediately.			
More D	iscussion Notes:			