

**CITY OF UTICA
PLANNING BOARD APPLICATION**

PROPERTY ADDRESS: _____

NAME: _____ ADDRESS: _____

**APPLICANT
INFORMATION**

PHONE: _____

APPLICANT IS: OWNER _____ CONTRACT PURCHASER _____
 LESSEE _____ CONTRACTOR/ARCHITECT _____

*ALL CORRESPONDENCE WILL BE SENT TO THIS PERSON UNLESS OTHERWISE SPECIFIED

*TO BE COMPLETED ONLY IF THE APPLICANT IS NOT THE OWNER

**OWNER
INFORMATION**

NAME: _____ ADDRESS: _____

PHONE: _____

HISTORY OF THE PROPERTY

BRIEF DESCRIPTION OF THE PROPOSED ACTION

THE APPLICANT ALLEGES THAT THE GRANTING OF THE PROPOSED ACTION WOULD BE IN HARMONY WITH THE CHARACTER OF THE NEIGHBORHOOD AND WOULD NOT BE HARMFUL TO PROPERTY OR PERSONS IN THE NEIGHBORHOOD BECAUSE:

AFFIRMATION

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I FURTHER UNDERSTAND THAT INTENTIONALLY PROVIDING FALSE OR MISLEADING INFORMATION IS GROUNDS FOR IMMEDIATE DENIAL OF MY APPLICATION.

APPLICANT'S SIGNATURE

SWORN TO BEFORE ME THIS _____ DAY OF _____, 200__

CODES STAMP

PLANNING BOARD

NOTARY
PUBLIC

COMMISSIONER
OF DEEDS

MY COMMISSION EXPIRES _____

NOTE: COMPLETED APPLICATION FORM AND ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED BY _____ IN ORDER TO BE PLACED ON THE PLANNING BOARD AGENDA FOR THE _____ MEETING.

APPLICATION FEE: \$ _____

FOR INFORMATION OR ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT:

DEPARTMENT OF URBAN & ECONOMIC DEVELOPMENT
UTICA CITY HALL - 1 KENNEDY PLAZA
UTICA, NEW YORK 13502 (315) 792-0181

STAFF USE ONLY

OFFICIAL PROPERTY ADDRESS _____ ZONING DISTRICT _____

COUNTY TAX MAP # (s) _____ COUNCILMANIC DISTRICT _____

REQUESTED ACTION: PREL SITE PLAN _____ SITE PLAN _____ ZONE CHANGE _____ SUBDIVISION _____

CASE NUMBER: _____

**APPLICATION CHECKLIST
CITY OF UTICA – PLANNING BOARD**

SUBMISSION REQUIREMENTS

1. COMPLETE APPLICATION, WITH SIGNATURE AND NOTARY PUBLIC OR COMMISSIONER OF DEEDS SIGNATURE
2. A DETAILED SITE PLAN DRAWN TO SCALE OR WITH ALL MEASUREMENTS CLEARLY LABELED. THE SITE PLAN SHOULD SHOW, AT A MINIMUM, THE FOOTPRINT OF ALL BUILDINGS AND STRUCTURES ON THE SITE, ALL AVAILABLE ON-SITE PARKING, SITE INGRESS/EGRESS, SIGNAGE, FENCING AND LANDSCAPING.
3. A DETAILED DESCRIPTION OF THE SPECIFIC TYPE OF ACTION REQUESTED
4. A COMPLETE ENVIRONMENTAL ASSESSMENT FORM, IF REQUIRED
5. PHOTOGRAPHS OF THE SUBJECT PROPERTY
6. DETAILED SIGNAGE SPECIFICATIONS, IF APPLICABLE
7. ANY ADDITIONAL INFORMATION THAT THE APPLICANT FEELS THE PLANNING BOARD MAY FIND USEFUL IN RENDERING ITS DECISION
8. OTHER _____

PLEASE COMPLETE THE APPLICATION AND RETURN WITH THE REQUIRED APPLICATION FEE AND ALL NECESSARY INFORMATION LISTED ABOVE, TO:

DEPARTMENT OF URBAN & ECONOMIC DEVELOPMENT
ATTN: BUREAU OF PLANNING
1 KENNEDY PLAZA
UTICA, NEW YORK 13502

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE BUREAU OF PLANNING AT (315) 792-0181.

APPLICATION FILING DEADLINE _____

PLANNING BOARD MEETING AGENDA _____

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED _____ BY _____

APPLICATION FEE _____ CHECK & # _____ MONEY ORDER _____ CASH _____

OTHER APPROVALS NECESSARY

SEQRA	YES ____	NO ____	TYPE OF ACTION	I ____	II ____	UNLISTED ____
239 (l) or (m)	____	____	IF YES, DATE SENT	RECEIVED _____		
ZONING BOARD	____	____	IF YES, AGENDA DATE	USE / AREA / SPECIAL _____		
SCENIC/HISTORIC	____	____	IF YES, AGENDA DATE	_____		
SIGN PERMIT	____	FENCE PERMIT	____	BUILDING PERMIT	____	CURB CUT

OTHER CITY DEPARTMENT REVIEW

	YES	NO				
ENGINEERING	____	____	IF YES, DATE SENT	RECEIVED _____		
CODES	____	____	IF YES, DATE SENT	RECEIVED _____		
POLICE/FIRE	____	____	IF YES, DATE SENT	RECEIVED _____		