

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 AREA VARIANCE FOR
SIGNAGE**

The appeal concerns property at the following address:

Zone _____ Ward _____

Tax Map # _____

FOR OFFICE USE:

Application Number: _____

Date of Public Hearing: _____

Date Received by Planning: _____

Date of Final Action _____

Action Filing Date _____

☐ Approved ☐ Denied

Applicant:

Name: _____

Signature _____

Address: _____

Date _____

Phone: _____

Email: _____

If the property on which the Area Variance is being requested 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 from a decision of the Code Enforcement Officer concerns the following:

_____ Denial of an Application for a Permit (attach to Application)

_____ Denial of an Application for a Certificate of Occupancy (attach to Application)

_____ Denial of an Application for a Certificate of Compliance (attach to Application)

Date of Code Enforcement Officer's Decision: _____

Proposed Activity: _____

Type and size of variance for signage requested: _____

Reason for variance: _____

Describe the character of the neighborhood: _____

Area Variance for Signage Fee: \$100 Please make a check payable to the City of Oneida

Statement from Adjoining Property Owner

To be completed by the Petitioner

Owner: _____

Project address: _____

Requested variance: _____

I certify that the plans presented to the undersigned neighbor for his/her review are identical to those plans for which an Area Variance is being requested.

Signature of Owner

Date

To be completed by the Neighbor

Name: _____

Address: _____

I have reviewed the above request for an Area Variance.

- ☐ I have no objection to the above request.
- ☐ I object to the above request.

Signature

Date

Statement from Adjoining Property Owner

To be completed by the Petitioner

Owner: _____

Project address: _____

Requested variance: _____

I certify that the plans presented to the undersigned neighbor for his/her review are identical to those plans for which an Area Variance is being requested.

Signature of Owner

Date

To be completed by the Neighbor

Name: _____

Address: _____

I have reviewed the above request for an Area Variance.

- ☐ I have no objection to the above request.
- ☐ I object to the above request.

Signature

Date

Procedure for Requesting an Area Variance

1. Applications for an Area Variance for Signage may be obtained from the Planning Department. When the application is completed and returned, it will be reviewed by the Joint Zoning Board of Appeals/Planning Commission and, if required by law, the Madison County Planning Department, then referred to the Zoning Board of Appeals for final determination. All applications MUST include the Combined Planning Commission/ ZBA Cover Sheet.
2. The applicant must send a neighbor statement via certified mail to all adjacent neighbors. The completed neighbor statement must be returned to the Department of Planning and Development at 109 N. Main Street, Oneida, NY 13421 by the neighbor, not the applicant.
3. A copy of the tax map showing the property in question and adjoining owners must be submitted with the application. This will be provided by the Assessor's Office.
4. The application must be accompanied by a plan. The required plan details will be determined by the Director of Planning and Development and will be as follows:
 - a. Any structure equal to or greater than 1,500 square feet or equal to or greater than \$20,000 must follow the Site Plan Document Specifications outlined in Chapter 143 Article 6.
 - b. Any structure less than 1,500 square feet or \$20,000 must submit a sketch plan as defined in §190-5 that shows all structures on the property, distances from the structures to the property lines and from each other, and location and size of proposed construction.
 - c. 14 paper copies must be submitted to the Planning Director as well as 1 digital copy of each plan.
5. If the applicant is not the owner of the subject property, the owner of the property must sign the application.
6. The Joint Zoning Board of Appeals/Planning Commission will schedule a Public Hearing within a reasonable time. The Public Hearing Notice must appear in the newspaper at least five (5) days before the hearing.
7. Following the Public Hearing, the Joint Zoning Board of Appeals/Planning Commission reaches a decision and puts its decision in writing. The decision may be reached on the night of the public hearing or at a later date. However, the decision must be reached within thirty (30) days of the public hearing.
8. If a person wants to challenge the decision of the Joint Zoning Board of Appeals/Planning Commission, an application can be made to the State Supreme Court for relief by a proceeding under Article 78 of the civil practice law and rules. This action must be taken within thirty (30) days of the decision.
9. The Joint Zoning Board of Appeals/Planning Commission meets on the second Tuesday of each month. Applications must be submitted 19 calendar days prior to the meeting.
10. Applicants SHOULD attend the PCZBA Meeting.

11. The reviewed criteria are as follows in accordance with 81-b of General City Law.

- a. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance.
- b. Whether the benefit sought by the applicant can be achieved by some method feasible for the applicant to pursue, other than an area variance.
- c. Whether the requested variance is substantial.
- d. Whether the proposed variance will have an adverse effect or impact on the physical or environmental condition in the neighborhood or district.
- e. Whether the alleged difficulty was self-created; which consideration shall be relevant to the decision of the Joint Zoning Board of Appeals/Planning Commission, but shall not necessarily preclude the granting of the Area.