

**CITY OF ONEIDA**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
109 North Main Street  
Oneida, New York 13421

Project Location:		
Tax Map #:		
Applicant Name:		
Applicant Address (If Different):		
Zone:	Ward:	File #:

**Zoning Amendment Application Submission Receipt**

Received	Item
<input type="checkbox"/>	Cover Sheet
<input type="checkbox"/>	Zoning Amendment Application
<input type="checkbox"/>	Codes Office Denied Permit
<input type="checkbox"/>	Location Map from Assessor
<input type="checkbox"/>	Associated Fee
<input type="checkbox"/>	Site Plans (Per Section 143 of City Code)
<input type="checkbox"/>	SEQR Forms
<input type="checkbox"/>	Photos/Renderings (Optional)
<input type="checkbox"/>	Elevation Drawings (Optional)
<input type="checkbox"/>	Letter to the Mayor Requesting an Amendment
<input type="checkbox"/>	Legal Description
<input type="checkbox"/>	Up to Date Taxes Proof from Chamberlain
<input type="checkbox"/>	Other_____
<input type="checkbox"/>	Other_____

Date Submitted: \_\_\_\_\_

Received By (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

This receipt acknowledges that the City of Oneida Department of Planning and Development has received the items indicated above. This does not indicate completeness or approval of the application.