



**CITY OF SCHENECTADY  
NEW YORK  
CITY PLANNING COMMISSION**

Room 14, City Hall, Jay Street  
SCHENECTADY, NY 12305-1938

**MINOR SUBDIVISION REVIEW**

**Planning Commission Filing Requirements:**

- 1) 18 completed copies of the Application for Subdivision Review.
- 2) 18 completed copies of a subdivision map. The subdivision maps must contain the following information:
  - a. Lot dimensions
  - b. Proposed subdivision name and the name of the City and County.
  - c. Name and address of the owner of the property.
  - d. Graphic scale, date, and magnetic north point.
  - e. Must be stamped and signed by a licensed land surveyor or engineer.

\* If the maps are larger than 8.5"x11", they must be folded to 8.5"x11" so that they can be distributed in the mail. A ROLL OF DRAWINGS WILL NOT BE ACCEPTED.
- 3) Payment of the Filing Fee (see attached fee schedule).

**Please collate all of the forms and maps so that you submit 18 sets of information.**

**Your application will not be accepted if the forms are not completely filled out and if there is information missing from your subdivision map.**



*City of Schenectady*  
NEW YORK

**CITY PLANNING COMMISSION**

Room 14, City Hall, Jay Street  
Schenectady, NY 12305-1938  
Phone: 518.382.5147 Fax: 518.382.5275

**APPLICATION FOR SUBDIVISION REVIEW**

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

**PROPERTY INFORMATION**

ADDRESS: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_ Tax Map ID # \_\_\_\_\_

PRESENT USE OF PROPERTY: \_\_\_\_\_

PROPOSAL DESCRIPTION (How many parcels will result after the subdivision? How will each parcel be occupied?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TENANT OR OWNER? \_\_\_\_\_

**OWNER CONTACT INFORMATION  
(IF DIFFERENT FROM APPLICANT)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER'S SIGNATURE OF CONSENT FOR APPLICATION: \_\_\_\_\_

*Note: "Applicants should be duly advised that all subdivision elements required for review must be fully provided. In the event that these elements are not provided, the Commission reserves the right to table or reject the application or to table the application until such time that the applicant does address them to the satisfaction of the Commission and to Section 264-108 F"*

NOTE: If you do not complete every section of this form, your application will not be accepted. Please be sure to complete the entire application accurately.

PROJECT ID NUMBER

617.20

SEQR

APPENDIX C

STATE ENVIRONMENTAL QUALITY REVIEW

### SHORT ENVIRONMENTAL ASSESSMENT FORM

for UNLISTED ACTIONS Only

#### PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality	County
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map	
5. IS PROPOSED ACTION : <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification / alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, describe briefly:	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list agency name and permit / approval:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list agency name and permit / approval:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant / Sponsor Name	Date:
Signature _____	

**If the action is a Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**