



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

Christine S. Primiano, Principal Planner

Room 206, City Hall, Jay Street
SCHENECTADY, NY 12305-1938

518.382.5147

cprimiano@schenectadyny.gov

www.cityofschenectady.com

MINOR SUBDIVISION REVIEW

Planning Commission Filing Requirements:

- 1) 10 completed copies of the Application for Subdivision Review.
- 2) 10 completed copies of the NYS Short Environmental Assessment Form.
(Go online to www.dec.ny.gov/docs/permits_ej_operations_pdf/seaf.pdf)
- 3) 10 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.
- 4) Owner Consent Form

* 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.

- 5) 1 copy of the certification of title showing the applicant is the owner of the property.
- 6) 10 copies of the deed description of the lots.
- 7) Payment of the Filing Fee (see attached fee schedule).

Please provide 10 sets of your application packet.



City of Schenectady

NEW YORK

CITY PLANNING COMMISSION

Room 206, City Hall, Jay Street
Schenectady, NY 12305-1938
Phone: 518.382.5147 Fax: 518.382.5275

APPLICATION FOR SUBDIVISION REVIEW

PROPERTY INFORMATION

ADDRESS (OR LEGAL DESCRIPTION): _____

ZONING CLASSIFICATION: _____ Tax Map ID # _____

PRESENT USE: _____

PROPOSED USE: _____

PROPOSAL DESCRIPTION (ie How many parcels are proposed? What will they be used as?)

APPLICANT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

INTEREST IN PROPERTY: _____

EMAIL: _____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

SIGNATURE OF THE PROPERTY OWNER IS REQUIRED FOR REVIEW OF YOUR APPLICATION: _____



Owner Consent Form

City of Schenectady – Department of Development

Room 206, City Hall, 105 Jay Street, Schenectady, NY 12305

For further information, please call 518-382-5147

Application Notes _____

The Owner Consent Form is required for the following Applicants:

1. The Applicant is not the owner of record for the subject parcel(s);
2. The property has multiple owners (requires signature from each owner of record); or
3. The Applicant is a corporation or other entity (requires a signatory).

Property Address: _____ Tax Map ID: _____

Property Address: _____ Tax Map ID: _____

Property Address: _____ Tax Map ID: _____

AGENT/APPLICANT INFORMATION

Name: _____ Address: _____

City, State, Zip: _____

OWNER AUTHORIZATION

I, _____ (name), as _____ (owner/title), of (company/property), _____ swear or affirm under penalty of perjury, that I am the owner or authorized representative of the owner(s) of the property and that:

I hereby give consent to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the attached application.

Furthermore, I hereby give consent to the above referenced party to agree to all terms and conditions which may arise as part of the approval related to this application.

I hereby certify that I have the authority to execute this consent form and any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

Name (Print): _____

Title: _____

Signature: _____

Notarization

SUBSCRIBED AND SWORN TO (or affirmed) before me this ____ day of _____ 20 ____ by _____ .

He/she is personally known to me or has presented identification.

Notary Public/Commissioner of Deeds