

## **REZONING APPLICATION**

# 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

I. <u>APPLICANT INFORMATION</u> If more than one applicant, Section VI of this application must be completed.						
ADDRESS:		DATE:				
PHONE NUMBER: EMAIL:		DATE:				
I HONE NUMBER.	EWAIL.					
<b>EXISTING ZONE(S):</b>	PROPOSED ZON	PROPOSED ZONE(S):				
Identify below the tax map number, street address and owner of each property that this rezoning is intended to affect (attach additional sheets if necessary).  When submitting this application include a map that clearly delineates:  1) The area the rezoning is proposed for,  2) Its existing zoning, and  3) The zoning of all lands adjoining the area proposed for rezoning.						
TAX MAP NUMBER	STREET ADDRESS	OWNER				

# III. REZONING SUPPORT CRITERIA

DELINEATE EXISTING CITY LAND USE POLICIES THAT SUPPORT THIS REZONING
REQUEST (attach additional sheets, if necessary):
<del>,                                      </del>
STATE HOW THE PROPOSED CHANGE WILL NOT ADVERSELY AFFECT THE
SURROUNDING AREA:
SURROUNDING AREA:
DESCRIBE CHANGES IN LAND USE PATTERNS THAT SUPPORT THIS APPLICATION (What
changes have occurred since this location was most recently zoned to indicate that the proposed zoning is
more appropriate).
<del>-</del>
<del>-</del>

# ${\bf IV.}~\underline{\bf DEVELOPMENT~DESCRIPTION}$

DESCRIBE THE INTENT AND PURPOS	SE OF THE PROPOSED AMENDMENT (Specify the use
contemplated on the property if the applica	tion is approved):
IF THIS REZONING REQUEST IS NOT.	APPROVED, WILL YOU SEEK A USE VARIANCE FOR
THE SAME INTENDED USE	<b>,</b>
YES	NO
I LS	140
	SEMENTS AND/OR COVENANTS GOVERNING THE
PROPERTY/PROPERTIES THAT PROHI	IBIT ANY PERMITTED USES UNDER THE PROPOSED
ZONING?	
YES	NO
115	
IE VEG DEGODIDE	
IF YES, DESCRIBE:	

## V. <u>APPLICATION ENDORSEMENT</u>

Note: Applicants should be duly advised that all mapping and other informational 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.

APPLICANT SIGNATURE (Sign only after reading statement below):

#### DATE:

By fixation of my signature above I hereby acknowledge that I will act as the primary contact for this application, that I own property within the area proposed for rezoning, and that I represent other applicants (if any) in the endorsement of this application.

## Application Filing Checklist Reminder

#### Have you...

- 1) completed Sections I through V?
- 2) (if multiple applicants) completed Section VI?
- 3) included the correct filing fee? (checks are payable to "City of Schenectady")
- 4) included a map (see section II for information)?

### VI. MULTIPLE APPLICANT ENDORSEMENT SHEET

We the undersigned hereby acknowledge that we have reviewed the information contained in parts I through V of the rezoning application, understand its contents, and by fixation of our signatures hereby endorse the application.

Note: For this endorsement the term "owner" means a person who holds title to property within the area proposed for rezoning, the term "tenant" means a person who is not an owner of said area, but resides in a property situated within said area, the term "other" means a person who is neither an owner or tenant in said area, but has a direct vested financial interest in the rezoning request because of a development proposal that

would result if approved.

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Signature	Name	Address	Phone	Other?