



**CITY OF SCHENECTADY
NEW YORK
ZONING OFFICE**
Room 14, City Hall, Jay Street
SCHENECTADY, NY 12305-1938
(518) 382-5147

ZONING COMPLIANCE REQUEST FORM

Date: _____

Fee: \$40 Cash Check

I. Property Information:

Property Address: _____

Parcel Identification # (SBL): _____

Current Use: Residential: Commercial Number of Units: _____

Description of proposed use if different than current: _____

Project/Business Name (if non-residential): _____

II. Applicant Information:

Applicant: _____

Address: _____

Telephone #: _____ Email #: _____ Fax #: _____

III. Property Owner Information: (If different than Applicant)

Property Owner: _____

If a corporation, responsible party/designated officer: _____

Address: _____

Telephone #: _____ Email #: _____ Fax #: _____

Relationship of Applicant to Property Owner (if different; e.g. attorney, real estate agent, etc.):

Applicant/Owner Signature: _____ Date: _____