
III. REZONING SUPPORT CRITERIA

DELINEATE EXISTING CITY LAND USE POLICIES THAT SUPPORT THIS REZONING REQUEST (attach additional sheets, if necessary):

STATE HOW THE PROPOSED CHANGE WILL NOT ADVERSELY AFFECT THE 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).

IV. DEVELOPMENT DESCRIPTION

DESCRIBE THE INTENT AND PURPOSE OF THE PROPOSED AMENDMENT (Specify the use contemplated on the property if the application is approved):

IF THIS REZONING REQUEST IS NOT APPROVED, WILL YOU SEEK A USE VARIANCE FOR THE SAME INTENDED USE

YES

NO

ARE THERE ANY RESTRICTIONS, EASEMENTS AND/OR COVENANTS GOVERNING THE PROPERTY/PROPERTIES THAT PROHIBIT ANY PERMITTED USES UNDER THE PROPOSED ZONING?

YES

NO

IF YES, DESCRIBE:

V. APPLICATION ENDORSEMENT

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)?**

