
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).

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)?**



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