



Title _____

TOWN OF CICERO, NEW YORK

ZONE CHANGE APPLICATION

Application Date _____

This section to be completed by Town

<u>Project Classification</u>	<u>Filing Fee</u>	<u>Legal Fee</u>	<u>Engineering Deposit</u>
___ Unlisted Action per 6NYCRR Part 617	\$250	\$1,000	\$500
___ Type I Action per 6NYCRR Part 617	\$250	\$1,500	\$1,250

(Separate checks, made payable to the Town of Cicero, shall be provided for each fee. Determination of the project classification is at the sole discretion of the Town representatives and will be determined upon review of a complete Zone Change Application and other information requested in this application. The Applicant is further advised the classification of the project may change based on information discovered during the review process.)

This section to be completed by Applicant

Site Information: Tax Map No(s): _____

1. The Applicant, _____ requests a zone change from _____ to _____ for the property located at _____.

2. Applicants Mailing Address (All correspondence will be sent to this address):
Street _____
City, State and Zip Code _____
Phone Number _____ E-mail Address _____

3. The Applicant is the: Owner _____ Lessee _____ Contract Purchaser _____

4. Owner of the subject property is: _____
Street Address _____
City, State and Zip Code _____
Phone Number _____ E-mail Address _____

5. Attorney (if applicable): _____
Street Address _____
City, State and Zip Code _____
Phone Number _____ E-mail Address _____

6. Engineer/Architect/Surveyor (if applicable): _____
Street Address _____
City, State and Zip Code _____
Phone Number _____ E-mail Address _____

7. The Applicant alleges that the proposed zone change would be in harmony with the character of the neighborhood, and would not be harmful to properties of persons in the neighborhood because:

8. Name and address of immediately contiguous property owners: _____

(Assessment office may be called for assistance at 315-699-1410)

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

Note: Before an application can be considered ready for submittal to the Town Board the Applicant must provide the following:

Submit all copies requested below, along with three separate checks payable to the Town of Cicero, at least ten (10) *business* days prior to the Planning Board meeting. The Planning Board generally meets the second Monday and fourth Monday of each month and the Town Board generally meets the second Wednesday and fourth Wednesday of each month. **THE APPLICANT IS REQUIRED TO SUBMIT MATERIALS IN DIGITAL FORMAT FOR USE DURING THE MEETINGS.** Any questions please call the Zoning and Planning Office at (315) 699-2201.

- a. **TWENTY (20)** copies of an updated survey showing the entire property on which the zone change is requested and the limits of the proposed zone change.
- b. **THREE (3)** copies of legal description.
- c. **TWENTY (20)** copies of application completely filled out and signed by Applicant and Property Owner.
- d. TEN (10) copies of Short Environmental Assessment Form, completely filled out and signed, for projects classified as Unlisted Action per 6NYCRR Part 617. A Full Environmental Assessment Form (FEAF), completely filled out and signed, for projects classified as Type I actions as defined by 6NYCRR Part 617. A FEAF may be required for Unlisted Actions at the discretion of the Town Board, in which case the application fees shall be those listed for the Type I actions.

I certify that the above statements are true and correct:

9. _____ Date: _____
Applicant's Signature Print Name

10. _____ Date: _____
Property Owner's Signature Print Name