

PLANNING BOARD

Tax Parcel _____

Town of Schuyler
2090 Route 5 Utica, New York 13502
Office (315) 733-7458

2026 APPLICATION

Name of Applicant : _____
Mailing Address: _____
Applicant Telephone: _____ Email: _____

Project Name: _____ Tax Parcel # _____
Project Address: _____
Current Zoning: R-1 R-2 R-A C-H C-I P-D C-T
Lot Size: _____

Name Property Owner: _____
Mailing Address: _____
Owners Telephone: _____ Email: _____

Names and addresses of Property Owners within 500 feet of perimeter of project site:

Brief Description of Project (existing use , intended use, current structures,& Dimensions):

Notice : \$ 250.00 Fee must be paid before applicant is placed on Planning Board Agenda.
Paid on _____ Planning Board Secretary verification _____

- Make (10) copies of all documents and e-mail electronic copy to webmaster@townofschuylerny.gov

**FEES AND POSSIBLE ADDITIONAL COSTS
PURSUANT TO TOWN OF SCHUYLER**

Every application for determination shall be accompanied by a fee as set forth in the fee schedule adopted by the Town Board.

Possible Additional Costs may include: Publication notices, engineer expenses, stenographic services, planners, attorneys, experts, and other professionals whose services are necessary or appropriate as determined by the Board. (Deposit to escrow account may be required)

I have read the above information and agree to pay upon receipt of any statement the costs incurred or services rendered as stated.

Applicant's Name

Applicant's Signature

If the signature is not the owner, written permission form the owner is required.

Sworn to me this _____ date of _____

Notary Public