



CITY OF SARATOGA SPRINGS

OFFICE OF THE MAYOR

City Hall - 474 Broadway
Saratoga Springs, New York 12866-2296
Tel: 518-587-3550 fax: 518-587-1688
<http://www.saratoga-springs.org>

[FOR OFFICE USE]

(Application #)

(Date received)

PETITION FOR: ZONING AMENDMENT

(Rev: 03/2018)

1. Name of Petitioner: _____

2. Type of Amendment (Map or Text):

Map Amendment:

Site Location: _____ Tax Parcel #: _____

Current Zoning: _____ Proposed Zoning: _____

Reason for amendment: _____

Text Amendment:

Section to be amended: _____

Proposed wording of text amendment (attach additional sheets if necessary):

Reason for amendment: _____

3. Professional Representing Applicant (if any):

Name: _____ Phone: _____

Address: _____ Email: _____

Identify primary contact person: Applicant Owner Agent

4. Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? YES _____ NO _____. **IF YES**, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.

Please check the following to affirm information is included with submission.

Environmental Assessment Form - All petitions must include a completed SEQR Short or Long Form. SEQR forms can be completed at <http://www.dec.ny.gov/permits/6191.html>.

Petition Fee: \$750.00 plus \$120/acre Total \$ _____

A check for the total amount payable to: "Commissioner of Finance" must accompany this petition.

Submit **1 copy, and one electronic copy (PDF)** of complete petition and all attachments.

Location map (Map Amendment): Submit (1) large scale 24" x 36", and (1) 11"x17" copies.

All completed petitions are to be submitted to **the Office of the Mayor for consideration.**

I, the undersigned owner or purchaser under contract for the property, hereby request zoning amendment approval by the City Council for the above petition. I agree to meet all requirements under Section 240-10.0 of the Zoning Ordinance for the City of Saratoga Springs.

Furthermore, I hereby authorize members of the City Council, Planning Board and designated City staff to enter the property associated with this petition for purposes of conducting any necessary site inspections relating to this petition.

Applicant Signature: _____ Date: _____
Name: _____ Phone: _____
Address: _____ E-mail: _____

If applicant is not currently the owner, the owner must sign.

Owner Signature: _____ Date: _____
Print Name: _____