

# TOWN OF UTICA RE-ZONING PERMIT APPLICATION

*Please print or type your responses to the questions on this application.  
A non-refundable application fee of \$400.00 is required for each permit application.  
The fee is payable to the **Town of Utica** and is due at the time the application is submitted.*

Filing Fee: \$400.00

Date Received: \_\_\_\_\_  
Office Use

Property Address: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone, if different: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone, if different: \_\_\_\_\_

Name & Address of professional in charge of proposed development (architect, builder,  
contractor, engineer, etc): \_\_\_\_\_

\_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax Parcel Number(s) (REQUIRED): \_\_\_\_\_

**NOTE: Please attach a copy of the Certified Survey Map for the property.**

Location of the property in relation to nearby roadways, building, or other landmarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. What is the current use of the property? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the intended use of this property? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please mark the current zoning for the property:

_____	Single-Family Residence	_____	Industrial
_____	Two-Family Residence	_____	Commercial
_____	Multiple-Family Dwelling	_____	Institutional & Recreational
_____	Agricultural	_____	Planned Residential Development
_____	Rural Recreational	_____	Residential Mixed Use

4. What is the requested zoning for the property? \_\_\_\_\_

5. Please explain the reason for this rezoning request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If this is a Rural Recreational rezoning request, please specify what type of conditions are being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please explain why this is the best proposed use for this property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please explain the compatibility of the proposed use(s) with the surrounding land uses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. List all property owners within 300 feet and their mailing addresses:

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

Twelve (12) copies of the application and all attachments shall be submitted to the Town Clerk, Town Zoning Administrator or other designed representative no later than twenty-one (21) days prior to the meeting.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date