



FOR STAFF USE ONLY	
Date Submitted:	Project #:

**MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS**

Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)		
<input type="checkbox"/> <b>Administrative Adjustment</b>	<input type="checkbox"/> <b>Demolition Review</b>	<input type="checkbox"/> <b>Historic Property Hardship Modification</b>
<input type="checkbox"/> <b>Amendment to Zoning Map or USDO Text</b>	<input type="checkbox"/> <b>Design Review of Tall Buildings</b>	<input type="checkbox"/> <b>Lot Consolidation</b>
<input type="checkbox"/> <b>Area Variance</b>	<input type="checkbox"/> <b>Development Plan Review</b>	<input type="checkbox"/> <b>Lot Line Adjustment</b>
<input type="checkbox"/> <b>Certificate of Appropriateness</b>	<input type="checkbox"/> <b>District Plan</b>	<input type="checkbox"/> <b>Subdivision of Land</b>
<input type="checkbox"/> <b>Conditional Use Permit</b>	<input type="checkbox"/> <b>Floodplain Variance</b>	<input type="checkbox"/> <b>Other (include in description)</b>

Part 2. Brief Description of Proposed Project / Activity

Part 3. Property Information	
Project Name (if applicable):	
Project Address:	
Tax Identification No.:	Lot Size (sq. ft.):
Zoning District:	Abutting Zone District(s):

Part 4. Property Owner Information	
Property Owner(s) Name(s):	
Mailing Address:	
Phone No.:	E-mail:

Part 5. Applicant Information (if different than property owner)	
Applicant Name:	
Mailing Address:	
Phone No.:	E-mail:

Part 6. Project Engineer Information (if applicable)		
Company Name:	Engineer Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 7. Project Architect Information (if applicable)		
Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 8. Authorized Agent for this Application	
Authorized Agent Name:	
Mailing Address:	
Phone No.:	E-mail:

Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input type="checkbox"/> I am the Owner and have no other agent or representative authorized to represent me in this and other corresponding applications subject to review under the USDO. I understand the application must be complete and accurate prior to a hearing being scheduled, if required, or a decision being made. I grant the City of Albany Department of Planning and Development permission to access the property for inspection.		
<input type="checkbox"/> I hereby authorize the above listed Applicant and/or Agent to represent me in this and other corresponding applications subject to review under the USDO. I understand the application must be complete and accurate prior to a hearing being scheduled, if require, or a decision being made. I grant the City of Albany Department of Planning and Development permission to access the property for inspection.		
Print Owner Name(s):	Owner(s) Signature:	Date: