MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)

☐ Administrative Adjustment ☐ Demolition Review ☐ Historic Property Hardship Modification
☐ Amendment to Zoning Map or USDO Text ☐ Design Review of Tall Buildings ☐ Lot Modification
☐ Area Variance ☐ Development Plan Review ☐ Wall Display Application
☐ Certificate of Appropriateness ☐ District Plan ☐ Special On-Premises Sign Program
☐ Conditional Use Permit ☐ Floodplain Variance ☐ Other, __________

Part 2. Brief Description of Proposed Project / Activity

Appeal of a September 6, 2019 determination of the Chief Planning Official, which determined that a blood plasma donation office is not a permitted use in the Mixed Use- Community Highway (MU-CH) zoning district. The determination relates to the proposed establishment of a blood plasma collection office in an approximately 11,000 square foot space in the Hannaford Plaza located at 900 Central Avenue in the Mixed Use- Community Highway zoning district. Permitted uses in the MU-CH zone include hospitals and offices, including medical offices.

Part 3. Property Information

Project Name (If applicable):
Project Address: 900 Central Avenue, Albany New York
Tax Identification No.: 53.83-1-5 Lot Size (sq. ft.): 6.12 acres
Zoning District: Mixed Use - Community Highway (MU-CH) Abutting Zone District(s): n/a

Part 4. Property Owner Information

Property Owner(s) Name(s): Somerset Associates, LP; 900 Central Avenue, LLC; Central Colvin Realty, LLC; Dedham Post Funding LLC
Mailing Address: 20 CORPORATE WOODS BOULEVARD ALBANY, NEW YORK, 12211
Phone No.: SEE AGENT INFO Email: SEE AGENT INFO

Part 5. Applicant Information (If different than property owner)

Applicant Name:
Mailing Address:
Phone No.: Email:

Part 6. Project Engineer/Surveyor Information (If applicable)

Company Name: Engineer or Surveyor Name: License No.:
Mailing Address:
Phone No.: Email:

Part 7. Project Architect Information (If applicable)

Company Name: Architect Name: License No.:
Mailing Address:
Phone No.: Email:

Part 8. Authorized Agent for this Application

Authorized Agent Name: Barfield, Pontiff, Stewart & Rhodes, P.C. (Jonathan C. Lapper, Esq. and John D. Wright, Esq.)
Mailing Address: PO Box 2188, Glens Falls, New York 12801
Phone No.: 518-792-2117 Email: jd@bpslaw.com

Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)

☐ 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.

☐ 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 required, 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): 9000 Central Avenue, LLC
Owner(s) Signature(s): [Signature]
John J. Nigro, Managing Member Date: 10/2/19

Master Application Form Form Updated: April 2019