

CITY OF ALBANY



DEPARTMENT OF PLANNING AND DEVELOPMENT
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

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"/> Administrative Adjustment	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Historic Property Hardship Modification
<input type="checkbox"/> Amendment to Zoning Map or USDO Text	<input type="checkbox"/> Design Review of Tall Buildings	<input type="checkbox"/> Lot Consolidation
<input type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Lot Line Adjustment
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Subdivision of Land
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input checked="" type="checkbox"/> Other (include in description)
Part 2. Brief Description of Proposed Project / Activity		
Confirmation of use of 122 Jefferson Street for the parking of motor vehicles as a prior non-conforming use and appeal of the administrative decision of the Department of Planning and Development denying the use.		
Part 3. Property Information		
Project Name (if applicable): Continued use of the lot for the parking of Motor Vehicles		
Project Address: 122 Jefferson Street		
Tax Identification No.: 76.32-5-23	Lot Size (sq. ft.): 2844	
Zoning District: R-T	Abutting Zone Districts(s): MU NE	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Anthony J Catalano		
Mailing Address: 227 Quail Street Albany NY 12203		
Phone No.: 518-788-1296	E-mail: 227quail@gmail.com	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: James D. Linnan		
Mailing Address: 150 State Street Suite 504 Albany, NY 12207		
Phone No: 518-449-5400	E-mail: jim@linnanassociates.com	
Part 6. Project Engineer Information (if applicable)		
Company Name: N/A	Engineer Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	
Part 7. Project Architect Information (if applicable)		
Company Name: N/A	Architect Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	
Part 8. Authorized Agent for this Application		
Authorized Agent Name: James D. Linnan		
Mailing Address: 150 State Street Suite 504 Albany, NY 12207		
Phone No.: 518-449-56400	E-mail: jim@linnanassociates.com	
Part 9. 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 checked="" 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): Anthony J Catalano	Owner(s) Signature: 	Date: 10-22-18