



City of Albany
 Department of Planning and Development
 200 Henry Johnson Boulevard
 Albany, New York 12210

FOR STAFF USE ONLY	
Date Submitted:	Fee Amt:
Date Complete:	Fee Paid:
Project #:	Staff:

Master Development Application Form

Use this form for all development permit applications

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

<input type="checkbox"/> Development Permit	<input type="checkbox"/> Major Development Plan Review	<input type="checkbox"/> Design Review of Tall Buildings
<input type="checkbox"/> Minor Development Plan Review	<input type="checkbox"/> District Plan	<input type="checkbox"/> Amendment to Zoning Map or USDO Text
<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Conditional Use Permit	<input checked="" type="checkbox"/> Area Variance
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Use Variance
<input type="checkbox"/> Sidewalk and Outdoor Café Permit	<input checked="" type="checkbox"/> Subdivision of Land	<input type="checkbox"/> Floodplain Variance
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification	<input type="checkbox"/> Administrative Adjustment

Part 2. Written Description of Proposed Project/Activity

Obtain area variances required for minor subdivision of property located at 28 Corporate Circle, Albany, N.Y. See attached cover letter.

Part 3. Property Information

Project Name (if applicable): 28 Corporate Circle Minor Subdivision	
Project Address: 28 Corporate Circle, Albany, N.Y. 12203	
Tax Identification No: 41.00-2-58	Lot Size (sq. ft.) 108,900 SF
Zoning District: I-1 (Light Industrial)	Abutting Zone Districts(s): LC (Land Conservation)

Part 4. Property Owner Information

Property Owner(s) Name(s): Tellurian Acquisition LLC	
Mailing Address: 820 Morris Turnpike, Suite 104, Short Hills, NJ 07078	
Phone No: (973) 544-6819	E-mail: Jshari@Diamondcomm.com

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

Applicant Name: same	
Mailing Address:	
Phone No:	E-mail:

Part 6. Project Engineer Information (if applicable)

Company Name: Climax Development WNY	Engineer Name: Douglas Ackerman, P.E.	License No: 071409
Mailing Address: 140 West Maplemere Road, Williamsville, N.Y. 14221		
Phone No: (716) 548-2894	E-mail: climaxdevelopmnt@aol.com	

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: Charles J. Gottlieb, Esq.

Mailing Address: Couch White, LLP, 540 Broadway, Albany, NY 12201

Phone No: (518) 426-4600

E-mail: cgottlieb@couchwhite.com

Part 9. 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 application. 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 application. 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)

Gene Grieco, Secretary and General Counsel

Owner(s) Signature

Gene Grieco

Date

6/23/17