



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 type="checkbox"/> Area Variance
<input type="checkbox"/> Lot Consolidation	<input checked="" type="checkbox"/> Demolition Review	<input type="checkbox"/> Use Variance
<input type="checkbox"/> Sidewalk and Outdoor Café Permit	<input 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		
Demolition of building and immediate redevelopment as green space.		
Part 3. Property Information		
Project Name (if applicable):		
Project Address: 194 Partridge Street		
Tax Identification No: 64.68-1-16	Lot Size (sq. ft.) 3780	
Zoning District: MU-CI	Abutting Zone Districts(s): R2	
Part 4. Property Owner Information		
Property Owner(s) Name(s): The College of Saint Rose		
Mailing Address: 432 Western Avenue Albany NY 12203		
Phone No:	E-mail:	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Debra Lee Polley, Vice President for Finance and Administration		
Mailing Address: The College of Saint Rose 432 Western Avenue Albany NY 12203		
Phone No: 518-454-5216	E-mail: polleyd@strose.edu	
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 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)**

Debra Lee Polley, VP for Finance and Administration

**Owner(s) Signature**



**Date**

6/20/17