

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 pe							
Part 1. APPLICATION FOR (Please check all application forms being submitted with this Master Application Form)							
☐ Development Permit	☐ Major Development Plan Review		☐ Design Review of Tall Buildings				
☐ Minor Development Plan Review	☐ District Pla	☐ District Plan		☐ Amendment to Zoning Map or USDO Text			
☐ Lot Line Adjustment	Condition	Conditional Use Permit		Area Variance			
☐ Lot Consolidation	☐ Demolition	☐ Demolition Review		□ Use Variance □ Us			
Sidewalk and Outdoor Café Permit	☐ Subdivision of Land		☐ Floodplain Variance				
☐ Certificate of Appropriateness	☐ Historic Pi	☐ Historic Property Hardship Modification		☐ Administrative Adjustment			
Part 2	. Written De	scriptio	on of Proposed P	roject/Activity			
Applying to get a use variance to install a two sided sign box with interior lit header above 3'x6' amber monochromatic changeable copy message center. Sign is 28.6 sq ft. (over by 8.6 sq ft). The height of the sign is 7 ft. to allow for landscaping and optimal viewing. (over by 2ft). The changeable copy is 3'x6' to allow more space for the needed copy.							
	Part	t 3. Pro	perty Information	n de la company de la comp			
Project Name (if applicable): Signage on Western Ave							
Project Address: 801 Western Ave (12 Rose	emont St)						
Tax Identification No: 64.40-3-1	Lot Size (sq. ft.) 2.54 a		icres				
Zoning District: MU NE	Abutting Zone Distric		Abutting Zone Districts	es(s):			
Part 4. Property Owner Information							
Property Owner(s) Name(s): All Saints Catholic Academy and Church (previously Holy Cross School and Church)							
Mailing Address: 12 Rosemont St. Albany, NY 12203							
Phone No: 518-482-4497			E-mail:				
Part 5. Applicant Information (if different than property owner)							
Applicant Name: Traci Johnson							
Mailing Address: 10 Rosemont St Albany, NY 12203							
Phone No: 518-438-0066		E-mail: principal@ascaalbany.org					
Par			er Information (i	f applicable)			
Company Name: Saxton Signs		Engineer Name: Cliff Horn			License No:		
Mailing Address: 1320 Rt 9 Castleton, NY 1	2033						
		E-mail: sales@saxtonsign.com					
Part 7. Project Architect Information (if applicable)							
Company Name: same as above	Architect Name: License No:		License No:				
Mailing Address:							
Phone No:		E-mail:					

Part 8. Au	uthorized Agent for this Application			
Authorized Agent Name: Traci Johnson				
Mailing Address: 10 Rosemont St Albany, NY 12203				
Phone No: 518-438-0066	E-mail: principal@ascaalbany.org			
	t 9. Property Owner Consent lies to this application and sign in the space indicated	d below)		
	entative authorized to represent me in this application. I under eduled, if required, or a decision being made. I grant the City of e property for inspection.			
	r Agent to represent me in this application I understand the a required, or a decision being made. I grant the City of Albany D inspection.			
Print Owner Name(s) Rev. Thomas Lawless	Owner(s) Signature Liono M. Saulen	07/19/2017		