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)

- [ ] Development Permit
- [ ] Major Development Plan Review
- [ ] Design Review of Tall Buildings
- [ ] Minor Development Plan Review
- [ ] District Plan
- [ ] Amendment to Zoning Map or USDO Text
- [ ] Lot Line Adjustment
- [ ] Conditional Use Permit
- [ ] Area Variance
- [ ] Lot Consolidation
- [ ] Demolition Review
- [ ] Use Variance
- [ ] Sidewalk and Outdoor Café Permit
- [ ] Subdivision of Land
- [ ] Floodplain Variance
- [ ] Certificate of Appropriateness
- [ ] Historic Property Hardship Modification
- [ ] Administrative Adjustment

**Part 2. Written Description of Proposed Project/Activity**

Applying to get a use variance to install a two sided sign box with interior lit header above 3' x 6' 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' x 6' to allow more space for the needed copy.

**Part 3. Property Information**

Project Name (If applicable): Signage on Western Ave

Project Address: 801 Western Ave (12 Rosemont St)

Tax Identification No: 64.40-3-1

Zoning District: MUNE

Lot Size (sq. ft.): 2.54 acres

Abutting Zone District(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

**Part 6. Project Engineer Information (If applicable)**

Company Name: Saxton Signs

Engineer Name: Cliff Horn

License No:

Mailing Address: 1320 Rt 9 Castleton, NY 12033

Phone No: 518-732-7704

E-mail: sales@saxtonsign.com

**Part 7. Project Architect Information (If applicable)**

Company Name: same as above

Architect Name: 

License No:

Mailing Address:

Phone No:

E-mail:
<table>
<thead>
<tr>
<th>Part 8. Authorized Agent for this Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Agent Name: Traci Johnson</td>
</tr>
<tr>
<td>Mailing Address: 10 Rosemont St, Albany, NY 12203</td>
</tr>
<tr>
<td>Phone No: 518-438-0066</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:principal@ascaalbany.org">principal@ascaalbany.org</a></td>
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<tr>
<th>Part 9. Property Owner Consent</th>
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<tbody>
<tr>
<td>(Check the box below that applies to this application and sign in the space indicated below)</td>
</tr>
<tr>
<td>☑ 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.</td>
</tr>
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<tr>
<th>Print Owner Name(s)</th>
<th>Owner(s) Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rev. Thomas Lawless</td>
<td>[Signature]</td>
<td>07/19/2017</td>
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