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

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

375-S(F)(3)(d): No nonconforming use may be converted to a different nonconforming use unless the Board of Zoning Appeals determines that the alternative use is in the same or a less intensive land use category based on Table-3-1 (Permitted Use Table). See attached Narrative and Affidavits in support of application.

**Part 3. Property Information**

Project Name (if applicable):
Project Address: 614 Madison, Albany NY
Tax Identification No: 65.78-1-25
Lot Size (sq. ft): 0.05 acres
Zoning District: R-T
Abutting Zone District(s): R-M Multifamily

**Part 4. Property Owner Information**

Property Owner(s) Name(s): Madison Associates on the Park, LP
Mailing Address: 612 Madison Avenue, Albany, NY 12208
Phone No: E-mail: madisonontheypark@yahoo.com

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

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

**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: Stracher-Roth-Gilmore, Architects
Architect Name: Frank F. Gilmore, RA
License No:
Mailing Address: 143 Jay Street, Schenectady, NY 12305
Phone No: 518-374-9412
E-mail: gilmoref@srarch.com
### Part 8. Authorized Agent for this Application

<table>
<thead>
<tr>
<th>Authorized Agent Name:</th>
<th>Whiteman, Osterman &amp; Hanna, LLP; Thomas A. Shepardson, Esq.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>One Commerce Plaza, Albany NY</td>
</tr>
<tr>
<td>Phone No:</td>
<td>(518) 487-7663</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:tshepardson@woh.com">tshepardson@woh.com</a></td>
</tr>
</tbody>
</table>

### Part 9. Property Owner Consent

(Click 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.

<table>
<thead>
<tr>
<th>Print Owner Name(s):</th>
<th>Owner(s) Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Arnold Stowe</td>
<td>John</td>
<td>7/26/17</td>
</tr>
</tbody>
</table>

[Handwritten Note: Attorneys on file for managing partner]