

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

| out the form for all development per | | | | |
|---|---|---------------------------------------|--|-------------|
| (Please check all | Part 1. AF application forms bei | PLICATION FOR ng submitted with th | | on 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 Descripti | on of Proposed F | Project/Activity | |
| 375-5(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 a | | cres | |
| Zoning District: _{R-T} | Abutting Zone Districts | | (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 | | | | |
| none No: E-mail: madisononthepar | | ark@yahoo.com | | |
| Part 5. Applicant Information (if different than property owner) | | | | er) |
| Applicant Name: Same | | | | |
| Mailing Address: Same | | | | |
| Phone No: | | E-mail: | | |
| | 6. Project Engine | er 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-m | | E-mail: gilmoref@srga | nail: gilmoref@srgarch.com | |

| Part 8. A | Authorized Agent for this Application |
|---|--|
| Authorized Agent Name: Whiteman, Osterman & Han | ina, LLP; Thomas A. Shepardson, Esq. |
| Mailing Address: One Commerce Plaza, Albany NY | |
| Phone No: (518) 487-7663 | E-mail: tshepardson@woh.com |
| | art 9. Property Owner Consent oplies to this application and sign in the space indicated below) |
| | esentative authorized to represent me in this application. I understand the application must be cheduled, if required, or a decision being made. I grant the City of Albany Department of the property for inspection. |
| | /or Agent to represent me in this application I understand the application must be complete if required, or a decision being made. I grant the City of Albany Department of Planning and for inspection. |
| Frint Owner Name(s) F. AVNB 11 Slowe | Owner(s) Signature MM MUShue Myd15 or passoc; wites on the park, LP mmser paranes |