

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

Ose this form for all development pe					
(Please check all	Part 1. AF application forms be	PLICATION FOR ing submitted with the	is Master Applicat	ion 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					
375-5(F)(3)(d): No nonconforming use may be Appeals determines that the alternative use (Permitted Use Table). See attached Narrati	is in the same or a less in	tensive land use categor	ess the Board of Zoni y based on Table-3-1	ing	
*	Part 3. Pro	pperty Information	lk.		
Project Name (if applicable):					
Project Address: 616 Madison, Albany NY					
Tax Identification No: 65.78-1-24	Lot Size (sq. ft.) <sub>0.05</sub> a		cres		
Zoning District: R-T	Abutting Zone Districts		;(s): R-M Multifamily		
	Part 4. Property Owner Information		Non	on	
Property Owner(s) Name(s): Madison Assoc	iates on the Park, LP				
Mailing Address: 612 Madison Avenue, Alba	any, NY 12208				
Phone No: E-mail: madisononthepark@ya					
Part 5. Applicant Information (if different than property owner)					
Applicant Name: Same					
Mailing Address: Same					
Phone No: E-mail:					
	6. Project Engine		applicable)	T	
Company Name: N/A	Engineer N	ame:		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, Schenectad	y, NY 12305	T			
Phone No: 518-374-9412	Phone No: 518-374-9412 E-mail: gilmoref@srg.		rch.com		

Part 8. Au	thorized Agent for this Application	
Authorized Agent Name: Whiteman, Osterman & Hanna,		
Mailing Address: One Commerce Plaza, Albany NY	1	
Phone No: (518) 487-7663	E-mail: tshepardson@woh.com	
Part (Check the box below that appli	Property Owner Consent es to this application and sign in the space indicated below)	
I am the Owner and have no other agent or represent	tative authorized to represent me in this application. I understand the application must be	
I hereby authorize the above listed Applicant and/or A and accurate prior to a hearing being scheduled, if rec Development permission to access the property for in	Agent to represent me in this application I understand the application must be complete quired, or a decision being made. I grant the City of Albany Department of Planning and aspection.	
Print Owner Name(s) I. ANNOW Slowe	Owner(s) Signature  Mr. Wison Assex, whes on the Pork, P	