



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

Part 1. APPLICATION FOR (Please check all application forms being submitted with this Master Application Form)		
<input type="checkbox"/> Development Permit	<input type="checkbox"/> Major Development Plan Review	<input type="checkbox"/> Design Review of Tall Buildings
<input type="checkbox"/> Minor Development Plan Review	<input type="checkbox"/> District Plan	<input type="checkbox"/> Amendment to Zoning Map or USDO Text
<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Conditional Use Permit	<input checked="" type="checkbox"/> Area Variance
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Use Variance
<input type="checkbox"/> Sidewalk and Outdoor Café Permit	<input type="checkbox"/> Subdivision of Land	<input type="checkbox"/> Floodplain Variance
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification	<input type="checkbox"/> Administrative Adjustment
Part 2. Written Description of Proposed Project/Activity		
To construct a 20 x 25 foot garage / shed which requires set back to be changesd		
Part 3. Property Information		
Project Name (if applicable):		
Project Address: 2 Woodridge Street Albany New York 12203		
Tax Identification No: 40.12-5-25	Lot Size (sq. ft.) 11,301 sq. ft.	
Zoning District: R-1L	Abutting Zone Districts(s):	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Anthony Navojosky and Sandra Navojosky		
Mailing Address: 2 Woodridge Street Albany New York 12203		
Phone No: (518) 312-7819	E-mail: anavojosky@gmail.com	
Part 5. Applicant Information (if different than property owner)		
Applicant Name:		
Mailing Address:		
Phone No:	E-mail:	
Part 6. Project Engineer Information (if applicable)		
Company Name:	Engineer Name:	License No:
Mailing Address:		
Phone No:	E-mail:	
Part 7. Project Architect Information (if applicable)		
Company Name:	Architect Name:	License No:
Mailing Address:		
Phone No:	E-mail:	

Part 8. Authorized Agent for this Application

Authorized Agent Name:

Mailing Address:

Phone No:

E-mail:

Part 9. Property Owner Consent

(Check 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.

Print Owner Name(s)

Anthony Navojosky

Sandra Navojosky

Owner(s) Signature

Anthony Navojosky
Sandra Navojosky

Date

8/28/17
8/28/17