



City of Albany
Department of Planning and Development
200 Henry Johnson Boulevard
Albany, New York 12210

FOR STAFF USE ONLY	
Date Submitted:	Fee Amt: N/A
Date Complete:	Fee Paid: N/A
Project #: 00032	Staff: EG

Master Development Application Form

Use this form for all development permit applications

Part 1: APPLICATION FOR		
(Please check all application items 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 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 checked="" 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		
Part 3: Property Information		
Project Name (if applicable):		
Project Address: 18 Irving Street Albany NY 12202		
Tax Identification No:	Lot Size (sq. ft.):	
Zoning District:	Abutting Zone Districts(s):	
Part 4: Property Owner Information		
Property Owner(s) Name(s):		
Mailing Address:		
Phone No:	E-mail:	
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 6: Authorized Agent for this Application

Authorized Agent Name:
Mailing Address:
Phone No: E-mail:


Part 7: Property Owner Consent

(Check the box below that applies to this application and fill 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)
Glenn Schworm

Owner(s) Signature:


Date
8/21/17