



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"/> <b>Development Permit</b>               | <input type="checkbox"/> <b>Major Development Plan Review</b>           | <input type="checkbox"/> <b>Design Review of Tall Buildings</b>      |
| <input type="checkbox"/> <b>Minor Development Plan Review</b>    | <input type="checkbox"/> <b>District Plan</b>                           | <input type="checkbox"/> <b>Amendment to Zoning Map or USDO Text</b> |
| <input type="checkbox"/> <b>Lot Line Adjustment</b>              | <input type="checkbox"/> <b>Conditional Use Permit</b>                  | <input type="checkbox"/> <b>Area Variance</b>                        |
| <input type="checkbox"/> <b>Lot Consolidation</b>                | <input type="checkbox"/> <b>Demolition Review</b>                       | <input type="checkbox"/> <b>Use Variance</b>                         |
| <input type="checkbox"/> <b>Sidewalk and Outdoor Café Permit</b> | <input type="checkbox"/> <b>Subdivision of Land</b>                     | <input type="checkbox"/> <b>Floodplain Variance</b>                  |
| <input type="checkbox"/> <b>Certificate of Appropriateness</b>   | <input type="checkbox"/> <b>Historic Property Hardship Modification</b> | <input type="checkbox"/> <b>Administrative Adjustment</b>            |

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

## Part 3. Property Information

|                               |                             |
|-------------------------------|-----------------------------|
| Project Name (if applicable): |                             |
| Project Address:              |                             |
| 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 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.

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- 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)**

**Owner(s) Signature**

**Date**

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