




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

FOR STAFF USE ONLY	
Date Submitted: 8.29.17	Fee Amt: N/A
Date Complete:	Fee Paid: N/A
Project #: 00042	Staff: EG

Master Development Application Form

Use this form for all development permit applications

Part 1: APPLICATION FOR		
(Please check all applications to be 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 checked="" 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		
Demolition of out of service coal smoke stack, poor condition, proactive removal.		
Part 3: Property Information		
Project Name (if applicable): Enickerhocker Chimney Demolition		
Project Address: 175 Jay St Albany 12210		
Tax Identification No: 16-24-3-17	Lot Size (sq. ft.) 17,460	
Zoning District: E-2C	Abutting Zone Districts(s):	
Part 4: Property Owner Information		
Property Owner(s) Name(s): Jay Street Alastments LLC		
Mailing Address: PO Box 9266 Schenectady NY 12309		
Phone No: 518 441-8101	E-mail: ezemoses@hotmail.com	
Part 5: Applicant Information (if different than property owner)		
Applicant Name: Eric Moses		
Mailing Address: SAA		
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 of this Application		
Authorized Agent Name: <u>Josh Snow - Marcia McGr</u>		
Mailing Address: <u>PO Box 9266 Schuyler - 12309</u>		
Phone No: <u>518 577-8044</u>	E-mail: <u>Joshsnow4392@gmail.com</u>	
Part 7: Property Owner Consent		
<small>(Check the box below that applies to this application and check the space indicated (yes/no))</small>		
<input type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 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) <u>Erica Moses</u>	Owner(s) Signature 	Date <u>8/15/17</u>



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

FOR STAFF USE ONLY	
Date Received: 8.29.17	Fee Paid: N/A
Date Complete:	Staff: EG
Project #: (major only) 00042	COA #: 0043
COA Classification Type:	<input type="checkbox"/> Minor <input checked="" type="checkbox"/> Major

Certificate of Appropriateness Application Form

Part 1: Application Notes

A Certificate of Appropriateness is required for all applications for permits involving any exterior alteration, restoration, reconstruction, demolition, new construction or moving of a locally designated historic landmark or a property within a local historic district.

Minor exterior work, such as exterior maintenance and repair, change of paint color, replacement of non-original material, and minor changes that do not materially change the historic characteristics of the property may be reviewed by the Chief Planning Official.

Major exterior work, such as new construction, demolition, substantial alterations and use of non-historically appropriate materials are subject to review, a public hearing and decision by the Historic Resources Commission

Note: A pre-application meeting is available upon request prior to submitting this application.

Part 2: Property Information

Project Address: 175 Jay Street	Tax ID #: 76-24-3-17
Name of Landmark or Historic District:	

Part 3: Project Information

Will the applicant be seeking State or Federal Historic Tax Credits for this project? Yes No

Proposed Project Description:
Demolition of deteriorating, out of service coal chimney as proactive safety measure.
(Tested neg. for asbestos, see attached)

Part 4: Alteration Work Information (new construction slip to Part 5)

Select the type of work to be performed (check all that apply)
 Painting Windows Doors Stoop/Rails Masonry Siding or Trim Work
 Fence or Wall Other: Demolition

A. Painting

Building Area / Feature	Proposed Color:	Brand:	Collection:
Body			
Trim			
Sash			
Door			
Other:			

(Include attachment of sample paint chips for all elected colors)

B. Windows

Number of windows to be: _____ Repaired _____ Replaced _____ Altered

Location (attached a diagram if necessary):

Existing Window Material (<i>wood, vinyl, etc.</i>):		Existing Window Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Configuration (<i>i.e., double-hung sash, 2/2, 6/1, 6/6, etc.</i>):			
Width:	Height:	Depth:	
If replacing, indicate the reason for replacement:			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			
C. Doors			
Number of doors to be: _____ Repaired _____ Replaced _____ Altered			
Location (<i>attached a diagram</i>):			
Existing Door Material (<i>wood, vinyl, etc.</i>):		Existing Door Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Configuration (<i>i.e. glass panes, divisions, decorative details and panels</i>):			
Width: _____ feet _____ inches	Height: _____ feet _____ inches		
If replacing, indicate the reason for replacement:			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			
D. Stoops/Rails			
Number of Stoops/Rails to be: _____ Repaired _____ Replaced _____ Altered			
Existing Stoop Material (<i>stone, wood, concrete, etc.</i>):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Existing Treads:	Width:	Depth:	Height:
Existing Rail Material: (<i>Iron, vinyl, wood, etc.</i>):	Existing Rails: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		
If replacing, indicate the reason for replacement:			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			
E. Masonry			
Type of Work: <input type="checkbox"/> Substantial Reconstruction <input type="checkbox"/> Minor Repair <input type="checkbox"/> Repointing			
Existing Material (<i>brick, stone, concrete, etc.</i>):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Location (<i>attached a diagram if necessary</i>):			
Type of mortar to be utilized:			
F. Siding or Trim Work			
Type of Work: <input type="checkbox"/> Full Residing <input type="checkbox"/> Minor Repair <input type="checkbox"/> Trim Work			
Existing Material (<i>wood, stucco, vinyl, etc.</i>):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Location (<i>attached a diagram if necessary</i>):			
Type of material to be utilized:			
G. Fence or Wall			
Type of Work: <input type="checkbox"/> Repair <input type="checkbox"/> Replacement			
Existing Fence/Wall Material: (<i>masonry, wood, vinyl, etc.</i>):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	

Location (attached a diagram if necessary):

Type of material to be utilized:

H. Other / Additional Notes

Part 5: New Construction or Additional Information (If applicable, skip to Part 6)

First Floor Building Area: _____ sq. ft. Total Gross Floor Area: _____ sq. ft.

Front Building Setback: _____ Feet Frontage Bulldout (ft.): _____ Feet

Building Height: _____ Feet _____ Stories

Describe how the proposed construction will relate to the architectural scale, massing, volumes and styles represented within the applicable historic district:

Indicate the proposed materials to be utilized, distinctive architectural features and ornamentation:

Part 6: Signage Information (If no proposed signage, skip to Part 7)

Sign 1	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft.	Width: _____	Depth: _____
	Material:		Projection from Wall: _____
	Mounting Style:		
Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
Sign 2	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft.	Width: _____	Depth: _____
	Material:		Projection from Wall: _____
	Mounting Style:		
Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
Sign 3	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft.	Width: _____	Depth: _____
	Material:		Projection from Wall: _____
	Mounting Style:		
Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
Sign 4	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft.	Width: _____	Depth: _____
	Material:		Projection from Wall: _____
	Mounting Style:		
Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			

Part 7: Submit All Requirements Checked

Part 7: Submittal Requirements Chart

	Required Documents	Hard Copies	Electronic Submission (.pdf) (Required Document Name)
A. Required for All Certificate of Appropriateness Applications			
<input type="checkbox"/>	Master Application Form	1	01_Master_Application_Form
<input type="checkbox"/>	Certificate of Appropriateness Application Form	1	02_Certificate_of_Appropriateness_Form
<input type="checkbox"/>	Color photographs of the property in context with surrounding properties, on printed paper.	1	03_Photos
B. Required for Alteration or Repair Applications			
<input type="checkbox"/>	Materials sample sheets showing color type, manufacturer, and item number of new materials being proposed	1	04_Material_Sample_Sheets
C. Required for New Construction and Additions			
<input type="checkbox"/>	Elevation Drawings	1	05_Elevations
<input type="checkbox"/>	Floor Plans	1	06_Floor_Plans
<input type="checkbox"/>	Vertical Building Section	1	07_Vertical_Building_Section
<input type="checkbox"/>	Building Rendering	1	08_Building_Rendering
D. Required for Signage Applications			
<input type="checkbox"/>	Color Sign Rendering	1	08_Sign_Drawing
<input type="checkbox"/>	Sign Mounting Detail	1	09_Sign_Mounting_Detail
<input type="checkbox"/>	Sign or Awning Material Information	1	10_Sign_Awning_Material_Information
E. Voluntary or Upon Request			
<input type="checkbox"/>	Any additional information determined to be necessary by the Chief Planning Official	1	[##]_[Document_Name]


AmeriSci New York

 117 EAST 30TH ST.
 NEW YORK, NY 10016
 TEL: (212) 679-8800 • FAX: (212) 679-3114

PLM Bulk Asbestos Report

 C. T. Male & Associates
 Attn: Michael Sawyer
 50 Century Hill Drive
 P.O. Box 727
 Latham, NY 12110

 Date Received 08/04/17 AmeriSci Job # 217081707
 Date Examined 08/06/17 P.O. #
 ELAP # 11480 Page 1 of 2
 RE: 15.5293; 175 Jay Street; Albany, NY

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
080317MS01 1	217081707-01 Location: Exterior Chlmney - Masonry / Cement	No	NAD (by NYS ELAP 198.1) by Bo Sun on 08/06/17
Analyst Description: Brown/Grey, Homogeneous, Non-Fibrous, Cementitious, Bulk Material Asbestos Types: Other Material: Non-fibrous 100 %			
080317MS02 1	217081707-02 Location: Exterior Chlmney - Masonry / Cement	No	NAD (by NYS ELAP 198.1) by Bo Sun on 08/06/17
Analyst Description: Brown/Grey, Homogeneous, Non-Fibrous, Cementitious, Bulk Material Asbestos Types: Other Material: Non-fibrous 100 %			
080317MS03 2	217081707-03 Location: Exterior Chlmney - Ext. Coating	No	NAD (by NYS ELAP 198.1) by Bo Sun on 08/06/17
Analyst Description: Grey, Homogeneous, Non-Fibrous, Cementitious, Bulk Material Asbestos Types: Other Material: Fibrous glass 2 %, Non-fibrous 98 %			
080317MS04 2	217081707-04 Location: Exterior Chlmney - Ext. Coating	No	NAD (by NYS ELAP 198.1) by Bo Sun on 08/06/17
Analyst Description: Grey, Homogeneous, Non-Fibrous, Cementitious, Bulk Material Asbestos Types: Other Material: Fibrous glass 3 %, Non-fibrous 97 %			
080317MS05 3	217081707-05 Location: Exterior Chlmney - Paint	No	NAD (by NYS ELAP 198.6) by Bo Sun on 08/06/17
Analyst Description: Grey, Homogeneous, Non-Fibrous, Bulk Material Asbestos Types: Other Material: Non-fibrous 40.9 %			

AmeriSci Job #: 217081707

Client Name: C. T. Male & Associates

PLM Bulk Asbestos Report

15.5293; 175 Jay Street; Albany, NY

Client No. / HGA	Lab No.	Asbestos Present	Total % Asbestos
080317MS06 3	217081707-06 Location: Exterior Chimney - Paint	No	NAD (by NYS ELAP 198.6) by Bo Sun on 08/06/17

Analyst Description: Grey, Homogeneous, Non-Fibrous, Bulk Material

Asbestos Types:

Other Material: Non-fibrous 35.7 %

Reporting Notes:



Analyzed by: Bo Sun

*NAD/NSD =no asbestos detected; NA =not analyzed; NA/PS=not analyzed/positive stop. (SOF-V) = Sprayed On Fireproofing containing Vermiculite; (SM-V) = Surfacing Material containing Vermiculite; PLM Bulk Asbestos Analysis by EPA 600/M4-82-020 per 40 CFR 763 (NVLAP 200546-0), ELAP PLM Method 198.1 for NY friable samples, which includes the identification and quantitation of vermiculite or 198.6 for NOB samples or EPA 400 pt ct by EPA 600/M4-82-020 (NY ELAP Lab 11480); Note:PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. NAD or Trace results by PLM are inconclusive, TEM is currently the only method that can be used to determine if this material can be considered or treated as non asbestos-containing in NY State (also see EPA Advisory for floor tile, FR 59,146,38970,8/1/94) National Institute of Standards and Technology Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the lab. This PLM report relates ONLY to the items tested. AIHA-LAP, LLC Lab ID 102843, RI Cert AAL-094, CT Cert PH-0186, Mass Cert AA000054.

Reviewed By: _____ END OF REPORT _____

Table I
Summary of Bulk Asbestos Analysis Results
 15.5293; 175 Jay Street; Albany, NY

AmeriSci Sample #	Client Sample#	HG Area	Sample Weight (gram)	Heat Sensitive Organic %	Acid Soluble Inorganic %	Insoluble Non-Asbestos Inorganic %	** Asbestos % by PLM/DS	** Asbestos % by TEM
01	080317MS01	1	—	—	—	—	NAD	NA
Location: Exterior Chimney - Masonry / Cement								
02	080317MS02	1	—	—	—	—	NAD	NA
Location: Exterior Chimney - Masonry / Cement								
03	080317MS03	2	—	—	—	—	NAD	NA
Location: Exterior Chimney - ExL Coating								
04	080317MS04	2	—	—	—	—	NAD	NA
Location: Exterior Chimney - ExL Coating								
05	080317MS05	3	0.215	31.2	27.9	40.9	NAD	NAD
Location: Exterior Chimney - Paint								
06	080317MS06	3	0.084	33.3	31.0	35.7	NAD	NAD
Location: Exterior Chimney - Paint								

Analyzed by: Marik Peysakhov ; Date Analyzed 8/7/2017

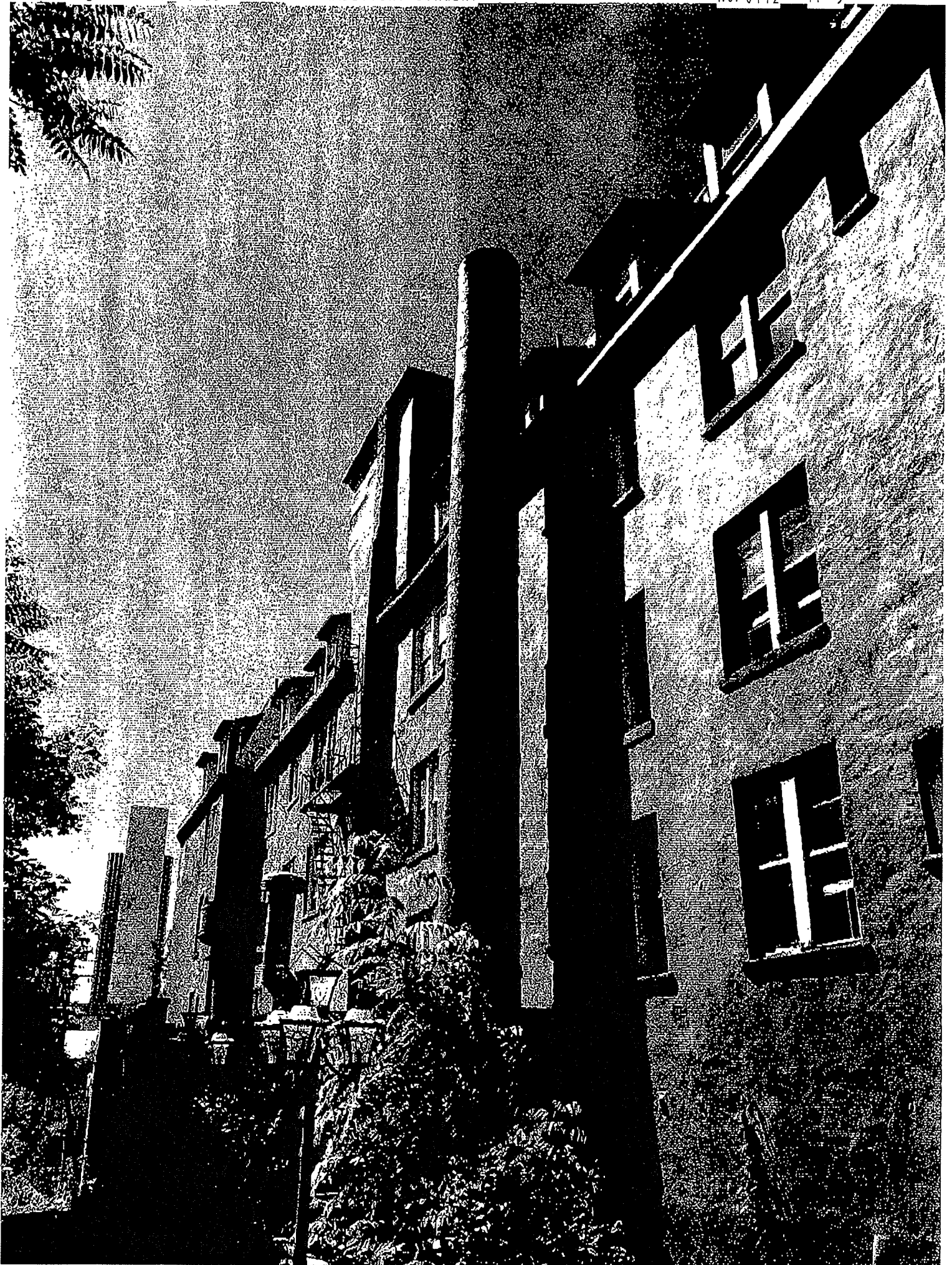
*Quantitative Analysis (Semi/Full): Bulk Asbestos Analysis - PLM by EPA 600/M4-82-020 per 40 CFR or ELAP 198.1 for New York friable samples or ELAP 198.6 for New York NOB samples; TEM (Semi/Full) by EPA 600/R-93/116 (not covered by NVLAP Bulk accreditation) or ELAP 198.4; for New York samples; NAD = no asbestos detected during a quantitative analysis; NA = not analyzed; Trace = <1%; (SOF-V) = Sprayed On Fireproofing containing Vermiculite; (SM-V) = Surfacing Material containing Vermiculite; Quantitation for beginning weights of <0.1 grams should be considered as qualitative only; Qualitative Analysis: Asbestos analysis results of "Present" or "NVA = No Visible Asbestos" represents results for Qualitative PLM or TEM Analysis only (no accreditation coverage available from any regulatory agency for qualitative analyses); NVLAP (PLM) 200546-0, NYSDOH ELAP Lab 11480, AIHA-LAP, LLC (PLM) Lab ID 102843.

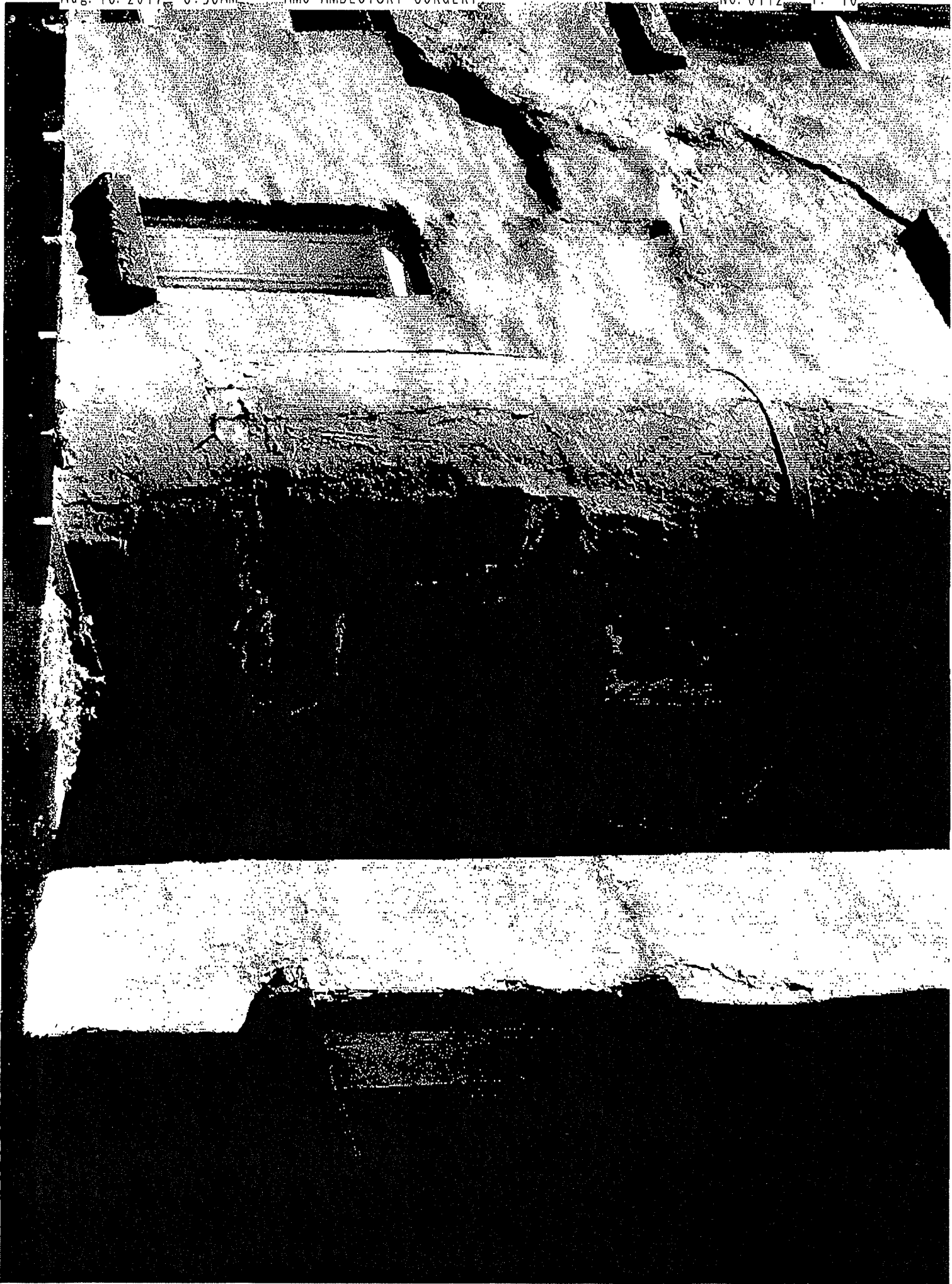
Warning Note: PLM limitation, only TEM will resolve fibers <0.25 micrometers in diameter. TEM bulk analysis is representative of the fine grained matrix material and may not be representative of non-uniformly dispersed debris for which PLM evaluation is recommended (i.e. soils and other heterogenous materials).

Reviewed By: _____

AUG. 16. 2017 8:35AM AMC AMBULATORY SURGERY

No. 0112 P. 8

















BUILDING-STRUCTURE INVENTORY FORM

DIVISION FOR HISTORIC PRESERVATION
NEW YORK STATE PARKS AND RECREATION
ALBANY, NEW YORK (518) 474-0479

FOR OFFICE USE ONLY
UNIQUE SITE NO. 00140.001424
QUAD _____
SERIES _____
NEG. NO. _____

90NR001-20

001-40-1424-004

YOUR NAME: _____ DATE: October 25, 1976

NOV 30 1976

YOUR ADDRESS: 545 Broadway TELEPHONE: 472-6643

ORGANIZATION (if any): Bureau of Cultural Affairs, Albany, N.Y.

IDENTIFICATION

- 1. BUILDING NAME(S): _____
- 2. COUNTY: Albany TOWN/CITY: Albany VILLAGE: _____
- 3. STREET LOCATION: 175 JAY ST.
- 4. OWNERSHIP: a. public b. private
- 5. PRESENT OWNER: Jay Apts., Inc. ADDRESS: _____
- 6. USE: Original: apartments Present: apartments
- 7. ACCESSIBILITY TO PUBLIC: Exterior visible from public road: Yes No
Interior accessible: Explain _____

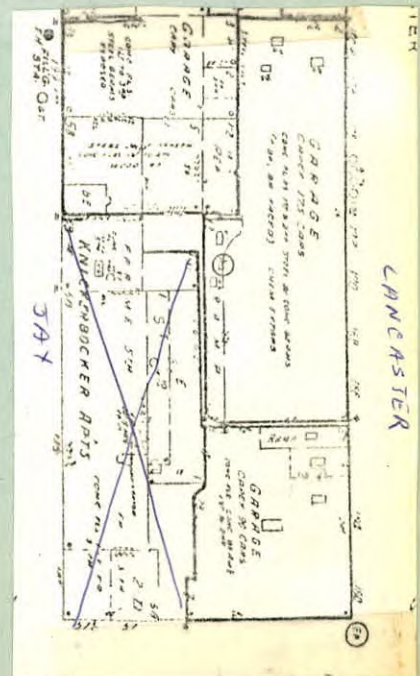
DESCRIPTION

- 8. BUILDING MATERIAL: a. clapboard b. stone c. brick d. board and batten
e. cobblestone f. shingles g. stucco other: _____
- 9. STRUCTURAL SYSTEM: (if known) a. wood frame with interlocking joints
b. wood frame with light members
c. masonry load bearing walls
d. metal (explain) _____
e. other _____
- 10. CONDITION: a. excellent b. good c. fair d. deteriorated
- 11. INTEGRITY: a. original site b. moved if so, when? _____
c. list major alterations and dates (if known): _____

12. PHOTO:



MAP:



14. THREATS TO BUILDING: a. none known b. zoning c. roads
 d. developers e. deterioration
 f. other: _____
15. RELATED OUTBUILDINGS AND PROPERTY:
 a. barn b. carriage house c. garage
 d. privy e. shed f. greenhouse
 g. shop h. gardens
 i. landscape features: _____
 j. other: _____
16. SURROUNDINGS OF THE BUILDING (check more than one if necessary):
 a. open land b. woodland
 c. scattered buildings
 d. densely built-up e. commercial
 f. industrial g. residential
 h. other: _____

17. INTERRELATIONSHIP OF BUILDING AND SURROUNDINGS:
 (Indicate if building or structure is in an historic district)

18. OTHER NOTABLE FEATURES OF BUILDING AND SITE (including interior features if known):

SIGNIFICANCE

19. DATE OF INITIAL CONSTRUCTION: 1910 - 1919

ARCHITECT: _____

BUILDER: _____

20. HISTORICAL AND ARCHITECTURAL IMPORTANCE:

21. SOURCES: Assessors, City of Albany Assessment Rolls, 1909 - 1976

22. THEME: