

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

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(Please check all	Part 1. AP application forms being	PLICATION FOR		on 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 Per	mit	☐ 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	on of Proposed F	Project/Activity		
§375-1(G): The Chief Planning Official shall be designated in this USDO to make a particula Appeals. An applicant may request a formal	r interpretation. The decis	ions of the Chief Plannii	ng Official are subject t	to appeal to the Board of Zoning	
	Part 3. Pro	perty Informatio	n in the second		
Project Name (if applicable):					
Project Address: 900 Central Avenue, Alban	y, New York				
Tax Identification No: 53.83-1-5	Lot Size (sq. ft.) 11.2 a		cres		
Zoning District: MU-CH Mixed Use Commer	rcial Highway Abutting Zone District		s(s): MU-CU; MU-CH; MU-NC; R-1M		
	Part 4. Proper	ty Owner Informa	ation		
Property Owner(s) Name(s): Somerset Asso	ciates, LP, 900 Central, LLC	C, Central Colvin Realty,	LLC and Dedham Post	Funding LLC	
Mailing Address: c/o Nigro Companies, 20 C	Corporate Woods Blvd, Alb	eany, NY 12211			
Phone No: (518) 436-8421	E-mail: spowers@nig				
Part 5. Applicant Information (if different than property owner)					
Applicant Name: Same					
Mailing Address:		T			
Phone No:		E-mail:			
Part	T T	er Information (i	f applicable)		
Company Name: N/A	Engineer N	ame:		License No:	
Mailing Address:					
Phone No:		E-mail:			
Part		ect Information (i	f applicable)		
Company Name: N/A	Architect N	lame:		License No:	
Mailing Address:		I			
Phone No:		E-mail:			

Ritte Authorize	ed Agent for this Application		a popular
Authorized Agent Name: John Allen, Esq. Whiteman, Osterman &	Наппа, ЦР		
Mailing Address: One Commerce Plaza. Albany, New York			
Chara Not are re-	E-mall: jallen@woh.com		
Part 9 Pro	operty Owner Consent his application and sign in the space indicated	helow)	1
I am the Owner and have no other agent or representative at complete and accurate prior to a hearing being scheduled, if Planning and Development permission to access the property	uthorized to represent me in this application. I unders required, or a decision being made, I grant the City of	tand the applica	ition must be lent of
I hereby authorize the above listed Applicant and/or Agent to and accurate prior to a hearing being scheduled, if required, Development permission to access the property for inspection	o represent me in this application, . I understand the a or a decision being made, I grant the City of Albany De	pplication must	be complete nning and
	ner(s) Signature	Date 9/25	-/17