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

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)

☒ 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 Permit	☐ 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 of Proposed Project/Activity

Repair windows.   Repair Fence   sheet Rock

Part 3. Property Information

Project Name (if applicable):

Project Address: 39 2nd St   Albany NY 12210

Tax Identification No:

Lot Size (sq. ft.)

Zoning District:

Abutting Zone Districts(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): oBaro ene   otitigbe

Mailing Address: 39 2nd St   Albany NY 12210

Phone No: 424 214 82 55   E-mail: oBaroene @ 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)

[X] 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)	Owner(s) Signature	Date
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