

# CITY OF ALBANY

NEW YORK  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

## FOR STAFF USE ONLY

Date Submitted:

Project #:

### MASTER DEVELOPMENT FORM: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

#### Part 1. APPLICATION FOR

(Please check all application forms being submitted with this Master Application Form)

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

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

Three Existing lots owned by Rehabilitation Support Services, Inc. to be developed as per Project Narrative and site redevelopment plans submitted and made a part hereof, including demolition of two buildings and lot line adjustments to create conforming lots for the project.

#### Part 3. Property Information

Project Name (if applicable): 292 2nd Street Program

Project Address: 288/292/296 Second Street, Albany, NY

Tax Identification No: 65.56-3-27 (288), 65.56-3-26 (292), 65.56-3-25 (296)

Zoning District: R2

Lot Size (sq. ft.) total area approx. 17,650 sq. ft.

#### Part 4. Property Owner Information

Property Owner(s) Name(s): Rehabilitation Support Services, Inc.- William DeVita, Director/ Tim Fogarty Dir. of Facilities

Mailing Address: 5172 Western Turnpike, Altamont, NY 12209

Phone No: 518-579-1511

E-mail: TFogarty@rehab.org or WmDevita@rehab.org

#### Part 5. Applicant Information (if different than property owner)

Applicant Name: Lemery Greisler LLC Charles Dumas, Esq. for RSS

Mailing Address: 50 Beaver Street Second Floor Albany, NY 12207

phone 518-433-8800

Phone No:

E-mail: CDumas@LemeryGreisler.com

#### Part 6. Authorized Agent for this Application

Authorized Agent Name: Lemery Greisler LLC Charles Dumas, Esq. for RSS

Mailing Address: 50 Beaver Street Second Floor Albany, NY 12207

Phone No: 518-433-8800

E-mail: CDumas@LemeryGreisler.com

#### Part 7. Project Engineer Information (if applicable)

Company Name: Zaremba Sopko

Engineer Name: Steve Sopko

License No: 055729

Mailing Address: 200 Broadway Suite 205 Troy, NY 12180

Phone No: 518-273-2552

E-mail: SteveSopko@Verizon.net

**Part 8. Project Architect Information (if applicable)**

Company Name: Architecture Plus	Architect Name: Brian Barker	License No: 020766
Mailing Address: 297 River Street Troy, NY 12180		
Phone No: 518-272-4481	E-mail: BarkerB@APlusUSA.com	