

FOR STAFF USE ONLY	
Date Submitted:	Project #:

MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)

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

Part 2. Brief Description of Proposed Project / Activity

REMOVE PORTION OF EXISTING PARKING LOT AND CONSTRUCTION OF SIX STORY BUILDING WITH COMMERCIAL SPACE AND PARKING ON THE FIRST FLOOR AND APARTMENTS ON THE UPPER FIVE FLOORS.

Part 3. Property Information

Project Name (if applicable): 745 BROADWAY Mixed USE
 Project Address: 745 BROADWAY
 Tax Identification No.: 65.83-1-28 Lot Size (sq. ft.): 60,081
 Zoning District: MU-CU Abutting Zone Districts(s): MU-DT

Part 4. Property Owner Information

Property Owner(s) Name(s): BROADWAY 915 LLC
 Mailing Address: 54 State St. Suite 800, Albany 12207
 Phone No.: 518-694-4720 E-mail: mlaronowitz@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: HERSHBERG & HERSHBERG Engineer Name: DANIEL R. HERSHBERG License No.: 044226
 Mailing Address: 18 LOCUST STREET, ALBANY NY 12203
 Phone No.: 518- 459-3096 E-mail: dan@hhershberg.com

Part 7. Project Architect Information (if applicable)

Company Name: HCP ARCHITECTS Architect Name: Benjamin J. Nassivera, License No.: 031587
 Mailing Address: 302 WASHINGTON AVENUE EXTENSION, ALBANY NY 12203
 Phone No.: 518-218-0614 x4229 E-mail: bnassivera@hcpdesign.com

Part 8. Authorized Agent for this Application

Authorized Agent Name: DANIEL R. HERSHBERG
 Mailing Address: 18 LOCUST STREET, ALBANY NY 12203
 Phone No.: 518- 459-3096 E-mail: dan@hhershberg.com

Part 5. 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 and other corresponding applications subject to review under the USDO. 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 and other corresponding applications subject to review under the USDO. I understand the application must be complete and accurate prior to a hearing being scheduled, if require, 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): Mark Aronowitz Owner(s) Signature: Mark Aronowitz Date: 5/31/19