

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

Part 2. Written Description of Proposed Project/Activity

Part 3. Property Information

Project Name <i>(if applicable)</i> :	
Project Address:	
Tax Identification No:	Lot Size (sq. ft.):
Zoning District:	Abutting Zone Districts(s):

Part 4. Property Owner Information

Property Owner(s) Name(s):	
Mailing Address:	
Phone No:	E-mail:

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 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)

Owner(s) Signature

Date

Seth R Meltzer