

FOR STAFF USE ONLY	
Date Submitted:	Project #:

MASTER APPLICATION: 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"/> 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 type="checkbox"/> Lot Line Adjustment	<input checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Use Variance
<input type="checkbox"/> Lot Consolidation	<input 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. Brief Description of Proposed Project / Activity		
Pint Sized, currently just a bottle shop located at 209 Lark Street, is looking to expand its operation by moving to 250 Lark Street to add a bar element to its business model.		
Part 3. Property Information		
Project Name (if applicable): Pint Sized		
Project Address: 250 Lark Street		
Tax Identification No.: 46-477-1227	Lot Size (sq. ft.): 1,000 sqft	
Zoning District: MU-NC	Abutting Zone Districts(s):	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Brian Alweiss		
Mailing Address:		
Phone No.: (917) 225-6204	E-mail: ablc0r@aol.com	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: PINT SIZED		
Mailing Address: 12 Robin Hood Court, Albany, NY 12210		
Phone No.: (518) 866-0676	E-mail: wearepint-sized@gmail.com	
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: August Rosa (Owner Pint Sized)		
Mailing Address: 12 Robin Hood Court, Saratoga Springs, NY 12210		
Phone No.: (518) 866-0676	E-mail:	
Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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: