

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

**Part 2. Brief Description of Proposed Project / Activity**

The applicant proposes to demolish the existing Residential Treatment Facility on site to construct a one-story 12,910 SF ± Residential Treatment Center. Total Parking on the Campus will be 322 spaces as per the previous approval granted for Behavioral Health Center and RTF. New lighting and landscaping is included. The Residential Treatment Facility will have new water and sewer connections, and a storm-water management system. The previously approved District Plan will be revised in accordance with the new Residential Treatment Center, and parking space striping throughout the site will be improved.

**Part 3. Property Information**

Project Name (if applicable): Residential Treatment Center

Project Address: 60 Academy Road

Tax Identification No.: 75.12-2-1.1

Lot Size (sq. ft.): 816,314 ±

Zoning District: MU-CI

Abutting Zone Districts(s): MU-CI

**Part 4. Property Owner Information**

Property Owner(s) Name(s): Parsons Child & Family Center

Mailing Address: 60 Academy Road, Albany, NY 12208

Phone No.: 518-426-2600

E-mail: audrey.lafrenier@northernrivers.org

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

Applicant Name: BBL Construction Services, LLC

Mailing Address: 302 Washington Ave. Extension, Albany, NY 12203

Phone No.: 518-452-8200

E-mail: jcrupi@bblinc.com

**Part 6. Project Engineer Information (if applicable)**

Company Name: Hershberg & Hershberg

Engineer Name: Daniel R. Hershberg

License No.: 044226

Mailing Address: 18 Locust St, Albany, NY 12203

Phone No.: 518-459-3096

E-mail: dan@hhershberg.com

**Part 7. Project Architect Information (if applicable)**

Company Name: WCGS Architects

Architect Name: Kurt Woodward, R.A

License No.:

Mailing Address: 20 Corporate Woods Boulevard, Albany, NY 12211

Phone No.: 518-434-2556

E-mail: kwoodward@wcgsarchitects.com

**Part 8. Authorized Agent for this Application**

Authorized Agent Name: Daniel R. Hershberg, P.E & L.S

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):

Parsons Child & Family Center

Owner(s) Signature:

*[Handwritten Signature]*

Date:

1/17/2019