

FOR STAFF USE ONLY

Date Submitted:	Project #:
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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 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 checked="" type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification
Part 2. Brief Description of Proposed Project / Activity		
Seeking a permit to install a sign for retail restaurant bar at 414 Broadway, Albany. Sign will be less than 32 sf (approx. 13 sf) and not project more than 5' from building facade.		
Part 3. Property Information		
Project Name (if applicable): Loch & Quay		
Project Address: 414 Broadway		
Tax Identification No.: 76.42-3-34	Lot Size (sq. ft.): 1,706	
Zoning District: MU-DT	Abutting Zone Districts(s): MU-DT	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Broadway 414 LLC		
Mailing Address: c/o Gleason Dunn, 40 Beaver Street, Albany, NY 12207		
Phone No.: 518-281-5870	E-mail: foconnor@gdwo.net	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Loch & Quay, LLC		
Mailing Address: c/o Gleason Dunn, 40 Beaver Street, Albany, NY 12207		
Phone No.: 518-281-5870	E-mail: foconnor@gdwo.net	
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: Frank C. O'Connor, III		
Mailing Address: 40 Beaver Street, Albany, NY 12207		
Phone No.: 518-281-5870	E-mail: foconnor@gdwo.net	
Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input checked="" 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): Broadway 414 LLC	Owner(s) Signature: <i>Frank C. O'Connor, Authorized Member</i>	Date: 1/31/2018