CITY OF ALBANY

CONTRACTOR		1000	-			-		-	4
o A									
4	Den			D		1			
The Contract of the Contract o		RTMEN							
Part of the	200 HE	NRY JOH	NSON	BOULEV	ARD I A	ALBANY	, NEV	V YOR	K 12210

	FOR	STAFF	USE	ONLY	
Date Submitte	d:		Projec	t #:	

MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1. APPLICATION FOR (Please	check all applica	ation forms being subm	nitted with this Master Ap	plication Form)			
☐ Development Plan Review	☐ Design Review		☐ Amendment to Zoning I				
☐ Administrative Adjustment	☐ District Plan		Area Variance				
☐ Lot Line Adjustment	☐ Conditional Us	e Permit	☐ Use Variance	-			
☐ Lot Consolidation	☐ Demolition Rev	riew	☐ Floodplain Variance				
☐ Subdivision of Land	☐ Certificate of A	ppropriateness	☐ Historic Property Hards	hip Modification			
Part	2. Brief Descripti	on of Proposed Project					
Build a new one family home at 15 Wood Terrace to replace a former home which was demolished.							
	Part 3. P	roperty Information					
Project Name (if applicable): Giacomo Giglio							
Project Address: 15 Wood Terrace Albany NY 1220	98						
Tax Identification No.:		Lot Size (sq. ft.): 5,750 s					
Zoning District: R-1L		Abutting Zone Districts(
	Part 4. Prop	erty Owner Information	◆				
Property Owner(s) Name(s): Giacomo Giglio		AMAZON AM					
Mailing Address: 215 Davis Place Albany NY 12208	3						
Phone No.:	W 4.0.0	E-mail: giacomogiglio@gi					
	oplicant Informat	ion (if different than pro	operty owner)				
Applicant Name: Vision Planning Consultants							
Mailing Address: PO Box 442 Newtonville NY 1212	8						
Phone No: 518-857-4486	4.6 Broinet Frei	E-mail: visionplanningcor					
Company Name: Advanced Engineering		neer Information (if app					
Mailing Address: 11 Herbert Drive Latham NY 1211		Name: Nick Costa	License	No.:			
Phone No.: 518-859-4153	<u> </u>	E mail: Neester - @i					
	t 7 Project Archi	E-mail: Ncostape@gmail tect Information (if app					
Company Name: Sofia Engineering	The same and the s	Name: Enzo Sofia	<u> </u>	Na.			
Mailing Address: 7 Lorna Lane Loudonville NY 122		Name. Enzo Sona	License	No.:			
Phone No.: 518-482-0067 E-mail: vsofia@nycap.rr.com							
Part 8. Authorized Agent for this Application							
Authorized Agent Name: Vision Planning Consultants							
Mailing Address: PO Box 442 Newtonville NY 12128							
Phone No.: 518-857-4486		E-mail: visionplanningcon	sultants@gmail.com				
Part 5. Property Owner Consent (Check	the box below th			ice 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:	CANADA TANA TANA TANA MARINA MAR	Date:			
Giacomo Giblio	1/2	/ Mui		2/24/18			