

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 checked="" 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 type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification

Part 2. Brief Description of Proposed Project / Activity

removal of existing partial facade and construction of new 6 unit building with new facade resembling the old one.

Part 3. Property Information

Project Name (if applicable):
 Project Address: 4 Madison Place
 Tax Identification No.: 76.49-1-8 Lot Size (sq. ft.): 3,238
 Zoning District: Abutting Zone Districts(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): Pearl Properties LLC (4 Madison Place LLC)
 Mailing Address: 1 Rapp Rd. Albany , N.Y 12203
 Phone No.: 518-464-9441 E-mail: adjrdetomdev@gmail.com

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

Applicant Name: Anthony DeThomasis
 Mailing Address: 1 Rapp Rd. Albany N.Y. 12203
 Phone No: 518-857-0678 E-mail:

Part 6. Project Engineer Information (if applicable)

Company Name: Sofia engineering Engineer Name: Enzo Sofia 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:

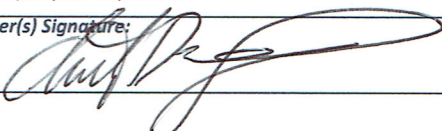
Part 8. Authorized Agent for this Application

Authorized Agent Name: Anthony DeThomasis
 Mailing Address: 1Rapp Rd. Albany ,N.Y. 12203
 Phone No.: 518-464-9441 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): **Anthony DeThomasis** Owner(s) Signature:  Date: **3/7/18**