

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

Certificate of Appropriateness - Replace the 6 existing non-original windows on the front of 183 Lancaster St. with 6 new wood sash double hung windows.

Attached are pictures of the existing façade of 183 Lancaster St showing the (6) non-original 1920s double hung windows requiring replacement. Also attached are pictures of the conditions of the windows. The attached pictures document extreme deterioration of the existing wood Vertical and Horizontal Jambs, Sills, Stiles Bottom and Meeting Rails, Stool and Apron of each window. The windows are not repairable and would require total removable to replace of all wood parts and glass, to do so would result in major inconvenience and security issues for the current tenants. Attached are the specification of the wood sash windows that would replace the existing windows.

Part 3. Property Information

Project Name (if applicable): Windows

Project Address: 183 Lancaster ST

Tax Identification No.: 14 184390 Lot Size (sq. ft.): NA

Zoning District: Abutting Zone Districts(s): NA

Part 4. Property Owner Information

Property Owner(s) Name(s): Joanne Genovese

Mailing Address: 32 Belvidere Ave

Phone No.: Albany NY 12203 E-mail: GenoveseTransprt@aol.com

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

Applicant Name:

Mailing Address:

Phone No: E-mail:

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:

Mailing Address:

Phone No.: 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.

Name(s): <i>Joanne Genovese</i>	Owner(s) Signature: <i>Joanne Genovese</i>	Date: <i>3/26/18</i>
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