

**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**

ADD A BLACK AWNING IN FRONT OF THE BUILDING.

**Part 3. Property Information**

Project Name (if applicable):	<u>TAYLOR AWNING</u>		
Project Address:	<u>203 LARK ST. aka 207</u>		
Tax Identification No.:	<u>46-3235602</u>	Lot Size (sq. ft.):	<u>3,750 sq. ft.</u>
Zoning District:	<u>MU-NC</u>	<u>65.80-3-27</u>	Abutting Zone Districts(s): <u>R-T</u>

**Part 4. Property Owner Information**

Property Owner(s) Name(s):	<u>LARK CENTER SQUARE, LLC</u>		
Mailing Address:	<u>502 VLY POINTE DR. NISKAYUNA NY, 12309</u>		
Phone No.:	<u>(818) 335-5329</u>	E-mail:	<u>PDYE BARLARTST@GMAIL.COM</u>

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

Applicant Name:	<u>WILL PHAN</u>		
Mailing Address:	<u>502 VLY POINTE DR NISKAYUNA, NY 12309</u>		
Phone No.:	<u>(818) 335-5329</u>	E-mail:	<u>PHANWILL@HOTMAIL.COM</u>

**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.

Print Owner Name(s): <u>WILL PHAN</u>	Owner(s) Signature: 	Date: <u>4-17-18</u>
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