

FOR STAFF USE ONLY	
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 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 checked="" 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**

We would like to convert the legal use from single family, to 2 family. Property falls in a 2family zoning. It had an iron law space in the basement, which was renovating prior to knowing the legal use. The total living square footage is 1,615 SF. The basement SF is 764 (living space). We are under contract to sell the building as a 2 family and want to try our best to convert.

**Part 3. Property Information**

Project Name (if applicable):

Project Address: 35 Glenwood St. Albany NY 12208

Tax Identification No.: 64-85-2-27 Lot Size (sq. ft.):

Zoning District: B2-Two family Abutting Zone Districts(s):

**Part 4. Property Owner Information**

Property Owner(s) Name(s): BECK DE LLC

Mailing Address: 204 Winding Brook Road New Rochelle NY

Phone No.: 518-290-0116 E-mail: Ronald.Stein@Att.net

**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: Madison Park Management

Mailing Address: 747 Madison Ave Suite 201 Albany NY 12208

Phone No.: 518-598-4000 E-mail: Management@MPAlbany.com

**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): Ronald Stein Owner(s) Signature: [Signature] Date: 5/9/18