

# CITY OF ALBANY



# NEW YORK

DEPARTMENT OF PLANNING AND DEVELOPMENT  
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

## FOR STAFF USE ONLY

Date Submitted: 5/9/18 Project #: 00187

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

#### Part 2. Brief Description of Proposed Project / Activity

#### Part 3. Property Information

Project Name (if applicable): WINDOW REPAIRMENT  
 Project Address: 102 LAV ALBANY NY  
 Tax Identification No.: \_\_\_\_\_ Lot Size (sq. ft.): \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Abutting Zone District(s): \_\_\_\_\_

#### Part 4. Property Owner Information

Property Owner(s) Name(s): FADIL SYLA  
 Mailing Address: 10 STILL WOOD DR ALBANY NY, 12009  
 Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Applicant Name: SAME  
 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.

Print Owner Name(s): FADIL SYLA  
 Owner(s) Signature:   
 Date: 12-4-18