CITY OF ALBANY



FOR STAFF USE ONLY

Date Submitted: 5.23.18 Project #: 00188

MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

WINOTER ALL ELOATION. USE THIS			
Part 1. APPLICATION FOR (Please		201 To Control Const Street St	A THE CHARLES AND THE REAL PROPERTY OF THE PRO
☐ Development Plan Review	☐ Design Review of Tall Bu	ildings	t to Zoning Map or USDO Text
☐ Administrative Adjustment	☐ District Plan	☐ Area Varia	ıce
☐ Lot Line Adjustment	☐ Conditional Use Permit	☐ Use Variand	ce
☐ Lot Consolidation	☐ Demolition Review	☐ Floodplain	Variance
☐ Subdivision of Land	■ Certificate of Appropriate	eness 🗆 Historic Pro	perty Hardship Modification
Part 2. Brief Description of Proposed Project / Activity			
change store Front			
Part 3. Property Information			
Project Name (if applicable): 46	state so	<u>^</u> .	
Project Address:	γ		
Tax Identification No.:		e (sq. ft.):	
oning District: Abutting Zone Districts(s):			
Part 4. Property Owner Information			
Property Owner(s) Name(s):	Mostopos	105	
Mailing Address: [39 Bie	ch man R	= 2 aver 1125	>3 (
Phone No.: 513 441-074		1 to to porte	brothers Inc 10,
Part 5. Applicant Information (if different than property owner)			
Applicant Name:			
Mailing Address:	*		
Phone No:	E-mail:		
CONTRACTOR OF THE PERSON OF TH	rt 6. Project Engineer Info	rmation (if applicable)	
Company Name:	Engineer Name:		License No.:
Mailing Address:			
Phone No.: E-mail: Part 7. Project Architect Information (if applicable)			
		rmation (ii applicable)	License No.
Company Name:	Architect Name:		License No.:
Mailing Address: Phone No.:	E-mail:	8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Part 8. Authorized Agent for this Application			
Authorized Agent Name:			
Mailing Address: Phone No.:	E-mail:	-	
Part 5. Property Owner Consent (Check			n 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): Gus Mouto Poclos	Owner(s) Signature	las	Date: