

CITY OF ALBANY



NEW YORK

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

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 checked="" 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

Area variances to allow for signs, replacement of sign/sign content due to a name change to the building.

Part 3. Property Information

Project Name (if applicable): 1475 Washington Avenue
 Project Address: 1475 Washington Avenue
 Tax Identification No.: 53-1-30 Lot Size (sq. ft.): apx. 43,560 sq. ft. (1 acre)
 Zoning District: MU-CU Abutting Zone Districts(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): 1475 Washington Avenue Associates, LLC
 Mailing Address: c/o Donald Zee, P.C. 1 Winners Circle, Suite 140, Albany, NY 12205
 Phone No.: 518-489-9423 E-mail: donaldzee@msn.com

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

Applicant Name: N/A
 Mailing Address:
 Phone No.: E-mail:

Part 6. Project Engineer Information (if applicable)

Company Name: N/A Engineer Name: License No.:
 Mailing Address:
 Phone No.: E-mail:

Part 7. Project Architect Information (if applicable)

Company Name: N/A Architect Name: License No.:
 Mailing Address:
 Phone No.: E-mail:

Part 8. Authorized Agent for this Application

Authorized Agent Name: Donald Zee, P.C. (Andrew Brick, Esq.)
 Mailing Address: 1 Winners Circle Suite 140, Albany, NY 12205
 Phone No.: 518-489-9423 E-mail: donaldzee@msn.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): Owner's consent attached	Owner(s) Signature:	Date: 06/08/2018
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