



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"/> <i>Development Plan Review</i>	<input type="checkbox"/> <i>Design Review of Tall Buildings</i>	<input type="checkbox"/> <i>Amendment to Zoning Map or USDO Text</i>
<input type="checkbox"/> <i>Administrative Adjustment</i>	<input type="checkbox"/> <i>District Plan</i>	<input checked="" type="checkbox"/> <i>Area Variance</i>
<input type="checkbox"/> <i>Lot Line Adjustment</i>	<input type="checkbox"/> <i>Conditional Use Permit</i>	<input type="checkbox"/> <i>Use Variance</i>
<input type="checkbox"/> <i>Lot Consolidation</i>	<input type="checkbox"/> <i>Demolition Review</i>	<input type="checkbox"/> <i>Floodplain Variance</i>
<input type="checkbox"/> <i>Subdivision of Land</i>	<input type="checkbox"/> <i>Certificate of Appropriateness</i>	<input type="checkbox"/> <i>Historic Property Hardship Modification</i>

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

One Story Addition to Existing First Floor Dental Office. Addition to include a Handicap accessible restroom and entry area. Work also to include new Sidewalks and Handicap Ramp.

**Part 3. Property Information**

Project Name (if applicable): Drs Lipnick and Giglio Office	
Project Address: 822 New Scotland Avenue	
Tax Identification No.: 75.23-1-1	Lot Size (sq. ft.): 5447 sq ft
Zoning District: R-1M	Abutting Zone District(s): MU-NE, R-2

**Part 4. Property Owner Information**

Property Owner(s) Name(s): Lipnick and Giglio Dental	
Mailing Address: 822 New Scotland Avenue, Albany, NY 12208	
Phone No.: 518-482-6936	E-mail: vinnygiglio@gmail.com

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

Applicant Name: Daniel Sanders	
Mailing Address: 252 Washington Avenue, Albany, NY 12210	
Phone No: 518-426-3544	E-mail: dsanders@sandersarchitects.com

**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: Harris A. Sanders, Architects, P.C.	Architect Name: Daniel Sanders	License No.: 024004
Mailing Address: 252 Washington Avenue Albany, NY 12210		
Phone No.: 518-426-3544	E-mail: dsanders@sandersarchitects.com	

**Part 8. Authorized Agent for this Application**

Authorized Agent Name: Daniel Sanders	
Mailing Address: 252 Washington Avenue, Albany, NY 12210	
Phone No.: 518-426-3544	E-mail: dsanders@sandersarchitects.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 required, 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): Vinny Giglio	Owner(s) Signature: 	Date: June 6, 2018
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