



City of Albany  
 Department of Planning and Development  
 200 Henry Johnson Boulevard  
 Albany, New York 12210

FOR STAFF USE ONLY	
Date Submitted:	Fee Amt:
Date Complete:	Fee Paid:
Project #:	Staff:

# Master Development Application Form

Use this form for all development permit applications

## Part 1. APPLICATION FOR (Please check all application forms being submitted with this Master Application Form)

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

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

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## Part 3. Property Information

Project Name <i>(if applicable)</i> :	
Project Address:	
Tax Identification No:	Lot Size (sq. ft.):
Zoning District:	Abutting Zone Districts(s):

## Part 4. Property Owner Information

Property Owner(s) Name(s):	
Mailing Address:	
Phone No:	E-mail:

## 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:

Mailing Address:

Phone No:

E-mail:

**Part 9. 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 application. 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.


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- I hereby authorize the above listed Applicant and/or Agent to represent me in this application. . 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)**

**Owner(s) Signature**

**Date**

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