



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

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

**Part 3. Property Information**

Project Name (if applicable):

Project Address:

Tax Identification No.:	Lot Size (sq. ft.):
Zoning District:	Abutting Zone District(s):

**Part 4. Property Owner Information**

Property Owner(s) Name(s):

Mailing Address:

Phone No.:	E-mail:
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**Part 5. Applicant Information (if different than property owner)**

Applicant Name:

Mailing Address:

Phone No.:	E-mail:
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**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:
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**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.

<b>Print Owner Name(s):</b>	<b>Owner(s) Signature:</b>	<b>Date:</b>
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