

**MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS**

**Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)**

<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Historic Property Hardship Modification
<input type="checkbox"/> Amendment to Zoning Map or USDO Text	<input type="checkbox"/> Design Review of Tall Buildings	<input type="checkbox"/> Lot Modification
<input type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Wall Display Application
<input checked="" type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Special On-Premises Sign Program
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____

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

Restoration of Albany City Hall Steps and Railings

**Part 3. Property Information**

Project Name (if applicable): Restoration of Albany City Hall Steps and Railings

Project Address: 24 Eagle Street

Tax Identification No.: 76-34-2-39	Lot Size (sq. ft.): 20,500
Zoning District: MU-DT	Abutting Zone District(s):

**Part 4. Property Owner Information**

Property Owner(s) Name(s): City of Albany

Mailing Address: 24 Eagle Street

Phone No.: (518) 427-7481	Email: rmilano@albanyny.gov
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**Part 5. Applicant Information (if different than property owner)**

Applicant Name:

Mailing Address:

Phone No.:	Email:
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**Part 6. Project Engineer/Surveyor Information (if applicable)**

Company Name:	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

**Part 7. Project Architect Information (if applicable)**

Company Name: James Daly Tobin - Architects	Architect Name: James Tobin	License No.: 14737
Mailing Address: 15 Dark Bay Lane Lake George, New York 12845		
Phone No.: (518) 668-3609	Email: jimjdta@roadrunner.com	

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

Authorized Agent Name:

Mailing Address:

Phone No.:	Email:
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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.

Print Owner Name(s): Randall J. Milano	Owner(s) Signature(s): 	Date: 9/19/19
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