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 #:

OWNER'S CONSENT FORM

Part 1. Application Notes

1. An Owner's Consent Form is required for any application in which the Applicant is not the owner on record for the subject property.
2. Where a property has multiple owners or where multiple properties are the subject of an application, signatures from each owner on record is required.
3. If the owner on record is a corporation or other entity, please provide the office / title held by signatory.

Part 2A. Property 1 Information

Property Address: 95 Central AveAlbany, NY 12206	Tax Id No.: 65.72-3-72

Part 2B. Property 2 Information

Property Address:	Tax Id No.:

Part 2C. Property 3 Information

Property Address:	Tax Id No.:

Part 3. Owner's Consent

The undersigned, Lillan M. Moy (Legal Aid Society of NENY) (Owner(s)) being the owner(s) of the land to which this application relates authorizes Lillian M. Moy (Applicant) to file zoning and/or land development petitions or request the applicable permits for the afore mentioned address. This consent shall remain in effect until revoked by a written statement filed with the Department of Planning and Development of the City of Albany, New York; and hereby:

1. Consent to the making of this application and hereby grants the City of Albany the power of entry to carry out inspections in relation to any land or work to which this application relates.
2. Consent to the City of Albany displaying and copying this application and supporting documentation, including designs, for the purpose of obtaining, when necessary, public comment.
3. Certify that the copyright of such supporting documentation, including designs, is vested to me/us.
   (to be signed by all property owners of record)

Executed this 23 (Day) day of December (Month) 20 18 (Year) under penalty of perjury of the laws of the State of New York.

Print Name: Lillian M. Moy

Title*: Executive Director

Signature: _____

Print Name: _____

Title*: _____

Signature: _____

* If the owner of record is a corporation or other entity, fill in the office held by the signatory.