

ORIGINAL APPLICATION SUBMITTED BY A.J.SIGN COMPANY CITY OF ALBANY

Exhibit D

DEPARTMENT OF PLANNING AND DEVELOPMENT
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

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 checked="" type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Wall Display Application
<input 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		
Install 14.25' x 6" (7.125 sq ft) set of pinmounted Aluminum letters copy to read "Michelle Cuzzo Borispnok '80 House" on front facade of building		
Part 3. Property Information		
Project Name (if applicable): College of St Rose - Donor sign		
Project Address: 1020 Madison Ave		
Tax Identification No.: 64-59-4-3	Lot Size (sq. ft.): 36 Acres 15620 sq ft	
Zoning District: MU-NE	Abutting Zone District(s):	
Part 4. Property Owner Information		
Property Owner(s) Name(s): The College of St Rose		
Mailing Address: 432 Western Ave Albany NY		
Phone No.: 518-454-2066	Email: polleyd@strosoc.edu	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: AJSigns		
Mailing Address: 842 Saratoga Rd Bount Hills NY 12027		
Phone No.: (518) 399 9291	Email: kristen@ajsigs.com	
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:	Architect Name:	License No.:
Mailing Address:		
Phone No.:		
Email:		
Part 8. Authorized Agent for this Application		
Authorized Agent Name: Thomas Wrecker		
Mailing Address: 842 Saratoga Rd Bount Hills NY 12027		
Phone No.: (518) 399 9291	Email: Tom@ajsigs.com	
Part 9. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 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): Debra Lee Polley	Owner(s) Signature(s): Debra Polley	Date: 10/1/19