

FOR STAFF USE ONLY	
Date Submitted:	Project #:

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 checked="" 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 Consolidation
<input type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Lot Line Adjustment
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Subdivision of Land
<input checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other (Include in description)

Part 2. Brief Description of Proposed Project / Activity
Renovations to existing building including demolition of garage and small addition. Building will be converted from a dormitory to a mixed use of living/learning space for a woman's leadership program with housing for 7 students above.

Part 3. Property Information	
Project Name (if applicable):	
Project Address: 1020 Madison Avenue	
Tax Identification No.: 64.59-4-3	Lot Size (sq. ft.): 15,620
Zoning District: MU-NE	Abutting Zone Districts(s): MU-CI/MU-CU

Part 4. Property Owner Information	
Property Owner(s) Name(s): The College of Saint Rose	
Mailing Address: 432 Western Avenue, Albany NY 12203	
Phone No.: 518-454-5216	E-mail: polleyd@strose.edu

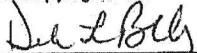
Part 5. Applicant Information (if different than property owner)	
Applicant Name: Debra Lee Polley	
Mailing Address: 432 Western Avenue, Albany, NY 12203	
Phone No.: 518-454-5216	E-mail: polleyd@strose.edu

Part 6. Project Engineer Information (if applicable)		
Company Name: Hershberg & Hershberg	Engineer Name: Daniel Hershberg	License No.: 044226
Mailing Address: 18 Locust Street, Albany, NY 12203		
Phone No.: 518-459-3096	E-mail: hhershberg@aol.com	

Part 7. Project Architect Information (if applicable)		
Company Name: 3T Architects	Architect Name: Geoff L. MacDonald JR.	License No.: 024533
Mailing Address: 283 River Street, Troy, Ny 12180		
Phone No.: 518-618-0900	E-mail: geoffm@3tarchitects.com	

Part 8. Authorized Agent for this Application	
Authorized Agent Name: John Ellis	
Mailing Address: The College of Saint Rose 432 Western Avenue, Albany, NY 12203	
Phone No.: 518-454-5166	E-mail: ellisj@strose.edu

Part 5. 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 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): Debra Lee Polley	Owner(s) Signature: 	Date: 1/29/19
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