## CITY OF ALBANY



FOR STA	FF 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)							
☐ Administrative Adjustment	☐ Demolition Review		☐ Historic Property Hardship Modification				
☐ Amendment to Zoning Map or USDO Text	☐ Design Review of Tall Buildings		☐ Lot Consolidation				
Area Variance	☐ Development Ple	an Review	■ Lot Line Adjustment				
☐ Certificate of Appropriateness	☐ District Plan		☐ Subdivision of Land				
☐ Conditional Use Permit	☐ Floodplain Varia	nce	☐ Other (include in description)				
Part	TO STORY AND DESCRIPTION OF THE PARTY OF THE	n of Proposed Project					
Habitat for Humanity Capital District (HFHCD) proposes to construct an three infill single family homes on a vacant lot which is adjacent to an existing home on one side. The adjacent home at 286 Orange St has a "zero setback" therefore with given the 3'6" maximum setback allowed in R-T zoning, maintaining a safe distance during construction is not possible During construction of the building foundation, standard excavation practice requires a 3' over-dig (spacing) on both sides of the foundation wall which would only leave 6" of support which is not advisable for an older foundation.							
Project Name (if applicable).	Part 3. Pro	perty Information					
Project Name (if applicable): Project Address: 288 Orange St							
Tax Identification No.: 65.73-2-38		1					
Zoning District: R-T		Lot Size (sq. ft.): 2250					
20thing Protect. 14.1	Dort 4 Dress	Abutting Zone Districts(s	s): K-1	TO COMPANY NO PROPERTY AND ADDRESS OF THE PARTY OF THE PA			
Property Owner(s) Name(s): Habitat for Human		ty Owner Information					
Mailing Address: 207 Sheridan Ave, Albany, N							
Phone No.: 518 462-2993	11 12210	F il frad@hahitataa	1				
	onlicant Informatio	E-mail: fred@habitatco n (if different than pro	•				
Applicant Name:	phoant informatio	ii (ii dilierent than pro	perty owner)				
Mailing Address:							
Phone No:		E-mail:					
CONTROL OF THE CONTRO	t 6 Project Engine	er Information (if appl	ionhlo)				
Company Name: Maser Consulting PA		ame: Lucas Boyer	icable)	Liganes No. 050880			
Mailing Address: 18 Computer Drive East, Su							
Phone No.: 518 459-3252	,,	E-mail: lboyer@maser	consulting com				
Par	t 7. Project Archite	ct Information (if appl					
Company Name: Troy Architecture Practice, P		ame: Laura Ryder	iodibio)	License No.:			
Mailing Address: 210 River Street, Troy, NY 12				License No			
Phone No.: 518 274-3050 E-mail: ryder@tapinc.org							
Part 8. Authorized Agent for this Application							
Authorized Agent Name:							
Mailing Address:							
Phone No.:		E-mail:					
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.							
bepartment of Flamming and Development permission to access the property for inspection.							
Christive Schulde Owner(s) Signature: Date: 2/27/19							