CITY OF ALBANY

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Date Submitted:

Project #:

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, II, N.P.2),	DEPA	RTMENT	OF I	PLANNING	AND	DEVELOP	MENT
Egg9-agf	200 HE	NRY JOHN	SON B	OULEVARD	ALBANY	, NEW YORK	12210

MASTER APPLICATION: USE THIS							
Part 1. APPLICATION FOR (Plea	ise check all appl	ications bei	ng submitted	l with this Maste	r Application Form)		
Administrative Adjustment	☐ Demolition Rev	lew		☐ Historic Propert	y Hardship Modification		
☐ Amendment to Zoning Map or USDO Text	Design Review	of Tall Buildin	gs (☐ Lot Consolidation			
☐ Area Variance	Development P	lan Review		Lot Line Adjustn	nent		
☐ Certificate of Appropriateness	☐ District Plan			☐ Subdivision of Land			
Conditional Use Permit	☐ Floodplain Vari	lance		☐ Other (include i	n description)		
Part	2. Brief Descripti	on of Propo	sed Project /	Activity			
Convenience store with self service gasoline	. Single bay autor	natic car was	h.				
					•		
Part Company Company (1)	Boot 2. C	roperty info	rmetion				
Orainst Nama (if anylinghla)	Falte, F	ropeny inic	mation				
Project Name (if applicable):	Civala a partian of	Od Otata En	m. Dood	······································			
Project Address: 31 Karner Road, Corporate Tax Identification No.: 41.00-2-49,50,40.20-1				~ ~			
Zoning District: Light Industrial	- 1		q. ft.): +/- 1.5				
Zoning District. Light industrial	Part 4. Prop			: Light Industrial			
Property Owner(s) Name(s): Pthreeorion Lp C		ieny owner	monnamon				
Mailing Address: 25 Corporate Circle Drive,		IV 12202					
Phone No.: 518-690-4314	ste. 100, Albany, is		td@hoffmane	nterprises.com			
	Applicant Informa						
Applicant Name: Stewart's Shops	sppiicant inionna	uon (n unie	ent than pro	perty owner,			
Mailing Address: PO Box 435, Saratoga Spr	ings NV 10066			··········			
Phone No: 518-605-1899	ings, (4) 12000	E-mail: T	ronta@staws	rtsshops.com			
	art 6. Project Engi	THE RESIDENCE AND PARTY OF THE	*********				
Company Name: Stewart's Shops	Engineer		adon (n opp	iodoic)	License No.:		
Malling Address: PO Box 435, Saratoga Spi		Trutific.			License Hox		
Phone No.: 518-581-1201		E-mail:					
	art 7. Project Arch		ation (if app	icable)			
Company Name: Stewart's Shops	Architec		, , , , ,	•	License No.:		
Mailing Address: PO Box 435, Saratoga Spri							
Phone No.: 518-581-1201	3-7	E-mail:					
	Part 8. Authorize	ed Agent for	this Applica	tion			
Authorized Agent Name: Stewart's Shops		<u> </u>					
Mailing Address: PO Box 435, Saratoga Spr	ings, NY 12866	***************************************		······································			
Phone No.: 518-605-1899		E-mail: T	ronte@stewa	rtsshops.com			
Part 5. Property Owner Consent (Chec	k the box below t				the space indicated below)		
☐ I am the Owner and have no other agent or repre USDO. I understand the application must be com Albany Department of Planning and Development	plete and accurate prio	r to a hearing b	eing scheduled, i				
I hereby authorize the above listed Applicant and understand the application must be complete and Department of Planning and Development permis	accurate prior to a her sion to access the prop	aring being scho perty for inspect	duled, if require		nade. I grant the City of Albany		
Print Owner Name(s): [Homas Hoffman]	Owner	s) Signature:	HH.	and the second s	Date: //28//9		