

**MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS**

**Part 1. APPLICATION FOR (Please check all application forms being submitted with this Master Application Form)**

<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Design Review of Tall Buildings	<input type="checkbox"/> Amendment to Zoning Map or USDO Text
<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> District Plan	<input type="checkbox"/> Area Variance
<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Use Variance
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Floodplain Variance
<input type="checkbox"/> Subdivision of Land	<input checked="" type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification

**Part 2. Brief Description of Proposed Project / Activity**

awning w/ lettering

**Part 3. Property Information**

Project Name (if applicable):  
 Project Address:  
 Tax Identification No.: Lot Size (sq. ft.):  
 Zoning District: Abutting Zone District(s):

**Part 4. Property Owner Information**

Property Owner(s) Name(s): 219 Lark St. LLC  
 Mailing Address: 128 E. Broadway, Box 589 New York, NY 10002  
 Phone No.: 518 201-6146 E-mail:

**Part 5. Applicant Information (if different than property owner)**

Applicant Name: Maryanne Repecki  
 Mailing Address: 97 Esplanade St. Selkirk, NY 12158  
 Phone No.: 518-368-4734 E-mail: tsflowermkt@aol.com

**Part 6. Project Engineer Information (if applicable)**

Company Name: 4th generation Awning Engineer Name: License No.:  
 Mailing Address: 50 Wutzel Road, Troy NY 12182  
 Phone No.: 518 235-4474 E-mail:

**Part 7. Project Architect Information (if applicable)**

Company Name: Architect Name: License No.:  
 Mailing Address:  
 Phone No.: E-mail:

**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 Department of Planning and Development permission to access the property for inspection.

Print Owner Name(s): Owner(s) Signature: Date: