

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 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

The project involves the demolition of an existing 2 story residential building which is dilapidated and unsafe for the general public. The lot will be converted to green space for the use of occupants of the adjacent 315/317 Sheridan Ave Interfaith Partnership for the Homeless properties.

Part 3. Property Information

Project Name (if applicable):

Project Address: 303 Sheridan Ave

Tax Identification No.: 65.72-1-36 Lot Size (sq. ft.): 2178

Zoning District: R-2 Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): Interfaith Partnership for the Homeless

Mailing Address: 176 Sheridan Ave

Phone No.: 518-434-8021 E-mail: janiner@interfaithpartnership.com

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

Applicant Name: Janine Robitaille

Mailing Address: 176 Sheridan Ave

Phone No.: 518-434-8021 E-mail: janiner@interfaithpartnership.com

Part 6. Project Engineer Information (if applicable)

Company Name: Proper & O'leary Engineer Name: Daniel Proper License No.: 074780

Mailing Address: 4 Maple Lane South PO Box 775 Valatie, NY 12184

Phone No.: 518-610-8331 E-mail: dproper@po-eng.com

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: Daniel Proper

Mailing Address: 4 Maple Lane South PO Box 775 Valatie, NY 12184

Phone No.: 518-610-8331 E-mail: dproper@po-eng.com

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): Janine Robitaille Owner(s) Signature:  Date: 5/11/19