

CITY OF ALBANY



NEW YORK
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

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 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 checked="" 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

Convert existing office building to 35 apts. including 4th fl addition - 28 1BR, 1 2BR, 6 3BR

Part 3. Property Information

Project Name (if applicable): 152 Washington Apartments
 Project Address: 152 Washington Ave.
 Tax Identification No.: 76.24-7-1 Lot Size (sq. ft.): 8817
 Zoning District: MU-CU Abutting Zone Districts(s): NA

Part 4. Property Owner Information

Property Owner(s) Name(s): 152 Washington LLC
 Mailing Address: 2158 82nd Street, Brooklyn, NY 11214
 Phone No.: 917-693-1542 E-mail: david@davidsterm.com

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

Applicant Name: NA
 Mailing Address:
 Phone No.: E-mail:

Part 6. Project Engineer Information (if applicable)

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

Part 7. Project Architect Information (if applicable)

Company Name: Kurzon Architects Architect Name: Robert C. Kurzon License No.: 11498 NY
 Mailing Address: 90 State Street, Albany, NY 12207
 Phone No.: 518-463-3492 E-mail: robert.kurzon@kurzonarchitects.com

Part 8. Authorized Agent for this Application

Authorized Agent Name: Nadine Shadlock, Esq.
 Mailing Address: 12 Van Rensselaer Blvd., Albany, NY 12204
 Phone No.: 518-281-6977 E-mail: nadine@nadineshadlock.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): David Shemano
 Owner(s) Signature:
 Date: 5/1/19