

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 checked="" 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

ADDING 6'x8' ENCLOSED ENTRYWAY AND
 REBUILDING } PORCH WITH RAILINGS & SUPPORTS IN
 & RELocATING } COMPATIBLE STYLE WITHIN SETBACKS

Part 3. Property Information

Project Name (if applicable):	
Project Address: 25 HOME AVE ALBANY, NY 12208	Lot Size (sq. ft.): 5070
Tax Identification No.: 64-70-1-37	Abutting Zone Districts(s):
Zoning District: R-1M	

Part 4. Property Owner Information

Property Owner(s) Name(s): MAUREEN CONROY	
Mailing Address: 25 HOME AVE	
Phone No.: 617-974-3118	E-mail: mdotconroy@gmail.com

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

Applicant Name: SAME	
Mailing Address:	
Phone No:	E-mail:

Part 6. Project Engineer Information (if applicable)

Company Name: N/A	Engineer Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 7. Project Architect Information (if applicable)

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

Part 8. Authorized Agent for this Application

Authorized Agent Name: N/A	
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): MAUREEN CONROY	Owner(s) Signature:	Date: 5/14/19
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