



FOR STAFF USE ONLY

Date Submitted:	Project #:
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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 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 checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input checked="" type="checkbox"/> Other (include in description)

Part 2. Brief Description of Proposed Project / Activity

6' 112 LF privacy fence with 6' gate installed between 127 & 133 Kenosha St. (see photos)

Part 3. Property Information

Project Name (if applicable): <u>John & Connie Tully</u>	
Project Address: <u>133 Kenosha St. Albany NY 12209</u>	
Tax Identification No.:	Lot Size (sq. ft.):
Zoning District:	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): <u>John & Connie Tully</u>	
Mailing Address: <u>133 Kenosha St. Albany NY</u>	
Phone No.: <u>518-434-2242</u>	E-mail: <u>JackTully@gmail.com</u>

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

Applicant Name: <u>JSM FENCE LLC</u>	
Mailing Address: <u>36 Fliegel Ave Albany NY</u>	
Phone No.: <u>518-669-6446</u>	E-mail:

Part 6. Project Engineer Information (if applicable)

Company Name: <u>LOWES</u>	Engineer Name: <u>Rafael miolan</u>	License No.:
Mailing Address: <u>317-675-4532</u>		
Phone No.:	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): <u>Connie Tully</u> <u>John Tully</u>	Owner(s) Signature: <u>Connie Tully</u> <u>John Tully</u>	Date: <u>5/6/19</u>
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