

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
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Install an awning to the front of 301 Second St. for decorative reasons along with signage for my religious Non profit Education Center.

Part 3. Property Information

Project Name (if applicable): <u>Delight In 21st Education Center</u>	
Project Address: <u>301 Second St</u>	
Tax Identification No.:	Lot Size (sq. ft.): <u>2150 sq ft</u>
Zoning District: <u>R-2</u>	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): <u>Diane Clark</u>	
Mailing Address: <u>301 Second St</u>	
Phone No.: <u>(518) 713-8695</u>	E-mail: <u>delightministriesny@gmail</u>

Part 5. Applicant Information (if different than property owner)
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Applicant Name: <u>Diane Clark</u>	
Mailing Address: <u>301 Second St</u>	
Phone No.: <u>(518) 713-8695</u>	E-mail: <u>delightministriesny@gmail</u>

Part 6. Project Engineer Information (if applicable)
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Company Name: <u>4th Generation</u>	Engineer Name: <u>Rich</u>	License No.:
Mailing Address: <u>50 Wetsel Road, Troy NY 12182</u>		
Phone No.: <u>(518) 235-4474</u>	E-mail: <u>4thgenerationusinc@live.com</u>	

Part 7. Project Architect Information (if applicable)

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

Part 8. Authorized Agent for this Application

Authorized Agent Name: <u>N/A (Same as owner)</u>	
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>Diane Clark</u>	Owner(s) Signature: <u>Diane Clark</u>	Date: <u>4/5/19</u>
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