

CITY OF ALBANY

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 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

My wife and I would like to put up a 6ft privacy fence on a portion of our side lawn. We live and on corner lot at 19 Linden Rd.

Part 3. Property Information

Project Name (if applicable):

Project Address: 19 Linden Rd

Tax Identification No.: 64.73-2-3 Lot Size (sq. ft.): 13,264.7+-

Zoning District: R1-M Abutting Zone Districts(s): R1-L, MU-CI, LC, MU-NC, R2, RM

Part 4. Property Owner Information

Property Owner(s) Name(s): James Farrell, Gwendoline Farrell

Mailing Address: 19 Linden Rd Albany NY 12208

Phone No.: 518-461-1479 E-mail: farrelljm139@gmail.com

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

Applicant Name:

Mailing Address:

Phone No: E-mail:

Part 6. Project Engineer Information (if applicable)

Company Name: Engineer Name: License No.:

Mailing Address:

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): James Farrell, Gwendoline Farrell	Owner(s) Signature:  	Date: 5/28/2017
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