

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 checked="" type="checkbox"/> Lot Modification
<input checked="" type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Wall Display Application
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Special On-Premises Sign Program
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____

Part 2. Brief Description of Proposed Project / Activity
THE APPLICANT IS PROPOSING A NEW CHASE BANK BUILDING, PARKING FACILITIES, LIGHTING, DRAINAGE AND LANDSCAPING IMPROVEMENTS.

Part 3. Property Information	
Project Name (if applicable): CHASE BANK - ALBANY WESTERN AVENUE	
Project Address: 1 HOMESTEAD STREET	
Tax Identification No.: BLOCK 2, LOT 38	Lot Size (sq. ft.): 26,664 SF
Zoning District: MU-NC / CS-O OVERLAY	Abutting Zone District(s): MU-NC/ CS-O OVERLAY

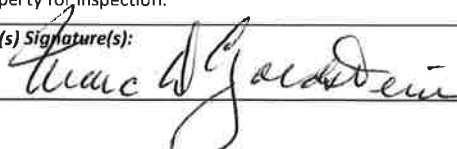
Part 4. Property Owner Information	
Property Owner(s) Name(s): ST MARGARET MARY'S CHURCH	
Mailing Address: 1168 WESTERN AVENUE, ALBANY NY 12203	
Phone No.:	Email:

Part 5. Applicant Information (if different than property owner)	
Applicant Name:	
Mailing Address:	
Phone No.:	Email:

Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: STONEFIELD ENGINEERING AND DESIGN	Engineer or Surveyor Name: ZACHARY CHAPLIN	License No.: 099748
Mailing Address: 584 BROADWAY, SUITE 310, NEW YORK CITY, NEW YORK 10012		
Phone No.: 718-606-8305	Email: ZCHAPLIN@STONEFIELDENG.COM	

Part 7. Project Architect Information (if applicable)		
Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

Part 8. Authorized Agent for this Application	
Authorized Agent Name: ZACHARY CHAPLIN	
Mailing Address: 584 BROADWAY, SUITE 310, NEW YORK CITY, NEW YORK 10012	
Phone No.: 718-606-8305	Email: ZCHAPLIN@STONEFIELDENG.COM

Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 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): MARC D GOLDSTEIN MRU ALBANY, LLC	Owner(s) Signature(s): 	Date: 5/26/19