MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)

<table>
<thead>
<tr>
<th>Administrative Adjustment</th>
<th>Demolition Review</th>
<th>Historic Property Hardship Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amendment to Zoning Map or USDO Text</td>
<td>Design Review of Tall Buildings</td>
<td>Lot Modification</td>
</tr>
<tr>
<td>Area Variance</td>
<td>Development Plan Review</td>
<td>Wall Display Application</td>
</tr>
<tr>
<td>Certificate of Appropriateness</td>
<td>District Plan</td>
<td>Special On-Premises Sign Program</td>
</tr>
<tr>
<td>Conditional Use Permit</td>
<td>Floodplain Variance</td>
<td>Other:</td>
</tr>
</tbody>
</table>

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: 1188 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:

Mailing Address:

Phone No.:  
Email:  

License No.:  

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)

☐ 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 required, 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):  
Owner(s) Signature(s):  
Date: 5/24/19

Master Application Form  
Form Updated: April 2019