

CITY OF ALBANY



NEW YORK

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 checked="" 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 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

Demolition review of 56 Quail Street.

Part 3. Property Information

Project Name (if applicable): Demolition review of 56 Quail Street, Albany NY

Project Address: 56 Quail Street, Albany NY

Tax Identification No.: 65.47-3-44	Lot Size (sq. ft.): 2269
Zoning District: MU-NC	Abutting Zone Districts(s): R-T

Part 4. Property Owner Information

Property Owner(s) Name(s): Albany County Land Bank Corp

Mailing Address: 69 State St, 8 Fl., Albany NY 12207

Phone No.: 518-407-0309	E-mail: awyckoff@albanycountylanbank.org
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Part 5. Applicant Information (if different than property owner)

Applicant Name: Same

Mailing Address:

Phone No:	E-mail:
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Part 6. Project Engineer Information (if applicable)

Company Name: C.T. Male Associates	Engineer Name: Mathew Clark	License No.:
Mailing Address: 50 Century Hill Drive		
Phone No.: 518-312-9342	E-mail: m.clark@ctmale.com	

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: Amanda Wyckoff

Mailing Address:

Phone No.:	E-mail:
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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): Amanda Wyckoff	Owner(s) Signature: 	Date: 5/28/19
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