MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

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

☐ Administrative Adjustment  ☐ Demolition Review  ☐ Historic Property Hardship Modification
☐ Amendment to Zoning Map or USDO Text  ☐ Design Review of Tall Buildings  ☐ Lot Consolidation
☐ Area Variance  ☐ Development Plan Review  ☐ Lot Line Adjustment
☐ Certificate of Appropriateness  ☐ District Plan  ☐ Subdivision of Land
☐ Conditional Use Permit  ☐ Floodplain Variance  ☐ Other (include in description)

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 District(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: wyckoff@albanycountylandbank.org

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

Applicant Name: Same
Mailing Address:
Phone No.: E-mail:

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:
Mailing Address:
Phone No.: E-mail:

Part 8. Authorized Agent for this Application

Authorized Agent Name: Amanda Wyckoff
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 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): Amanda Wyckoff  Owner(s) Signature:  Date: 5/28/19