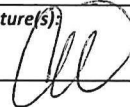


CITY OF ALBANY NEW YORK

DEPARTMENT OF PLANNING AND DEVELOPMENT
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

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"/> <i>Administrative Adjustment</i>	<input type="checkbox"/> <i>Demolition Review</i>	<input type="checkbox"/> <i>Historic Property Hardship Modification</i>
<input type="checkbox"/> <i>Amendment to Zoning Map or USDO Text</i>	<input type="checkbox"/> <i>Design Review of Tall Buildings</i>	<input type="checkbox"/> <i>Lot Modification</i>
<input type="checkbox"/> <i>Area Variance</i>	<input type="checkbox"/> <i>Development Plan Review</i>	<input type="checkbox"/> <i>Wall Display Application</i>
<input type="checkbox"/> <i>Certificate of Appropriateness</i>	<input type="checkbox"/> <i>District Plan</i>	<input type="checkbox"/> <i>Special On-Premises Sign Program</i>
<input type="checkbox"/> <i>Conditional Use Permit</i>	<input type="checkbox"/> <i>Floodplain Variance</i>	<input type="checkbox"/> <i>Other:</i> _____
Part 2. Brief Description of Proposed Project / Activity		
Demolition Review of 98 Third Avenue.		
Part 3. Property Information		
Project Name (if applicable): Demolition review of 98 Third Avenue		
Project Address: 98 Third Ave, Albany NY		
Tax Identification No.: 76.64-4-5	Lot Size (sq. ft.): 2530	
Zoning District: R-T	Abutting Zone District(s): R-V, MU-NE, R-2	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Albany Land Bank Corp		
Mailing Address: 69 State St, 8 Fl., Albany NY 12207		
Phone No.: 518-407-0309	Email: awyckoff@albanycountylandbank.org	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Same		
Mailing Address:		
Phone No:	Email:	
Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: C.T. Male Associates	Engineer or Surveyor Name: Mathew Clark	License No.:
Mailing Address: 50 Century Hill Drive		
Phone No.: 518-312-9342	Email: m.clark@ctmale.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: Amanda Wyckoff		
Mailing Address:		
Phone No.:	Email:	
Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input checked="" 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 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): Amanda Wyckoff	Owner(s) Signature(s): 	Date: 5/28/19