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
- [ ] Amendment to Zoning Map or USDO Text
- [ ] Area Variance
- [ ] Certificate of Appropriateness
- [ ] Conditional Use Permit
- [ ] Demolition Review
- [ ] Design Review of Tall Buildings
- [ ] Development Plan Review
- [ ] District Plan
- [ ] Floodplain Variance
- [ ] Historic Property Hardship Modification
- [ ] Lot Modification
- [ ] Wall Display Application
- [ ] Special On-Premises Sign Program
- [ ] Other: __________________________

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.:  __________________________

Part 6. Project Engineer/Surveyor Information (if applicable)

Company Name: C.T. Male Associates  Engineer or Surveyor Name: Matthew 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:

Mailing Address:

Phone No.:  __________________________

Part 8. Authorized Agent for this Application

Authorized Agent Name: Amanda Wyckoff

Mailing Address:

Phone No.:  __________________________

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(s):  __________________________  Date: 5/28/19

Master Application Form