

# 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 #:
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**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 219 Orange Street.

**Part 3. Property Information**

Project Name (if applicable): Demolition review of 219 Orange Street

Project Address: ~~188 Livingston Ave, Albany NY~~ 219 Orange St

Tax Identification No.: 65.74-1-5      Lot Size (sq. ft.): 2500

Zoning District: R-T      Abutting Zone Districts(s): R-2

**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

**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:      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:

**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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