

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 443 Second Street.

Part 3. Property Information

Project Name (if applicable): Demolition review of 443 Second Street

Project Address: 443 Second, Albany NY

Tax Identification No.: 65.47-4-61

Lot Size (sq. ft.): 3979

Zoning District: R-2

Abutting Zone District(s): MU-NE

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