

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"/> <i>Administrative Adjustment</i>	<input checked="" 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 Consolidation</i>
<input type="checkbox"/> <i>Area Variance</i>	<input type="checkbox"/> <i>Development Plan Review</i>	<input type="checkbox"/> <i>Lot Line Adjustment</i>
<input type="checkbox"/> <i>Certificate of Appropriateness</i>	<input type="checkbox"/> <i>District Plan</i>	<input type="checkbox"/> <i>Subdivision of Land</i>
<input type="checkbox"/> <i>Conditional Use Permit</i>	<input type="checkbox"/> <i>Floodplain Variance</i>	<input type="checkbox"/> <i>Other (include in description)</i>

Part 2. Brief Description of Proposed Project / Activity

Demolition review of 188 Livingston Ave.

Part 3. Property Information

Project Name (if applicable): Demolition review of 188 Livingston Ave

Project Address: 188 Livingston Ave, Albany NY

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

Applicant Name: Same

Mailing Address:

Phone No.:	E-mail:
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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:
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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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