



FOR STAFF USE ONLY	
Date Submitted: 28	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 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 checked="" 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		
Change the residence classification from a single family home to a two-family home.		
Part 3. Property Information		
Project Name (if applicable): N/A		
Project Address: 69 S Lake Ave Albany, NY 12203		
Tax Identification No.:	Lot Size (sq. ft.):	
Zoning District: R-2B	Abutting Zone Districts(s): C1, C3, R-2A	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Francesca Gifford		
Mailing Address: 69 S Lake Ave Albany, NY 12203		
Phone No.: (518)-227-3019	E-mail: fmeifford@gmail.com	
Part 5. Applicant Information (if different than property owner)		
Applicant Name:		
Mailing Address:		
Phone No:	E-mail: N/A FMG 27 Jun 2019	
Part 6. Project Engineer Information (if applicable)		
Company Name:	Engineer Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	
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:		
Mailing Address:		
Phone No.:	E-mail:	
Part 9. 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): Francesca Gifford	Owner(s) Signature: 	Date: 27 Jun 2019