

MASTER APPLICATION: USE THIS	FORM FOR ALL DEVI	ELOPMENT APPLICATION	ONS	
Part 1. APPLICATION FOR (Plea	ase check all applic	ations being submitt	ed with this Master <i>F</i>	
☐ Administrative Adjustment	☐ Demolition Review		☐ Historic Property Hardship Modification	
\square Amendment to Zoning Map or USDO Text	☐ Design Review of Tall Buildings		☐ Lot Modification	
Area Variance	☐ Development Plan Review		☐ Wall Display Application	
☐ Certificate of Appropriateness	☐ District Plan		☐ Special On-Premises Sign Program	
☐ Conditional Use Permit	☐ Floodplain Variance		☐ Other:	
Part 2. Brief Description of Proposed Project / Activity				
Addition of a second story contain structure on a residential lot			n existing garage	e that is the only
Part 3. Property Information				
Project Name (if applicable):				
Project Address:8 Bogardus Road				
Tax Identification No.:64.65-1-67		Lot Size (sq. ft.):4,000		
Zolling District. (TW)		Abutting Zone District(
	Part 4. Proper	ty Owner Information	n	
Property Owner(s) Name(s): Alfred Houghtalin	ıg			
Mailing Address: 25 South O"Connell Street Albany, NY 12209				
Thore would be dead doze			gelectrical2010@yahoo.com	
Part 5.	Applicant Information	on (if different than p	roperty owner)	
Applicant Name:				
Mailing Address:				
Phone No:		Email:		
Part 6.		urveyor Information		
Company Name: Charles Hite Surveyor Engineer or Surveyor Name: Charles Hite License No.:49814				
Mailing Address: 131 Main St #1, Ravena, NY 12143				
Phone No.:518-756-9070 Email: hitesurveyors@hotmail.com				
Part 7. Project Architect Information (if applicable)				
Company Name: Creative Drafting Services, Inc.				License No.:
Mailing Address:65 Flansburg Lane Voorheesville, NY				
Phone No.:518-765-9085 Email:				
	Part 8. Authorized	I Agent for this Appli	cation	
Authorized Agent Name: James D. Linnan				
Mailing Address: 150 State Street Suite 504 Albany, NY 12207				
FIIOTIC NO 0 10-4-0-0-00		Email: jim@linnanassociates.com		
Part 5. Property Owner Consent (Chec	ck the box below tha	at applies to this app	lication and sign in t	the space indicated below)
☐ I am the Owner and have no other agent or repre USDO. I understand the application must be com Albany Department of Planning and Development	esentative authorized to re	epresent me in this and oth to a hearing being schedule	er corresponding applicati	ons subject to review under the
■ I hereby authorize the above listed Applicant and understand the application must be complete and Department of Planning and Development permit	d accurate prior to a heari	ing being scheduled, if requ	onding applications subject lire, or a decision being ma	ide. I grant the City of Albany
Print Owner Name(s):	Owner(s)	Signature(s):	1	Date:
Alfred Houghtaling		Le JA	//	06-06 -2019
		11 7 9		7-16-2019

Master Application Form

Form Updated: April 2019