

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 application forms being submitted with this Master Application Form)

<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Design Review of Tall Buildings	<input type="checkbox"/> Amendment to Zoning Map or USDO Text
<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> District Plan	<input type="checkbox"/> Area Variance
<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Conditional Use Permit	<input checked="" type="checkbox"/> Use Variance
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Floodplain Variance
<input type="checkbox"/> Subdivision of Land	<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification

Part 2. Brief Description of Proposed Project / Activity

Would like to have a neon sign for our new restaurant, Rosanna's. The buildings original sign was neon and we are trying to achieve that historic look.

Part 3. Property Information

Project Name (if applicable): Rosanna's Italian Kitchen

Project Address: 23 Dove St, Albany, NY 12210

Tax Identification No.: 84-1836003

Lot Size (sq. ft.):

Zoning District: RT

Abutting Zone Districts(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): 23 Dove LLC: Brianna Baggetta

Mailing Address: 45 Prospect Ave, Albany, NY 12206

Phone No.: 518-526-3251

E-mail: bb@themailworks.com

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

Applicant Name:

Mailing Address:

Phone No.:

E-mail:

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 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):

Brianna Baggetta

Owner(s) Signature:

Date:

7/5/19