

MASTER APPLICATION: USE THIS FORM FOR	RALL DEVELOPMENT APPLICATIONS
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MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS		
Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)		
☐ Administrative Adjustment	☐ Demolition Review	☐ Historic Property Hardship Modification
☐ Amendment to Zoning Map or USDO Text	☐ Design Review of Tall Buildings	⅓ 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	
Crut rehab into	25 apartments	n 8,000 80.61.
Commercial		
	Part 3. Property Information	
Project Name (if applicable):		
Project Address: 883 Broadway	Y, Albany NY 12207	
Tax Identification No.: (5 16 - 4 - 3	Lot Size (sq. ft.): 37	96 00.
Zoning District: Warehouse district (MU-FW) Abutting Zone District(s): C5-0		
Part 4. Property Owner Information		
Property Owner(s) Name(s): 883 Broad		
Mailing Address: 525 Union	Street, Suite 101, Schened	10dy NY 12305
Phone No.: 518 - 346 - 9600	ext 222 Email: (hris@ 1	tan. gnolabbah
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Chris Mad	dalone	
Mailing Address: 525 Union	St. Suite 101, Scher	rectady NY 12305
Phone No: 518 - 346 - 8600 ext	St. Suite 101, Scher 222 Email: Chris@r	uaggalous ust
Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: Shamrock Engine	ering Engineer or Surveyor Name: Mig	nael Kenneal License No.: 069413
Mailing Address: Thrush Terri	ace East Greenbush N	13061
Phone No.: 518-3441-648 Email: MKenneally @ Shamrockengpc.com		
Part 7. Project Architect Information (if applicable)		
Company Name: Shamrock Engine	Architect Name: Michael	Kenneally License No.: 069413
Mailing Address: Thrush Terr	race East Greenbush	NY 190M
Phone No.: 518-441 - 6148	Email: MKeanea	lly @ snamrock engpe. com
Part 8. Authorized Agent for this Application		
	alone	
Mailing Address: 525 Union St	F. Suite 101 Schenecto	
Phone No.: 518 - 346 - 8600	ext Daz Email: Chrisen	haddalone. Net
		ation and sign in the space indicated below)
I am the Owner and have no other agent or represer	ntative authorized to represent me in this and other of	corresponding applications subject to review under the
Albany Department of Planning and Development pe	rmission to access the property for inspection.	required, or a decision being made. I grant the City of
☐ 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):	Owner(s) Signature(s):	Date:
\wedge	The state of the s	Restrict to
Chris Maddalone		1/21/19