**CITY OF ALBANY**

**DEPARTMENT OF PLANNING AND DEVELOPMENT**

200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

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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
- [ ] 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**

Demolition of the structure at 350 Second Street in Albany, New York and resale of the land.

**Part 3. Property Information**

- **Project Name (if applicable):** Demolition review of 350 Second St
- **Project Address:** 350 Second St, Albany, NY 12206
- **Tax Identification No.:** 65.55-8-29
- **Lot Size (sq. ft.):** 3484
- **Zoning District:** R-2
- **Abutting Zone District(s):** MU-NE

**Part 4. Property Owner Information**

- **Property Owner(s) Name(s):** Albany Land Bank Corp
- **Mailing Address:** 69 State St, 8 Fl., Albany NY 12207
- **Phone No.:** 518-407-0309
- **Email:** awyckoff@albanycountylandbank.org

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

- **Applicant Name:** Same
- **Mailing Address:**
- **Phone No.:**
- **Email:**

**Part 6. Project Engineer/Surveyor Information (if applicable)**

- **Company Name:** C.T. Male Associates
- **Engineer or Surveyor Name:** Matthew Clark
- **Mailing Address:** 50 Century Hill Drive
- **Phone No.:** 518-312-9342
- **License No.:**
- **Email:** m.clark@ctmale.com

**Part 7. Project Architect Information (if applicable)**

- **Company Name:**
- **Mailing Address:**
- **Phone No.:**
- **Email:**

**Part 8. Authorized Agent for this Application**

- **Authorized Agent Name:** Amanda Wyckoff
- **Mailing Address:**
- **Phone No.:**
- **Email:**

**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 required, 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:** 8/16/2019

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Master Application Form

Form Updated: April 2019