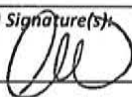


CITY OF ALBANY

NEW YORK

DEPARTMENT OF PLANNING AND DEVELOPMENT
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

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 checked="" 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 Modification
<input type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Wall Display Application
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Special On-Premises Sign Program
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____
Part 2. Brief Description of Proposed Project / Activity		
Demolition of structure at 319 Sherman St.		
Part 3. Property Information		
Project Name (if applicable): Demolition review of 319 Sherman St.		
Project Address: 319 Sherman St, Albany NY		
Tax Identification No.: 65.54-5-26	Lot Size (sq. ft.): 1960	
Zoning District: R-2	Abutting Zone District(s): MU-NC, MU-FC, R-T, 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: Mathew Clark	License No.:
Mailing Address: 50 Century Hill Drive		
Phone No.: 518-312-9342	Email: m.clark@ctmale.com	
Part 7. Project Architect Information (if applicable)		
Company Name:	Architect Name:	License No.:
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)		
<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): Amanda Wyckoff	Owner(s) Signature(s): 	Date: 8/16/19