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
- [ ] Amendment to Zoning Map or USDO Text
- [ ] Design Review of Tall Buildings
- [ ] Area Variance
- [ ] Development Plan Review
- [ ] Certificate of Appropriateness
- [ ] District Plan
- [ ] Conditional Use Permit
- [ ] Floodplain Variance
- [ ] Historic Property Hardship Modification
- [ ] Lot Modification
- [ ] Wall Display Application
- [ ] 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.: 85.54-5-26
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
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:
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):
Amanda Wyckoff
Owner(s) Signature(s): 8/16/19

Master Application Form
Form Updated: April 2019