## CITY OF ALBANY

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

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FOR	^A	V	

Date Submitted: Project #:

## MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

MASTER APPLICATION: USE THIS	FORM FOR ALL D	EVELOPMENT APPLICATION	ONS				
Part 1. APPLICATION FOR (Plea	ase check all app	lications being submitt	ed with this Mast	er Application Form)			
☐ Administrative Adjustment	■ Demolition Review		☐ Historic Property Hardship Modification				
☐ Amendment to Zoning Map or USDO Text	☐ Design Review of Tall Buildings		☐ Lot Consolidation				
☐ Area Variance	☐ Development Plan Review		☐ Lot Line Adjustment				
☐ Certificate of Appropriateness	☐ District Plan		☐ Subdivision of Land				
☐ Conditional Use Permit	☐ Floodplain Var	iance	☐ Other (include in description)				
Part	2. Brief Descript	on of Proposed Projec	t / Activity				
Habitat for Humanity Capital District (HFHCD) proposes to demolish 241 Orange St, to make space to construct three infill single family homes when combine with the existing vacant lots at 245 & 243 Orange St. The master application for the construction of 243 & 245 Orange has already been submitted to planning and has been approved.							
	Part 3. P	roperty Information					
Project Name (if applicable):							
Project Address: 241 Orange St, Albany, NY							
Tax Identification No.: 65.81-2-54	Lot Size (sq. ft.): 2381						
Zoning District: R-T	Abutting Zone Districts	Abutting Zone Districts(s): R-T					
Part 4. Property Owner Information							
Property Owner(s) Name(s): Habitat for Humanity Capital District							
Mailing Address: 207 Sheridan Ave, Albany, NY							
Phone No.: 518 462-2993 Ext 108	E-mail: fred@habitato	E-mail: fred@habitatcd.org					
Part 5. Applicant Information (if different than property owner)							
Applicant Name:							
Mailing Address:							
Phone No:		E-mail:					
PRODUCTION OF THE PRODUCTION O	rt 6. Project Engi	neer Information (if app	olicable)				
Company Name: C.T. MALE ASSOCIATES		Name: Matthew W. Clar		License No.:			
Mailing Address: 50 Century Hill Drive, Latha							
Phone No.: 518.786.7400		E-mail: m.clark@ctma	ale.com				
	rt 7. Project Arch	itect Information (if app					
Company Name: Troy Architecture Practice, F		Name: Laura Ryder		License No.:			
Mailing Address: 210 River Street, Troy, NY 1		Hame: Laura Hydor		License No.:			
Phone No.: 518 274-3050		E-mail: ryder@tapinc.	ora				
Part 8. Authorized Agent for this Application							
Authorized Agent Name:							
Mailing Address:							
Phone No.:	<del></del>	E-mail:					
	the how below th	The state of the s	cation and sign in	the space indicated below)			
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):  Freed Derson telescope Signature:  Owner(s) Signature:  Date:  8/26/19							
Habitat for Human of Cap District							