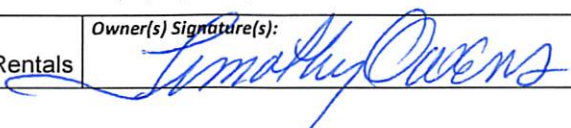


CITY OF ALBANY NEW YORK

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 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 checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____
Part 2. Brief Description of Proposed Project / Activity		
Change in tenant use from vacant space to a health and wellness fitness center. Perform alterations in an existing vacant tenant space to accommodate a new health and wellness fitness center.		
Part 3. Property Information		
Project Name (if applicable): YMCA Tenant Fit-Up		
Project Address: 17 New Scotland Avenue		
Tax Identification No.: 76.22-1-55.1	Lot Size (sq. ft.): 21,780	
Zoning District: MU-CU	Abutting Zone District(s): R-M and R-V	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Albany Medical Park South 1 c/o Tri City Rentals		
Mailing Address: 255 Washington Avenue Extension Albany, NY 12205		
Phone No.: (518) 862-6600	Email: towens@tricityrentals.com	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: BBL Construction Services, LLC		
Mailing Address: 302 Washington Avenue Extension Albany, NY 12203		
Phone No.: (518) 452-8200	Email: bdavis@bblinc.com and jdeforest@bblinc.com	
Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: N/A	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	
Part 7. Project Architect Information (if applicable)		
Company Name: HCP Architects, LLP	Architect Name: Joseph Riley	License No.: 029642
Mailing Address: 302 Washington Avenue Extension		
Phone No.: (518) 218-0614	Email: jriley@hcpdesign.com	
Part 8. Authorized Agent for this Application		
Authorized Agent Name: Bryan Davis - BBL Construction Services, LLC		
Mailing Address: 302 Washington Avenue Extension Albany, NY 12203		
Phone No.: (518) 452-8200	Email: bdavis@bblinc.com	
Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input 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 checked="" 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): Albany Medical Park South 1 c/o Tri City Rentals	Owner(s) Signature(s): 	Date: 10/4/2019