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 USDOL Text
- □ Design Review of Tall Buildings
- □ Area Variance
- □ Development Plan Review
- □ Certificate of Appropriateness
- □ District Plan
- □ Conditional Use Permit
- □ Floodplain Variance
- □ Other: ____________________________

Part 2. Brief Description of Proposed Project / Activity

Demolition of the structure at 186 First Street in Albany, New York and resale of the land.

Part 3. Property Information

Project Name (if applicable): Demolition review of 186 First St
Project Address: 186 First St, Albany, NY 12210
Tax Identification No.: 85.73-3-2
Lot Size (sq. ft.): 3050
Zoning District: R-T
Abutting Zone District(s): R-M

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.: 518-441-8309
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: 69 State Street, Floor 8, Albany, NY 12207
Phone No.: 518-407-0309
Email: awyckoff@albanycountylandbank.org

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): ____________________________
Date: 10/25/2019