



FOR STAFF USE ONLY

Date Submitted:	Project #:
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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 Consolidation
<input type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Lot Line Adjustment
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Subdivision of Land
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other (include in description)

Part 2. Brief Description of Proposed Project / Activity

Proposed project will undergo interior renovations to accommodate for 5 apartment units and a thrift store which is managed by St Peters Hospital. Exterior work will involve a new sidewalk along the sideline of the south side of the building and repaving the rear of the property for parking spaces.

Part 3. Property Information

Project Name (if applicable): 301 South Allen (Tax address 299 South Allen Street)	
Project Address: 301 South Allen (Tax address 299 South Allen Street)	
Tax Identification No.: 64.81-1-62	Lot Size (sq. ft.): 8,000
Zoning District: R-M	Abutting Zone Districts(s): R-M

Part 4. Property Owner Information

Property Owner(s) Name(s): 196 Washington Ave., LLC	
Mailing Address: 1 Rapp Road Albany, NY 12203	
Phone No.: 518-464-9441	E-mail: dtjrdetomdev@gmail.com

Part 5. Applicant Information (if different than property owner)

Applicant Name:	
Mailing Address:	
Phone No:	E-mail:

Part 6. Project Engineer Information (if applicable)

Company Name: Hershberg & Hershberg	Engineer Name: Daniel R Hershberg	License No.: 044226
Mailing Address: 18 Locust Street Albany New York 12203		
Phone No.: 518-459-3096	E-mail: Dan@HHershberg.com	

Part 7. Project Architect Information (if applicable)

Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 8. Authorized Agent for this Application

Authorized Agent Name: Daniel R Hershberg	
Mailing Address: 18 Locust Street Albany New York 12203	
Phone No.: 518-459-3096	E-mail: Dan@HHershberg.com

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): Anthony Dethomasis	Owner(s) Signature: 	Date: 1-17-2020
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