

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		
The proposed use is for an off-site catering kitchen paired with a limited service bistro/restaurant allowing potential clients to have a setting to do menu samples and public to place call a head orders for pick up.		
Part 3. Property Information		
Project Name (if applicable): Munnzie & Alysse Soul Bistro & Catering		
Project Address: 28 N 3rd Street, Albany New York 12204		
Tax Identification No.:	Lot Size (sq. ft.): +/- 1700 sq. ft	
Zoning District:	Abutting Zone District(s):	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Ajay Vohra		
Mailing Address: 621 N. Pearl St, Albany NY 12204		
Phone No.: 518-417-0093	Email: realtyaj@yahoo.com	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Jeremy Munn		
Mailing Address: 125A Beacon Road Glenmont New York 12077		
Phone No: 518-925-3363	Email: munnziealyssecatering@gmail.com	
Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: -	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	
Part 7. Project Architect Information (if applicable)		
Company Name: -	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	
Part 8. Authorized Agent for this Application		
Authorized Agent Name:		
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)		
<input checked="" 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 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): AJAY VOHRA	Owner(s) Signature(s): 	Date: 10/31/19