

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"/> <i>Administrative Adjustment</i>	<input type="checkbox"/> <i>Demolition Review</i>	<input type="checkbox"/> <i>Historic Property Hardship Modification</i>
<input type="checkbox"/> <i>Amendment to Zoning Map or USDO Text</i>	<input type="checkbox"/> <i>Design Review of Tall Buildings</i>	<input type="checkbox"/> <i>Lot Modification</i>
<input type="checkbox"/> <i>Area Variance</i>	<input type="checkbox"/> <i>Development Plan Review</i>	<input type="checkbox"/> <i>Wall Display Application</i>
<input type="checkbox"/> <i>Certificate of Appropriateness</i>	<input type="checkbox"/> <i>District Plan</i>	<input type="checkbox"/> <i>Special On-Premises Sign Program</i>
<input type="checkbox"/> <i>Conditional Use Permit</i>	<input type="checkbox"/> <i>Floodplain Variance</i>	<input type="checkbox"/> <i>Other:</i> _____

Part 2. Brief Description of Proposed Project / Activity

Demolish the existing outdated garage building that needs extensive structural repair and is of no use to the owner. This area will then be re-purposed for use with the adjoining 15 Warren St. building.

Part 3. Property Information

Project Name (if applicable): Demolish Garage	
Project Address: 30 Park Ave.	
Tax Identification No.: 76.57-1-54	Lot Size (sq. ft.):
Zoning District: MU-FS	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): Albany Housing Authority	
Mailing Address: 200 South Pearl St. Albany, NY 12202	
Phone No.: 518-641-7500	Email: Slongo@albanyhousing.org

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

Applicant Name:	
Mailing Address:	
Phone No.:	Email:

Part 6. Project Engineer/Surveyor Information (if applicable)

Company Name: The Chazen Companies	Engineer or Surveyor Name:	License No.:
Mailing Address: 547 River Street Troy, NY 12180		
Phone No.: 518-273-0055	Email:	

Part 7. Project Architect Information (if applicable)

Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

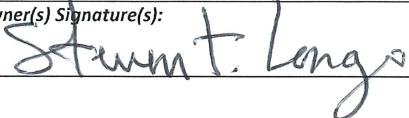
Part 8. Authorized Agent for this Application

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)

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): Steven T. Longo	Owner(s) Signature(s): 	Date: 1-13-20
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