

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 type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____

Part 2. Brief Description of Proposed Project / Activity
<p style="font-size: 1.2em;">install LED channel letter set on a raceway reading: Metro T-Mobile</p>

Part 3. Property Information
Project Name (if applicable): <u>Metro T-Mobile</u>
Project Address: <u>115 So. Pearl St.</u>
Tax Identification No.: _____ Lot Size (sq. ft.): _____
Zoning District: _____ Abutting Zone District(s): _____

Part 4. Property Owner Information
Property Owner(s) Name(s): <u>Ahmad Seraj</u>
Mailing Address: <u>115 So. Pearl St.</u>
Phone No.: <u>518-312-1935</u> Email: <u>seraja27@gmail.com</u>

Part 5. Applicant Information (if different than property owner)
Applicant Name: <u>Ray Sign Inc</u>
Mailing Address: <u>28 Colonial Ave</u>
Phone No.: <u>518-377-1371</u> Email: <u>raysignny@hotmail.com</u>

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: <u>Ray Sign Inc</u>
Mailing Address: <u>28 Colonial Ave. Schenectady NY 12304</u>
Phone No.: <u>518-330-0913</u> Email: <u>" "</u>

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): <u>Saber Seraj</u>	Owner(s) Signature(s): 	Date: _____
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