

# 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

Establishment of restaurant in Mixed-Used Neighborhood Edge zoning district.  
Approval for Conditional Use Permit.

##### Part 3. Property Information

Project Name (if applicable): El Gran Pilon	
Project Address: 319 Ontario St Albany, NY 12208	
Tax Identification No.: 64.76-1-53	Lot Size (sq. ft.): 825
Zoning District: MU - NE	Abutting Zone District(s):

##### Part 4. Property Owner Information

Property Owner(s) Name(s): Qi Dong Shi	
Mailing Address: 340 New Salem RD Voorheesville, NY 12186	
Phone No.: 518-423-4976	Email:

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

Applicant Name: Jennifer Garo	
Mailing Address: 3555 Bruckner BLVD APT 4F Bronx, NY 10461	
Phone No.: 6 917-659-0696	Email:

##### 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: Jennifer Garo	
Mailing Address: 3555 Bruckner BLVD APT 4F Bronx, NY 10461	
Phone No.: 917-659-0696	Email: aajonathan105@gmail.com

##### Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)

<input 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 checked="" 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 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): Qi Dong Shi	Owner(s) Signature(s): 	Date: 1/12/2020
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