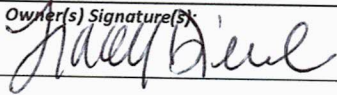


MASTER APPLICATION: *USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS*

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 checked="" 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 checked="" type="checkbox"/> Other: _____
Part 2. Brief Description of Proposed Project / Activity		
Area variance requested pursuant to Sections 375-1D & 375-5(G) of the USDO for proposed 84.84 sq. ft. wall sign which exceeds the 32 sq. ft. maximum allowance		
Part 3. Property Information		
Project Name (if applicable): Skechers		
Project Address: 161 Washington Avenue Extension Suite #204A		
Tax Identification No.: 52.2-1-26.1	Lot Size (sq. ft.): 26.76 acres	
Zoning District: MU-CH	Abutting Zone District(s): MU-CI, MU-CH	
Part 4. Property Owner Information		
Property Owner(s) Name(s): H L GAGE SALES INC		
Mailing Address: PO BOX 5170, ALBANY NY 12205		
Phone No.:	Email:	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: TRACEY DIEHL		
Mailing Address: 6487 HILLIARD DRIVE, CANAL WINCHESTER OH 43110		
Phone No: 614-828-8215	Email: TRACEY@ETD.WEBSITE	
Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: N/ A	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	
Part 7. Project Architect Information (if applicable)		
Company Name: N/ A	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	
Part 8. Authorized Agent for this Application		
Authorized Agent Name: TRACEY DIEHL		
Mailing Address: 6487 HILLIARD DRIVE CANAL WINCHESTER OH 43110		
Phone No.: 614-828-8215	Email: TRACEY@ETD.WEBSITE	
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 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): H L GAGE SALES INC	Owner(s) Signature(s): 	Date: