**CITY OF ALBANY**

**DEPARTMENT OF PLANNING AND DEVELOPMENT**

**Master Application Form**

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**Part 1. Application For (Please check all applications being submitted with this Master Application Form)**

- [ ] Administrative Adjustment
- [ ] Demolition Review
- [ ] Historic Property Hardship Modification
- [ ] Amendment to Zoning Map or USD Land Use
- [ ] Design Review of Tall Buildings
- [ ] Lot Modification
- [ ] Area Variance
- [ ] Development Plan Review
- [ ] Wall Display Application
- [ ] Certificate of Appropriateness
- [ ] District Plan
- [ ] Special On-Premises Sign Program
- [ ] Conditional Use Permit
- [ ] Roadplain Variance
- [ ] Other:

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**Prepare first floor to be a hair salon.**

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**Part 3. Property Information**

- **Project Name (if applicable):** The Alchemists Salon
- **Project Address:** 330 Madison Ave, Storefront
- **Tax Identification No.:** 76-32-4-25
- **Lot Size (sq. ft.):** 0.00 Acres
- **Zoning District:** MU-NE
- **Abutting Zone District(s):**

**Part 4. Property Owner Information**

- **Property Owner(s) Name(s):** Invicta LLC
- **Mailing Address:** 1 Harbor Point Rd, Stamford, CT 06902
- **Phone No.:** 877-602-6856
- **Email:** support@ngbmanagement.com

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

- **Applicant Name:** Katherine Steinbach
- **Mailing Address:** 283 Elsmere Ave Delmar NY 12054
- **Phone No.:** 518-441-3108
- **Email:** katiearodriguez518@gmail.com

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

- **Company Name:** None
- **Engineer or Surveyor Name:** None
- **License No.:** None

**Part 7. Project Architect Information (if applicable)**

- **Company Name:** None
- **Architect Name:** None
- **License No.:** None

**Part 8. Authorized Agent for this Application**

- **Authorized Agent Name:** Katherine Steinbach
- **Mailing Address:** 283 Elsmere Ave Delmar NY 12054
- **Phone No.:** 518-441-3108
- **Email:** katiearodriguez518@gmail.com

**Part 9. 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 required, or a decision being made. I grant the City of Albany Department of Planning and Development permission to access the property for inspection.**

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**Print Owner Name(s):** Invicta LLC  
**Owner(s) Signature(s):**  
**Date:** 03/04/2020

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*Form Updated: April 2019*