

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 checked="" 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

Conversion of Existing Office Building to Multi-Family Residential, 61 Dwelling Units

Part 3. Property Information

Project Name (if applicable): 90 S Swan st	
Project Address: 244 State St OR 90 South Swan St	
Tax Identification No.: 76-24-7-44	Lot Size (sq. ft.): 12,768
Zoning District: MU-CU	Abutting Zone District(s): R-T. R-M. MU-NE. MU-CI

Part 4. Property Owner Information

Property Owner(s) Name(s): Man Realty LLC	
Mailing Address: 619 Eastern Parkway, Brooklyn, NY, 11213 (Local Address 20 Park St, Albany)	
Phone No.: 1 (347) 893-8028	Email: dovide@uprealtyny.com SZ@UprealtyNY.com

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:	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

Part 7. Project Architect Information (if applicable)

Company Name: John Saracco Architect LLC	Architect Name: John Saracco	License No.: 018356
Mailing Address: P.O. Box 245, Boonton, NJ, 07005		
Phone No.: 973-299-4428	Email: js@saracco.us	


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): Gershon Eichorn	Owner(s) Signature(s): 	Date: 01/05/2022
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