

# 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"/> <b>Administrative Adjustment</b>   | <input type="checkbox"/> <b>Demolition Review</b>               | <input type="checkbox"/> <b>Historic Property Hardship Modification</b> |
| <input type="checkbox"/> <b>Amendment to Zoning Map or USDO Text</b>                                      | <input type="checkbox"/> <b>Design Review of Tall Buildings</b> | <input type="checkbox"/> <b>Lot Modification</b>                        |
| <input type="checkbox"/> <b>Area Variance</b>   | <input type="checkbox"/> <b>Development Plan Review</b>         | <input type="checkbox"/> <b>Wall Display Application</b>                |
| <input type="checkbox"/> <b>Certificate of Appropriateness</b>  | <input type="checkbox"/> <b>District Plan</b>                   | <input type="checkbox"/> <b>Special On-Premises Sign Program</b>        |
| <input checked="" type="checkbox"/> <b>Conditional Use Permit</b>   | <input type="checkbox"/> <b>Floodplain Variance</b>             | <input type="checkbox"/> <b>Other:</b> _____                            |

| Part 2. Brief Description of Proposed Project / Activity  |
|---|
| Proposed project includes adding an apartment unit in basement of 62 Dana Ave. New concrete stairs and entry door to basement off sidewalk. |

| Part 3. Property Information                   |                                |
|--|--------------------------------|
| Project Name (if applicable): 62 Dana Ave Apts |                                |
| Project Address: 62 Dana Ave, Albany NY        |                                |
| Tax Identification No.: 76.22-4-20             | Lot Size (sq. ft.): 1,914 SF   |
| Zoning District: R-T                           | Abutting Zone District(s): R-T |

| Part 4. Property Owner Information                       |                             |
|--|-----------------------------|
| Property Owner(s) Name(s): RJS RE Holdings, LLC          |                             |
| Mailing Address: 343 Trenor Drive, New Rochelle NY 10804 |                             |
| Phone No.: 917-885-7108                                  | Email: ronald.stein@att.net |

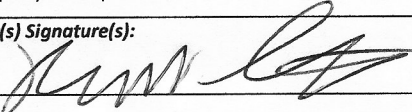
| Part 5. Applicant Information (if different than property owner) |        |
|--|--------|
| Applicant Name:  |        |
| Mailing Address:   |        |
| Phone No:  | Email: |

| 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: C2 Architecture, PC                      | Architect Name: Michael Roman   | License No.: 033541-1 |
| Mailing Address: 24 Airport Road, Schenectady NY 12302 |                                 |                       |
| Phone No.: 518-320-8250                                | Email: roman@c2-designgroup.com |                       |

| Part 8. Authorized Agent for this Application          |                                 |
|--|---------------------------------|
| Authorized Agent Name: C2 Architecture, PC             |                                 |
| Mailing Address: 24 Airport Road, Schenectady NY 12302 |                                 |
| Phone No.: 518-320-8250                                | Email: roman@c2-designgroup.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 require, or a decision being made. I grant the City of Albany Department of Planning and Development permission to access the property for inspection. |

|   |   |                         |
|---|---|-------------------------|
| <b>Print Owner Name(s):</b><br>Ronald Stein | <b>Owner(s) Signature(s):</b><br> | <b>Date:</b><br>6/22/20 |
|---|---|-------------------------|