CITY OF ALBANY

DEPARTMENT OF PLANNING AND DEVELOPMENT 200 HENRY FOLINSON BODLEVARD | ALBANY, NEW YORK 12210

MASTER APPLICATION; USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1 APPLICATION FOR /Plo	S FURIVI FUR ALL DEVEL	OPMENT APPLICATIO	NS
☐ Administrative Adjustment	Demolition Review	ons being submitte	d with this Master Application Form)
☐ Amendment to Zoning Map or USDO Text			☐ Historic Property Hardship Modification
Area Variance	Design Review of Tall Buildings		☐ Lot Modification
☐ Certificate of Appropriateness	Development Plan Review		☐ Wall Display Application
☐ Conditional Use Permit	☐ District Plan		☐ Special On-Premises Sign Program
	☐ Floodplain Variance		☐ Other:
Part 2. Brief Description of Proposed Project / Activity			
Building on site is currently a dry storage warehouse facility with a small day care operation occupying less			
Taken 10 /0. The owner wishes to add all our A 216.5° addition to the warehouse operation with 2 additional			
OH doors facing Industrial Park Road. The addition will be set over existing hard surfaces on the site			
The state of the s			
Part 3. Property Information			
Project Name (if applicable): WAREHOUSE ADDITION			
Project Address: 35 COMMERCE AVENUE			
Tax Identification No.: 54.17-3-4.2	Lot Size (sq. ft.): 206.093		(4.72 AADEO)
Zoning District: I-2 GENERAL INDUSTRIAL	Abutting Zone District(s		
Part 4. Property Owner Information			
Property Owner(s) Name(s): C.F.M. 25 INDUSTRIAL, INC			
Mailing Address: 35 COMMERCE AVENUE			
hone No.: 518-705-8337 Email: charllemontano37@gmail.com			rom liemni
Part 5. Applicant Information (if different than property owner)			
Applicant Name: MATZEN CONSTRUCTION SERV	/ICES LLC		
Mailing Address: 211 LAKE SHORE ROAD MELRO			
Phone No: 518-322-7985	· · · · · · · · · · · · · · · · · · ·	ail: ptm@matzen.com	
Part 6. P	roject Engineer/Surve	yor Information (if	applicable)
Company Name: RAYMOND A. KOCH PLS	Engineer or Sur	veyor Name: RAY KOC	H License No.: 47416
Mailing Address: 133 MOHAWK AVENUE SCOTIA,	NY 12302		Liceriae 110 47410
Phone No.: 518-393-0989	Em	ail:	
Par	t 7. Project Architect I	nformation (if applic	able)
Company Name: HERBA CONSULTING	Architect Name	MARK P. BERGERON.	
Mailing Address: 600 FRANKLIN NSTREET STE 10	08 SCHENECTADY, NY 1:	2305	
Phone No.: 518-381=0353		ail: heck@nycap.rr.con	
Participation of the Control of the	Part 8. Authorized Age	nt for this Applicati	on
Authorized Agent Name: FRANK G. HERBA,CE	***************************************		
Mailing Address: 600 FRANKLIN STREET STE 108	SCHENECTADY, NY 1230	5	
Phone No.: 518-577-7340	Em:	ili: hccllc@nycap.rr.com	
Part 5. Property Owner Consent (Check t	he box below that app	olies to this applicat	ion and sign in the space indicated below)
☐ I am the Owner and have no other agent or represen USDO. I understand the application must be completed Albany Department of Planning and Development per	tative authorized to represe e and accurate prior to a bes	nt me in this and other co	
I hereby authorize the above listed Applicant and/or understand the application must be complete and accompartment of Planning and Development permission			g applications subject to review under the USDO. I r a decision being made. I grant the City of Albany
Print Owner Name(s): C.F.M. 25 INDUSTRIAL, INC	Owner(s) Sighati	With the	Dry J. A. 8/7/20