

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

Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)					
Administrative Adjustment	🗆 Demo	lition Review	🗌 Historic Property Hardsh	ip Modification	
□ Amendment to Zoning Map or USDO Text	Design	n Review of Tall Buildings	□ Lot Modification		
🗆 Area Variance	Devel	opment Plan Review	□ Wall Display Application	1	
Certificate of Appropriateness	🗆 Distric	ct Plan	□ Special On-Premises Sig	n Program	
Conditional Use Permit	🗆 Flood	plain Variance	□ Other:		
Part 2. Brief Description of Proposed Project / Activity					
Part 3. Property Information					
Project Name (if applicable):					
Project Address:		Lat Size (cg. ft.)			
Tax Identification No.:		Lot Size (sq. ft.):	Abutting Zone District(s):		
Zoning District: Abutting Zone District(s): Part 4. Property Owner Information					
Property Owner(s) Name(s):					
Mailing Address:					
Phone No.: Email:					
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)					
		Architect Name:	License	No.:	
Mailing Address:					
Phone No.: Email:					
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):		Owner(s) Signature(s):		Date:	