



FOR STAFF USE ONLY	
Date Submitted:	Project #:

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 Consolidation
<input type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Lot Line Adjustment
<input checked="" type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Subdivision of Land
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other (include in description)

Part 2. Brief Description of Proposed Project / Activity

The Capital Walls is a public art endeavor in partnership between Albany Center Gallery, Albany Barn, the Albany Parking Authority and the Downtown Albany BID which received funding through the Governor's Downtown Revitalization Initiative for additional murals in the Clinton Square area. We seek to inspire our community with uplifting, educational, or thought-provoking works of public art.

Part 3. Property Information

Project Name (if applicable): Capital Walls Mural

Project Address: 45 (43) Columbia St Albany NY 12207

Tax Identification No.: 76.34-1-7	Lot Size (sq. ft.): 17,118
Zoning District: MU-DT	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): 45 Columbia Street Associates

Mailing Address: c/o Redburn Development Partners 204 Lafayette St Schenectady NY 12305

Phone No.: 518-631-3722	E-mail: jbuell@redburndev.com
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Part 5. Applicant Information (if different than property owner)

Applicant Name: Albany Center Gallery

Mailing Address: 488 Broadway Albany NY 12208

Phone No: 518.462.4775	E-mail: director@albanycentergallery.com
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Part 6. Project Engineer Information (if applicable)

Company Name:	Engineer Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 7. Project Architect Information (if applicable)

Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 8. Authorized Agent for this Application

Authorized Agent Name: Tony Iadicicco


Mailing Address: Albany Center Gallery 488 Broadway Albany NY 12207

Phone No.:	E-mail: director@albanycentergallery.com
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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): Jeff Buell	Owner(s) Signature: 	Date: 9.21.20
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