

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"/> 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 type="checkbox"/> Development Plan Review	<input type="checkbox"/> Wall Display Application
<input checked="" 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

Replace deteriorated windows on the second / third floor, repair / keep the first floor window & doors. Replace 2nd / 3rd floor vinyl siding with concrete siding. Keep first floor aluminum siding. possible extend the back of house on the 3rd floor. Which is not visible to layk st. Repair the entire inside of building.

Part 3. Property Information

Project Name (if applicable): 199 Layk St. total rehab.	
Project Address: 199 Layk St. Albany NY 12210	
Tax Identification No.: 010106 65-80-3-25	Lot Size (sq. ft.):
Zoning District:	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): 199 Layk LLC (Kim Yat Yeung)	
Mailing Address: 934 western Ave. Albany NY 12203	
Phone No.: 518 253 8878	Email: rxions8@gmail.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:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

Part 8. Authorized Agent for this Application

Authorized Agent Name: Ron Xiong	
Mailing Address: 204 Longhouse lane Slingerlands NY 12159	
Phone No.: (518)253 8878	Email: rxions8@gmail.com

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): Kim Yat Yeung	Owner(s) Signature(s): Kim Yat Yeung	Date: 6/28/20
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