

MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1. APPLICATION FOR (Plea		cations being submitte		ication Form)
☐ Administrative Adjustment	☐ Demolition Revie		☐ Historic Property Hard	
☐ Amendment to Zoning Map or USDO Text	☐ Design Review of Tall Buildings		☐ Lot Modification	
☐ Area Variance	Development Plan Review		☐ Wall Display Application	
☐ Certificate of Appropriateness	☐ District Plan		☐ Special On-Premises Sign Program	
☐ Conditional Use Permit	☐ Floodplain Variance		Other:	
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Part 2. Brief Description of Proposed Project / Activity  IPH seeks to renovate a single-family structure at 180 Sheridan Ave. and convert it to office space adjacent to their offices at 176 Sheridan Ave.				
Part 3. Property Information				
Project Name (if applicable): IPH office expansion				
Project Address: 176-180 Sheridan Avenues hereafter noted as 176 Sheridan Avenue				
Tax Identification No.:		Lot Size (sq. ft.): 18,950 sf total combined		
Zoning District: MU-CU & R-T		Abutting Zone District(s): MU-CU & R-T		
Part 4. Property Owner Information				
Property Owner(s) Name(s): Interfaith Partnership for the Homeless (IPH)				
Mailing Address: 176 Sheridan Avenue, Albany, NY 12210				
Phone No.: 518.434.8021	Email: janiner@iphny.org			
Part 5. Applicant Information (if different than property owner)				
Applicant Name: Same as Owner				
Mailing Address:				
Phone No:		Email:		
Part 6. Project Engineer/Surveyor Information (if applicable)				
Company Name: Frederick J. Metzger, Land Surveyor, PC Engineer or Surveyor Name: Frederick J. Metzger License No.: 050753				
Mailing Address: PO Box 237, Latham, NY 12110				
Phone No.: 518.783.0688 Email: fmetzger1972@gmail.com				
Part 7. Project Architect Information (if applicable)				
Company Name: Landmark Consulting, LLC		ame: John D. Alvarez II		No : 020527
Mailing Address: 83 Grove Avenue, Albany, NY 12208				
Phone No.: 518.458.8942 Email: jdalvarez@landmarkconsulting.net				
Part 8. Authorized Agent for this Application				
Authorized Agent Name: Same as Owner				
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) Si	gnature(s):		Date:
Janine Robitaille	John	Idotal		9/29/2020

Master Application Form Form Updated: April 2019