

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 type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input type="checkbox"/> Special On-Premises Sign Program
<input checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____

Part 2. Brief Description of Proposed Project / Activity

Self- Service Laundromat

Part 3. Property Information

Project Name (if applicable):	
Project Address: 67 Ontario St Albany NY 12206	
Tax Identification No.: 65.38-2-40	Lot Size (sq. ft.): 3700 sq.ft.
Zoning District: MU- NE	Abutting Zone District(s): MU-NE

Part 4. Property Owner Information

Property Owner(s) Name(s): 67 Ontario St LLC- Jermaine White and Alan Hughes	
Mailing Address: 8 Plum Street, Rensselaer NY 12144	
Phone No.: 518-414-8145/ 518-423-7083	Email: Jawhousinginc@gmail.com / alanhughes409@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: Local Design Studio LLC	Architect Name: Adam Petela	License No.: 042414
Mailing Address: 1915 5th Ave Suite 104 Troy NY 12180		
Phone No.: 914-850-1347	Email: adam@designislocal.com	

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): Alan Hughes/ Jermaine White	Owner(s) Signature(s): <i>Jermaine White Alan Hughes</i>	Date: 10/01/2020
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