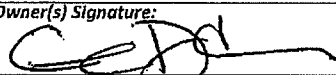


**MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS**

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 checked="" type="checkbox"/> Development Plan Review	<input type="checkbox"/> Lot Line Adjustment
<input 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		
<p>Habitat for Humanity along with the Affordable Housing Partnership will build 3 pairs of townhouses ( 6 total) to be sold to Income qualified homeowners. The homes will be approximately 1600 sqft with 4 br's and 1.5 baths. -- Each home will have a basement exit which leads to the yard space that faces the IDA Yarbrough apartment complex owned by the Albany Housing Authority.</p>		
Part 3. Property Information		
Project Name (if applicable): N/A		
Project Address: 832 Manning Boulevard		
Tax Identification No.: 65.19-1-2.4	Lot Size (sq. ft.): 20,622	
Zoning District: MU-CU	Abutting Zone Districts(s):	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Albany Housing Authority		
Mailing Address: 200 S. Pearl St Albany, NY 12202		
Phone No.:	E-mail:	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Habitat for Humanity Capital District		
Mailing Address: 207 Sheridan Ave, Albany, NY		
Phone No: 518 462-2993 Ext 108	E-mail: fred@habitatcd.org	
Part 6. Project Engineer Information (if applicable)		
Company Name: Hershberg & Hershberg	Engineer Name: Daniel R. Hershberg	License No.: 044226
Mailing Address: 18 Locust Street, Albany, NY 12203		
Phone No.: (518) 459-3096	E-mail: dan@hhershberg.com	
Part 7. Project Architect Information (if applicable)		
Company Name: Troy Architecture Practice PLLC	Architect Name: Laura Ryder	License No.: 025569
Mailing Address: 210 River Street, Troy NY 12180		
Phone No.: 518-274-3050 ext18	E-mail: ryder@tapinc.org	
Part 8. Authorized Agent for this Application		
Authorized Agent Name: Habitat for Humanity Capital District		
Mailing Address: 207 Sheridan Ave, Albany, NY 12210		
Phone No.: 518 380-4874 Ext 108	E-mail: fred@habitatcd.org	
Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 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): <b>Chiquita D'Arbeau</b>	Owner(s) Signature: 	Date: <b>10/14/2020</b>

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 type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input checked="" 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
Create Eight (8) parcels (Street Nos. 818, 820, 822, 824, 826, 828, 830, 832) from a single parcel located at Street No. 832 Manning Boulevard to accommodate Six (6) Row houses, constructed in pairs and two additional lots, each to accommodate a dumpster and enclosure.

Part 3. Property Information	
Project Name (if applicable): N/A	
Project Address: 832 Manning Boulevard	
Tax Identification No.: 65.19-1-2.4	Lot Size (sq. ft.): 20,622
Zoning District: MU-CU	Abutting Zone Districts(s):

Part 4. Property Owner Information	
Property Owner(s) Name(s): Albany Housing Authority	
Mailing Address: 200 S. Pearl St Albany, NY 12202	
Phone No.:	E-mail:

Part 5. Applicant Information (if different than property owner)	
Applicant Name: Habitat for Humanity Capital District	
Mailing Address: 207 Sheridan Ave, Albany, NY 12210	
Phone No: 518 462-2993 Ext 108	E-mail: fred@habitatcd.org

Part 6. Project Engineer Information (if applicable)		
Company Name: Hershberg & Hershberg	Engineer Name: Daniel R. Hershberg	License No.: 044226
Mailing Address: 18 Locust Street, Albany, NY 12203		
Phone No.: (518) 459-3096	E-mail: dan@hhershberg.com	

Part 7. Project Architect Information (if applicable)		
Company Name: N/A	Architect Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 8. Authorized Agent for this Application	
Authorized Agent Name:	
Mailing Address:	
Phone No.:	E-mail:

Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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): Chiquita Darbeau	Owner(s) Signature: 	Date: 10/14/2020
--	-------------------------	---------------------