



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 checked="" 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 type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Floodplain Variance | <input type="checkbox"/> Other: _____ |

Part 2. Brief Description of Proposed Project / Activity

Conversion of warehouse used for commercial/industrial storage to laboratory and support facilities used in the research of coral and the development of human bone and dental replacements. This will leave existing offices and north warehouse intact. The south warehouse will see non-structural, insulated partitions erected with an insulated ceiling to create a conditioned space suitable for aquaculture.

Part 3. Property Information

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|--|---------------------------------|
| Project Name (if applicable): CapitalCorals | |
| Project Address: 20 Colvin Ave., Albany NY 12206 | |
| Tax Identification No.: 010100 53.82-1-60 | Lot Size (sq. ft.): 19,050 |
| Zoning District: MU-NC | Abutting Zone District(s): R-1M |

Part 4. Property Owner Information

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|--|---------------------------------|
| Property Owner(s) Name(s): Michael Gerdes | |
| Mailing Address: 26 Danker Ave, Albany, NY 12206 | |
| Phone No.: 518 225-5748 | Email: gerdes.michael@gmail.com |

Part 5. Applicant Information (if different than property owner)

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|------------------|--------|
| Applicant Name: | |
| Mailing Address: | |
| Phone No: | Email: |

Part 6. Project Engineer/Surveyor Information (if applicable)

| | | |
|------------------|----------------------------|--------------|
| Company Name: NA | Engineer or Surveyor Name: | License No.: |
| Mailing Address: | | |
| Phone No.: | Email: | |

Part 7. Project Architect Information (if applicable)

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|------------------|-----------------|--------------|
| Company Name: NA | Architect Name: | License No.: |
| Mailing Address: | | |
| Phone No.: | Email: | |

Part 8. Authorized Agent for this Application

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|---|-----------------------------|
| Authorized Agent Name: David M. Phaff, David Phaff & Associates, Inc. | |
| Mailing Address: 5 North Pine Ave., Albany NY 12203 | |
| Phone No.: 518 469 8984 | Email: david@davidphaff.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): Michael Gerdes | Owner(s) Signature(s):  Michael Gerdes, Pres. | Date: 12/07/2020 |
|---|---|----------------------------|

12/7/2020 12:52:10 AM EST