

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

Part 2. Brief Description of Proposed Project / Activity
<p style="font-size: 1.2em;">Demolition of detached garage at 512-514 Bradford St. Once garage is removed crusher run stone will be installed to provide off street parking</p>

Part 3. Property Information	
Project Name (if applicable):	
Project Address: 512-514 Bradford St	
Tax Identification No.: 64,36-1-56	Lot Size (sq. ft.): 90x 100
Zoning District: R-2	Abutting Zone District(s):

Part 4. Property Owner Information	
Property Owner(s) Name(s): Pinewood Realty LLC	
Mailing Address: PO Box 811 Latham NY 12110	
Phone No.: 518-421-3837	Email: statewood@yahoo.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: Albert Szesnat	
Mailing Address: 14 Edge of wood & Latham, NY 12110	
Phone No.: 518-421-3837	Email: statewood@yahoo.com

Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)	
<input 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): Nicole Szesnat	Owner(s) Signature(s): 	Date: 12/16/2020
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