

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

Demolition of detached garage at 97 Ryckman Ave. Once garage is removed, crusher run Stone will be installed to provide offstreet parking

Part 3. Property Information

Project Name (if applicable): _____

Project Address: 97 Ryckman Ave

Tax Identification No.: 64.67-3-57 Lot Size (sq. ft.): 50 x 116.18

Zoning District: R-m Abutting Zone District(s): _____

Part 4. Property Owner Information

Property Owner(s) Name(s): Southwood Realty LLC (Carol Criscione + Nicole Szesnat)

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

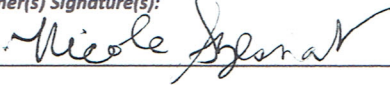
Mailing Address: 14 Edge of Woods Latham NY 12110

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)

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): Nicole Szesnat	Owner(s) Signature(s): 	Date: 12/16/2020 1/30/2020
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