

# 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"/> <b>Administrative Adjustment</b>	<input type="checkbox"/> <b>Demolition Review</b>	<input type="checkbox"/> <b>Historic Property Hardship Modification</b>
<input type="checkbox"/> <b>Amendment to Zoning Map or USDO Text</b>	<input type="checkbox"/> <b>Design Review of Tall Buildings</b>	<input type="checkbox"/> <b>Lot Modification</b>
<input checked="" type="checkbox"/> <b>Area Variance</b>	<input type="checkbox"/> <b>Development Plan Review</b>	<input type="checkbox"/> <b>Wall Display Application</b>
<input type="checkbox"/> <b>Certificate of Appropriateness</b>	<input type="checkbox"/> <b>District Plan</b>	<input type="checkbox"/> <b>Special On-Premises Sign Program</b>
<input type="checkbox"/> <b>Conditional Use Permit</b>	<input type="checkbox"/> <b>Floodplain Variance</b>	<input type="checkbox"/> <b>Other:</b> _____

**Part 2. Brief Description of Proposed Project / Activity**

Installation of an 86.5" x 86.5' (52 SQ) sign panel in existing freestanding sign base. New sign will have an OAH of 8'.

**Part 3. Property Information**

Project Name (if applicable): Cap Com FCU	
Project Address: 899 Western Ave	
Tax Identification No.: 64.6-1-8	Lot Size (sq. ft.): 1.73
Zoning District: MU-NE	Abutting Zone District(s): MU-CL

**Part 4. Property Owner Information**

Property Owner(s) Name(s): Capital Communications Federal Credit Union	
Mailing Address: 4 Winners Circle Albany NY	
Phone No.: 518-458-2195	Email: rroemer@capcomfcu.org

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

Applicant Name: AJ Signs / Thomas Wheeler	
Mailing Address: 842 Saratoga Rd Burnt Hills NY 12027	
Phone No: 518-399-9291	Email: Kristen@ajsigns.com Tom@ajsigns.com

**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: AJ Signs	
Mailing Address: 842 Saratoga Rd Burnt Hills NY 12027	
Phone No.: 518-399-9291	Email: Kristen@ajsigns.com Tom@ajsigns.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): <b>Robert J. Roemer</b>	Owner(s) Signature(s) 	Date: <b>01/07/2021</b>
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