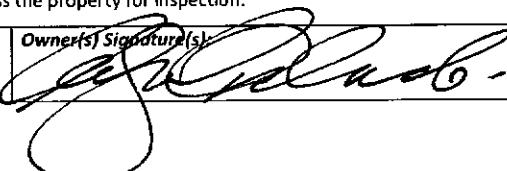


# CITY OF ALBANY

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 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 checked="" 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>At masonry openings, existing metal panel infill and windows will be replaced in the same design with new EIFS (stucco) and energy efficient, aluminum windows. Existing window infill has been present since at least the 1970s and no photographic evidence of the original windows has been found.</p>		
Part 3. Property Information		
Project Name (if applicable): Salvation Army		
Project Address: 452 Clinton Avenue		
Tax Identification No.: 65.63-1-73	Lot Size (sq. ft.): 38,768 (.89 acres)	
Zoning District: MU-NE	Abutting Zone District(s):	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Salvation Army, Alistair Fraser		
Mailing Address: 452 Clinton Avenue, Albany, NY 13904		
Phone No.: 845-732-4128	Email: Alistair.Fraser@USE.SalvationArmy.Org	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Emily Connors, Passero Associates		
Mailing Address: 242 West Main Street, Suite 100, Rochester, NY 14614		
Phone No.: 585-760-8582	Email: econnors@passero.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: Passero Associates	Architect Name: Steven Trobe	License No.: 19057
Mailing Address: 242 West Main Street, Suite 100, Rochester, NY 14614		
Phone No.: 585-760-8531	Email: strobe@passero.com	
Part 8. Authorized Agent for this Application		
Authorized Agent Name:		
Mailing Address:		
Phone No.:	Email:	
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): <b>Adolph M. Orlando</b> <del>Alistair Fraser</del> <b>Second Assistant Secretary - Property</b>	Owner(s) Signature(s): 	Date: <b>2.5.21</b>