

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

Part 2. Brief Description of Proposed Project / Activity

windows, Doors, Painting (Trim only)
 CONVERT 2 FAMILY to 3 FAMILY.

Part 3. Property Information

Project Name (if applicable): RENOVATION OF 336 CLINTON AVE ALBANY NY	
Project Address: 336 CLINTON AVE, ALBANY, NY 12206	
Tax Identification No.: 83-2601988	Lot Size (sq. ft.): 2700 sq ft
Zoning District: R-1	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): TAGA ASSOCIATES LLC	
Mailing Address: 108-28 DITMARS BLVD, EAST ELMHURST NY 11369	
Phone No.: 646-235-6089	Email: MA19121@GMAIL.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: KEITH CRAMER	Architect Name:	License No. 022194
Mailing Address: 95 HURST AVE, ALBANY NY 12208		
Phone No.: 518-438-8352	Email: CRAMERKEITH@MEN.COM	

Part 8. Authorized Agent for this Application

Authorized Agent Name: N/A	
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 checked="" 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 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): MARIE GAYLE	Owner(s) Signature(s): Marie Gayle	Date: 2/12/21
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