

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 checked="" type="checkbox"/> Lot Modification
<input type="checkbox"/> Area Variance	<input checked="" 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>The Applicant proposes to combine parcels at 245, 249 & 257 South Pearl Street and 78, 80, 82 & 84 Trinity Place into a single parcel. Applicant proposes to demolish a building at No. 80 Trinity Place and construct a new 4 story mens dormitory with a total area of approximately 32,000 SF.</p>		
Part 3. Property Information		
Project Name (if applicable): Capital City Rescue Mission Men's Dormitory		
Project Address: to be combined into existing No. 257 South Perl Street		
Tax Identification No.: 76.57-2-30	Lot Size (sq. ft.): 39,400 +/- SF	
Zoning District: MU-FS (Mixed Use, Form Based, South End), CS-O,HR-O	Abutting Zone District(s): MU-FS, CS-O, FP-O	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Capital City Rescue Mission		
Mailing Address: 259 South Pearl Street, Albany, NY 12201		
Phone No.: 518-562-0459	Email: perrytheodore@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: Hershberg & Hershberg	Engineer or Surveyor Name: Daniel R. Hershberg	License No.: 044226
Mailing Address: 18 Locust Street, Albany, NY 12203		
Phone No.: 518-459-3096	Email: dan@hhershberg.com	
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: Daniel R. Hershberg		
Mailing Address: 18 Locust Street, Albany, NY 12203		
Phone No.: 518-459-3096	Email: dan@hhershberg.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): <i>PERRY JONES</i>	Owner(s) Signature(s): <i>[Signature]</i>	Date: <i>3/23/2021</i>