



FOR STAFF USE ONLY	
Date Submitted:	Project #:

**MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS**

Part 1. APPLICATION FOR (Please check all application forms being submitted with this Master Application Form)		
<input type="checkbox"/> <i>Development Plan Review</i>	<input type="checkbox"/> <i>Design Review of Tall Buildings</i>	<input type="checkbox"/> <i>Amendment to Zoning Map or USDO Text</i>
<input type="checkbox"/> <i>Administrative Adjustment</i>	<input type="checkbox"/> <i>District Plan</i>	<input type="checkbox"/> <i>Area Variance</i>
<input type="checkbox"/> <i>Lot Line Adjustment</i>	<input type="checkbox"/> <i>Conditional Use Permit</i>	<input type="checkbox"/> <i>Use Variance</i>
<input type="checkbox"/> <i>Lot Consolidation</i>	<input type="checkbox"/> <i>Demolition Review</i>	<input type="checkbox"/> <i>Floodplain Variance</i>
<input type="checkbox"/> <i>Subdivision of Land</i>	<input type="checkbox"/> <i>Certificate of Appropriateness</i>	<input type="checkbox"/> <i>Historic Property Hardship Modification</i>

Part 2. Brief Description of Proposed Project / Activity
Siding

Part 3. Property Information	
Project Name (if applicable): <u>100 LARK ST</u>	
Project Address: <u>100 LARK ST</u>	
Tax Identification No.:	Lot Size (sq. ft.):
Zoning District:	Abutting Zone Districts(s):

Part 4. Property Owner Information	
Property Owner(s) Name(s): <u>HASSAN SALEH</u>	
Mailing Address: <u>108 LARK ST</u>	
Phone No.:	E-mail:

Part 5. Applicant Information (if different than property owner)	
Applicant Name: <u>HASSAN SALEH</u>	
Mailing Address:	
Phone No.:	E-mail:

Part 6. Project Engineer Information (if applicable)		
Company Name: <u>HOME POPE</u>	Engineer Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 7. Project Architect Information (if applicable)		
Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 8. Authorized Agent for this Application		
Authorized Agent Name:		
Mailing Address:		
Phone No.:	E-mail:	

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 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): <u>HASSAN SALEH</u>	Owner(s) Signature: <u>[Signature]</u>	Date: