

**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 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 checked="" 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
Hookah lounge operating under USDO 375-3(C)(4)(b)(i) and retail selling of tobacco products.

Part 3. Property Information
Project Name (if applicable): Puf Hookah LLC
Project Address: 204 Washington Avenue, Albany, NY 12210
Tax Identification No.: 861411621
Lot Size (sq. ft.): 1613
Zoning District: MU-NC
Abutting Zone District(s):

Part 4. Property Owner Information
Property Owner(s) Name(s): Zaigham Bokhari
Mailing Address: 1526 Central Avenue, Albany, NY 12205
Phone No.: (518) 488-9900
Email: victor_baba42@yahoo.com

Part 5. Applicant Information (if different than property owner)
Applicant Name: Roger David
Mailing Address: 577 Albany Shaker Road, Loudonville, NY 12211
Phone No.: (518) 227-9897
Email: pufhookah@gmail.com

Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: N/A	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

Part 7. Project Architect Information (if applicable)		
Company Name: N/A	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

Part 8. Authorized Agent for this Application
Authorized Agent Name: Roger David
Mailing Address: 577 Albany Shaker Road, Loudonville, NY 12211
Phone No.: (518) 227-9897
Email: pufhookah@gmail.com

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): <b>Zaigham Bokhari</b>	Owner(s) Signature(s): <i>Zaigham Bokhari</i>	Date: <b>3/30/2021</b>
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