## CIT Y 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 (Plea					cation Form)	
☐ Administrative Adjustment				☐ Historic Property Hardsl		
☐ Amendment to Zoning Map or USDO Text	☐ Demolition Review ☐ Design Review of Tall Buildings			☐ Lot Modification	пр моинсация	
☐ Area Variance	☐ Development Plan Review					
☐ Certificate of Appropriateness	☐ District Plan					
	☐ Floodplain Variance			☐ Special On-Premises Sign Program ☐ Other: Hour of operation extension.		
☐ Conditional Use Permit						
Part 2. Brief Description of Proposed Project / Activity						
We are requesting that the hours of operation of our existing Stewart's Shop be changed from 6am-10pm to 5am-11pm. This proposed change is in response to customer feedback which would allow us to better meet the needs of the Albany community. Specifically, customers have been asking for the shop to open earlier in the morning to accommodate their work hours, including contractors, government employees and health-care related personnel. As a local and employee-owned business, we value our customer suggestions and strive to respond to them whenever possible.						
Part 3. Property Information						
Project Name (if applicable): Stewart's Shops - New Scotland & Whitehall Road						
Project Address: 875 New Scotland Ave						
Tax Identification No.: 75.5-1-2			Lot Size (sq. ft.): + / - 36,252			
Zoning District: Mixed-Use, Neighborhood Edge			Abutting Zone District(s): Residential, Single-Family, Low Density			
Part 4. Property Owner Information						
Property Owner(s) Name(s): Stewart's Shops Corp						
Mailing Address: PO Box 435, Saratoga Springs, NY 12866						
Phone No.:518-581-1201 x 4440			Email: Tfronte@stewartsshops.com			
Part 5. Applicant Information (if different than property owner)						
Applicant Name:						
Mailing Address:						
Phone No:			Email:			
Part 6. I	Project E	ngineer/Sı	urveyor Information (if	f applicable)		
Company Name:	C	Engineer or	Surveyor Name:	License	No.:	
Mailing Address:					3	
Phone No.:			Email:			
Pa	rt 7. Proje	ect Archite	ect Information (if app	licable)		
Company Name:		Architect N	ame:	License	No.:	
Mailing Address:						
Phone No.: Email:						
Part 8. Authorized Agent for this Application						
Authorized Agent Name: Stewart's Shops Corp. / Tyler Fronte						
Mailing Address: PO Box 435, Saratoga Springs, NY 12866						
Phone No.:518-581-1201 x 4440 Email: Tfronte@stewartsshops.com						
Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)						
☐ 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.						
☐ 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.						
		Owner(s) Si	gnature(s):		Date:	
Stewart's Shops Corp.			2/6		12/17/21	