

MASTER APPLICATION: USE THIS				
Part 1. APPLICATION FOR (Plea	1			
☐ Administrative Adjustment	☐ Demolition Review		☐ Historic Property Hardship Modification	
☐ Amendment to Zoning Map or USDO Text	☐ Design Review of Tall Buildings		☐ Lot Modification	
☐ Area Variance	Development Plan Review		☐ Wall Display Application	
☐ Certificate of Appropriateness	☐ District Plan		☐ Special On-Premises Sign Program	
☐ Conditional Use Permit	☐ Floodplain Variance		☐ Other:	
Part 2. Brief Description of Proposed Project / Activity				
After transfer of title to Applicant, proposed historic renovation of the upper floors at 66 State Street into 27 market-rate apartments. The project includes minor renovations to the existing lower level commercial spaces. No exterior or site work is proposed.				
Part 3. Property Information				
Project Name (if applicable): Historic Renovation of 66 State				
Project Address: 66 State St. Albany, NY 12207				
Tax Identification No.:76.42-3-6	Lot Size (sq. ft.):10,261			
Zoning District:MU-DT	Abutting Zone District(s):			
Part 4. Property Owner Information				
Property Owner(s) Name(s):66 State Street, LLC				
Mailing Address: PO Box 21094 New York, NY 10025				
Phone No.:	Email:			
Part 5. Applicant Information (if different than property owner)				
Applicant Name:66 State Street Assoc, LLC				
Mailing Address: 204 Lafayette St. Suite 2 Schenectady, NY 12305				
Phone No:518-225-2401 Email: jperniciaro@redburndev.com				
Part 6. Project Engineer/Surveyor Information (if applicable)				
Company Name: Hershberg & Hershberg Engineer or Surveyor Name: Francis G. McCloskey License No.:049441				
Mailing Address:18 Locust St. Albany, NY 12203				
Phone No.:518-459-3096 Email: hhershberg@aol.com				
Part 7. Project Architect Information (if applicable)				
Company Name:3t Architects	Architect Name: Geoff MacDonald License No.:024533			
Mailing Address: 283 River St. Troy, NY 12180				
hone No.:518-618-0900 Email: geoffm@3tarchitects.com				
Part 8. Authorized Agent for this Application				
Authorized Agent Name: Jeff Buell				
Mailing Address: 204 Lafayette St. Suite 2, Schenectady, NY 12305				
Phone No.:518-944-8674	Email: jbuell@redburndev.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.				
Print Owner Name(s):	Owner(s) S	ignature(s):	01.00	Date:
Robert Hoffman		Robert	Hoffman.	5.24.2021
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Master Application Form Form Updated: April 2019