CITY OF ALBANY

DEPARTMENT OF PLANNING AND DEVELOPMENT

MASTER APPLICATION: USE THIS	FORM FOR ALL D	EVELOPMENT APPLICATI	ONC		
MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS Part 1. APPLICATION FOR (Please check all applications being submitted with this Master Application Form)					
- 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					
Part 2. Brief Description of Proposed Project / Activity					
The proposed redevelopment project consists of removing the buildings on 808 & 812 Central Avenue					
in order to construct a new 4600 SF convenience store and 10 dispenser fueling canopy.					
	Part 3. F	Property Information			
Project Name (if applicable): Speedway					
Project Address: 808 Central Avenue					
Tax Identification No.: 53.83-1-10 & 53.83-1-	11	Lot Size (sq. ft.): 2.7+/-			
Zoning District: MU-CH	Abutting Zone District(s): MU-CH				
Part 4. Property Owner Information					
Property Owner(s) Name(s): Speedway, LLC					
Mailing Address: 500 Speedway Dr., Enon, OH 45 Phone No.: 937-974-4691	323 (Corporate HQ)				
		Email: mkpitts@speedw			
Applicant Name: Mike Pitts, Speedway LLC	rbbiicaut imorma	tion (if different than pr	operty owner)		
Mailing Address: 5446 University Bld., Winston-Sa	lem NC 27105 (Appl	icont mailing address)			
Phone No: 1937-974-4691	iem, NC 27 103 (Appl	Email:			
Part 6.	Project Engineer		if applicable)		
Company Name: Bergmann		r or Surveyor Name: Brian I		License N	
Mailing Address: 280 East Broad Street, Suit					
Phone No.: 585-498-7782		Email: bburri@bergm	nannpc.com		
Pa	rt 7. Project Arch	nitect Information (if app			
Company Name:	Architect		Service Control of the Control of th	License N	lo.:
Mailing Address:					
Phone No.:		Email:			
	Part 8. Authorize	ed Agent for this Applic	ation		
Authorized Agent Name: Bergmann				And the second second second	
Mailing Address: 280 East Broad Street, Suite 200,	Rochester, NY 1460)4			
Phone No.: 585-498-7782		Email: bburri@bergman	•		
Part 5. Property Owner Consent (Check	the box below t	hat applies to this appli	cation and sign ir	the spac	e indicated below)
☐ I am the Owner and have no other agent or repress USDO. I understand the application must be comple Albany Department of Planning and Development p	ete and accurate prior	to a hearing being scheduled,	r corresponding application if required, or a decision	ations subjections being mad	t to review under the de. I grant the City of
■ I hereby authorize the above listed Applicant and/o understand the application must be complete and a Department of Planning and Development permission	occurate prior to a hea on to access the prope	ring being scheduled, if requirerty for inspection.	ding applications subje e, or a decision being r	ect to review nade. I grant	under the USDO. I the City of Albany
Print Owner Name(s):	Owner(s) Signature(s):	4		Date:
Michael K. Pitts, Project MGR, Speedw	vay LLC	11/2/1/	1		5/11/2021