

# CITY OF ALBANY

## NEW YORK

**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 (Please check all applications being submitted with this Master Application Form)**

<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Historic Property Hardship Modification
<input type="checkbox"/> Amendment to Zoning Map or USDO Text	<input type="checkbox"/> Design Review of Tall Buildings	<input type="checkbox"/> Lot Modification
<input type="checkbox"/> Area Variance	<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Wall Display Application
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> District Plan	<input checked="" type="checkbox"/> Special On-Premises Sign Program
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____

**Part 2. Brief Description of Proposed Project / Activity**

Replacement and Renovations to existing signage to better identify the elementary school under new KIPP branding guidelines.

**Part 3. Property Information**

Project Name (if applicable): <u>Elementary Signage Remodel</u>	
Project Address: <u>65 Krank St</u>	
Tax Identification No.: <u>76-18-1-1</u>	Lot Size (sq. ft.): <u>10.56 acres</u>
Zoning District: <u>R-1m Residential / OS-0</u>	Abutting Zone District(s):

**Part 4. Property Owner Information**

Property Owner(s) Name(s): <u>Albany Community Charter School (Kate Better)</u>	
Mailing Address: <u>65 Krank St Albany NY 12202</u>	
Phone No.: <u>(518) 929-6569</u>	Email: <u>kbetter@kippvalley.org</u>

**Part 5. Applicant Information (if different than property owner)**

Applicant Name: <u>Ayzo Ridge Design + Consulting LLC</u>	
Mailing Address: <u>300 Great Oaks Blvd Suite 300-004 Albany NY 12203</u>	
Phone No.: <u>(518) 216-0620</u>	Email: <u>bevisual@ayzoridge.com</u>

**Part 6. Project Engineer/Surveyor Information (if applicable)**

Company Name:	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

**Part 7. Project Architect Information (if applicable)**

Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

**Part 8. Authorized Agent for this Application**

Authorized Agent Name: <u>Bridgette Shoemaker, Ayzo Ridge Design</u>	
Mailing Address: <u>300 Great Oaks Blvd Suite 300-004 Albany NY 12203</u>	
Phone No.: <u>(518) 216-0620</u>	Email: <u>bevisual@ayzoridge.com</u>

**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): <u>Kate Better</u>	Owner(s) Signature(s): 	Date: <u>6/23/21</u>
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