

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"/> <i>Administrative Adjustment</i>	<input type="checkbox"/> <i>Demolition Review</i>	<input type="checkbox"/> <i>Historic Property Hardship Modification</i>
<input type="checkbox"/> <i>Amendment to Zoning Map or USDO Text</i>	<input type="checkbox"/> <i>Design Review of Tall Buildings</i>	<input type="checkbox"/> <i>Lot Modification</i>
<input type="checkbox"/> <i>Area Variance</i>	<input type="checkbox"/> <i>Development Plan Review</i>	<input type="checkbox"/> <i>Wall Display Application</i>
<input type="checkbox"/> <i>Certificate of Appropriateness</i>	<input type="checkbox"/> <i>District Plan</i>	<input type="checkbox"/> <i>Special On-Premises Sign Program</i>
<input type="checkbox"/> <i>Conditional Use Permit</i>	<input type="checkbox"/> <i>Floodplain Variance</i>	<input type="checkbox"/> <i>Other:</i> _____
Part 2. Brief Description of Proposed Project / Activity		
Demolition of the single family building at 507 First Street.		
Part 3. Property Information		
Project Name (if applicable):		
Project Address: 507 First Street		
Tax Identification No.: 65.47-2-25	Lot Size (sq. ft.): 2831	
Zoning District: R-2	Abutting Zone District(s): R-2	
Part 4. Property Owner Information		
Property Owner(s) Name(s): Albany County		
Mailing Address: 112 State Street, Albany, NY 12207		
Phone No.:	Email:	
Part 5. Applicant Information (if different than property owner)		
Applicant Name: City of Albany, Department of Buildings & Regulatory Compliance		
Mailing Address: 200 Henry Johnson Boulevard		
Phone No: 518-694-4813	Email: swells@albanyny.gov	
Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: Russ Reeves Civil + Structural En	Engineer or Surveyor Name: Russ Reeves	License No.: 063979
Mailing Address: PO Box 1433, Troy, NY 12181-1433		
Phone No.: 518-391-8285	Email: rreeves2@nycap.rr.com	
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: Samuel Wells		
Mailing Address: 200 Henry Johnson Boulevard		
Phone No.: 518-694-4813	Email: swells@albanyny.gov	
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): City of Albany, Dept of Buildings & Regulatory Compliance	Owner(s) Signature(s): 	Date: 6/10/2021