

CITY OF ALBANY



NEW YORK

DEPARTMENT OF PLANNING AND DEVELOPMENT
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

FOR STAFF USE ONLY

Date Submitted:

Project #:

MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1. APPLICATION FOR (Please check all application forms being submitted with this Master Application Form)

<input type="checkbox"/> Development Plan Review	<input type="checkbox"/> Design Review of Tall Buildings	<input type="checkbox"/> Amendment to Zoning Map or USDO Text
<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> District Plan	<input type="checkbox"/> Area Variance
<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Use Variance
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Demolition Review	<input type="checkbox"/> Floodplain Variance
<input type="checkbox"/> Subdivision of Land	<input checked="" type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification

Part 2. Brief Description of Proposed Project / Activity

175 Jay Exterior Rehab
Repair and repaint stucco. Expose and restore first level brick on Jay and Dove St.
Replace windows.

Part 3. Property Information

Project Name (if applicable): 175 Jay Exterior Rehab	
Project Address: 175 Jay St Albany NY	
Tax Identification No.:	Lot Size (sq. ft.):
Zoning District:	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): NCG Jay LLC	
Mailing Address: 150 State St 2nd Floor Albany NY	
Phone No.: 845-746-7103	E-mail: sam@rdcequities.com

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

Applicant Name: DSCC LLC	
Mailing Address: PO BOX 4414 Waterbury CT 06714	
Phone No: 203-212-8827	E-mail: office@thedsc.com

Part 6. Project Engineer Information (if applicable)

Company Name:	Engineer Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

Part 7. Project Architect Information (if applicable)

Company Name: Kurzon Architects	Architect Name: Robert Kurzon	License No.:
Mailing Address: 90 State St 5th Floor Albany		
Phone No.: 518-463-3492	E-mail: robert.kurzon@kurzonarchitects.com	

Part 8. Authorized Agent for this Application

Authorized Agent Name: Charlie Attar	
Mailing Address: PO BOX 4414 Waterbury CT 06714	
Phone No.: 203-212-8827	E-mail: ca@thedsc.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): Sam Dean	Owner(s) Signature: 	Date: 6/23/2021
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