

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 type="checkbox"/> Special On-Premises Sign Program
<input checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____
Part 2. Brief Description of Proposed Project / Activity		
Bar/Tavern 2000sq Feet of Ground Floor as a bar.		
Part 3. Property Information		
Project Name (if applicable): Madison Pub 869 Madison Ave, Albany NY 12208		
Project Address: 869 Madison Ave Albany NY 12208		
Tax Identification No.: 65-61-4-27		Lot Size (sq. ft.): 6099
Zoning District: MU-NC		Abutting Zone District(s): R2
Part 4. Property Owner Information		
Property Owner(s) Name(s): BMT 869 Madison LLC		
Mailing Address: 1100 Madison Ave Albany NY 12208		
Phone No.: 518-428-5098		Email: Brian@BMTMgt.COM
Part 5. Applicant Information (if different than property owner)		
Applicant Name: Madison Pub LLC		
Mailing Address: 869 Madison Ave Albany NY 12208		
Phone No.: 518-763-7083		Email: O.AnAne1@gmail.com
Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: Owyfe AnAne	Engineer or Surveyor Name: _____	License No.: _____
Mailing Address: None		
Phone No.: 518-763-7083		Email: O.AnAne1@gmail.com
Part 7. Project Architect Information (if applicable)		
Company Name:	Architect Name:	License No.:
Mailing Address: None		
Phone No.:		Email:
Part 8. Authorized Agent for this Application		
Authorized Agent Name: David Brickman Attorney		
Mailing Address: 1664 Western Ave		
Phone No.: 518-464-6464		Email: David@DavidbrickmanPC.com
Part 5. Property Owner Consent (Check the box below that applies to this application and sign in the space indicated below)		
<input 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 checked="" 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): Anthony Lounello Jr	Owner(s) Signature(s): 	Date: 8/23/21