

# 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

Project would replace <sup>factory</sup> brown sandstone w/ brick which matches rest of building

### Part 3. Property Information

Project Name (if applicable):	
Project Address: 184 S. Swan St	
Tax Identification No.: 78.40 2 2 C	Lot Size (sq. ft.): frontage 21.95 ft depth 71.31 ft
Zoning District: Manion Hill	Abutting Zone Districts(s): Manion Hill

### Part 4. Property Owner Information

Property Owner(s) Name(s): Day Street Development LLC	
Mailing Address: 6 Manning Blvd	
Phone No.: 917-693-8487	E-mail: albert@daystreet.com

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

Applicant Name:	
Mailing Address:	
Phone No.:	E-mail:

### 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:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	E-mail:	

### Part 8. Authorized Agent for this Application

Authorized Agent Name:	
Mailing Address:	
Phone No.:	E-mail:

### 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): Charles Silverstein	Owner's Signature: 	Date: 9-10-21
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