

CITY OF ALBANY

FOR STAFF USE ONLY

Date Submitted:

Project #:

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 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 type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Historic Property Hardship Modification

Part 2. Brief Description of Proposed Project / Activity

Part 3. Property Information

Project Name (if applicable):

Project Address: 367 State Street Albany 12210

Tax Identification No.: 6443 Lot Size (sq. ft.): 17,52 x 75

Zoning District: R-T Abutting Zone Districts(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): Earl Steenberg & Bill Godlewski

Mailing Address: 6 N. Pine Ave

Phone No.: (518) 441-9294 E-mail: Mrhuckleberry@hotmail.com

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

Applicant Name: Jim Murphy

Mailing Address: 653 River Road Schodack Landing NY 12156

Phone No.: (518) 858-5777 E-mail: Jimbuss713@gmail.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: 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): Steenberg & Godlewski

Owner(s) Signature: 

Date: 12/1/21