

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 checked="" 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 checked="" type="checkbox"/> Lot Modification
<input type="checkbox"/> Area Variance	<input checked="" 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

Applicant proposes to maintain the current 72 bed count under license by New York State Office of Alcoholism and Substance Abuse Services (OASAS) at the current site. The building size however will be increased from 13,544 SF to 34,868 +/- SF to meet current OASAS guidelines for Stabilization and Rehabilitation Services and to house Hospitality House's central administrative needs. In order to keep Hospitality House's treatment program operational during construction, the project will need to be constructed in two phases. Phase 1 will involve the construction of a new four-story addition on the property north of their existing building adjoining Sherman Street. Phase 2 would involve the complete renovation of the existing building. Construction duration for the entire project is expected to be 30 months. During the construction period, the number of clients served will need to be temporarily reduced to approximately 48 residents. After rehabilitation and new construction are complete the resident count would return to 72 and the employees would increase to 65 working in 3 shifts.

Part 3. Property Information

Project Name (if applicable): Hospitality House Addition	
Project Address: 271 Central Avenue (address of proposed combined lots)	
Tax Identification No.: 65.63-2-68; 65.63-2-69;65.63-2-70;65.63-2-33	Lot Size (sq. ft.): 12,480 +/-
Zoning District: MU-FC (walkable center), CS-O	Abutting Zone District(s): MU-FC

Part 4. Property Owner Information

Property Owner(s) Name(s): Hospitality House TC, Inc	
Mailing Address: 271 Central Avenue, Albany, NY 12206	
Phone No.: (518) 542-9838	Email: young@hospitalityhouse.info

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

Applicant Name:	
Mailing Address:	
Phone No:	Email:

Part 6. Project Engineer/Surveyor Information (if applicable)

Company Name: Hershberg & Hershberg	Engineer or Surveyor Name: Daniel R. Hershberg, PE & LS	License No.: 044226
Mailing Address: 18 Locust Street, Albany, NY 12203		
Phone No.: 518-459-3096	Email: dan@hhershberg.com	

Part 7. Project Architect Information (if applicable)

Company Name: Architecture +.	Architect Name: Felix Lomonaco, AIA	License No.:
Mailing Address: 297 River Street, Troy, New York 12180		
Phone No.: (518) 272-4481	Email:	

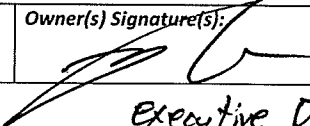
Part 8. Authorized Agent for this Application

Authorized Agent Name: Daniel R. Hershberg, PE & LS	
Mailing Address: 18 Locust Street, Albany, NY 12203	
Phone No.: 518-459-3096	Email: dan@hhershberg.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): <i>Hospitality House TC, inc.</i>	Owner(s) Signature(s):  <i>Executive Director</i>	Date: <i>2/1/2022</i>
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