

# 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

The application is for a conditional use permit to operate a Medical Care Office/ Opioid Treatment Program (OTP) where medication to treat opioid use disorder is administered. The use is classified as a Controlled Substance Dispensary which are a conditionally permitted use in the MU-CI District. In addition to dispensing medication, the program will also offer other support services, including but not limited to counseling, educational services, medical screening and care, mental health care and referral to social services. The facility will be licensed by the New York State Office of Addiction Services and Support (OASAS). The subject building is an existing non-residential structure and no significant alterations to the exterior of the building are proposed.

### Part 3. Property Information

Project Name (if applicable): Fusion Recovery Albany	
Project Address: 250 Washington Avenue Extension, Corporate Plaza, City of Albany, County of Albany, New York	
Tax Identification No.: 41.00-2-30	Lot Size (sq. ft.): 0.91 ac
Zoning District: MU-CI	Abutting Zone District(s): MU-CI

### Part 4. Property Owner Information

Property Owner(s) Name(s): Corporate Plaza Realty, LLC	
Mailing Address: 12 Century Hill Drive, Suite 1010, Latham, New York 12110	
Phone No.: 518-371-2410	Email: marc@casshill.com

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

Applicant Name: Fusion Recovery Albany, LLC	
Mailing Address: 130 Central Avenue, Lawrence New York, 11559	
Phone No.: (866) 506-2783	Email: mitchbaumann@live.com

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

Company Name:	Engineer or Surveyor Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

### Part 7. Project Architect Information (if applicable)

Company Name:	Architect Name:	License No.:
Mailing Address:		
Phone No.:	Email:	

### Part 8. Authorized Agent for this Application

Authorized Agent Name: Mitch Baumann (Fusion Recovery, LLC)/ Allyson M. Phillips, Esq. (Attorney for Applicant)	
Mailing Address: Young / Sommer, LLC, Executive Woods, Albany New York, 12205	
Phone No.: (518) 438-9907 / x257	Email: aphillips@youngsommer.com

### Part 9. 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 required, 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): <b>Marc Paquin</b>	Owner(s) Signature(s): 	Date: <b>2/22/22</b>
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