

MASTER APPLICATION: USE THIS FORM FOR ALL DEVELOPMENT APPLICATIONS

Part 1 APPLICATION FOR (PIO				v A mulication Famel	
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Amendment to Zonion Man and ISSO Taxt	Demolition Review			☐ Historic Property Hardship Modification	
☐ Amendment to Zoning Map or USDO Text	☐ Design Review of Tall Buildings			☐ Lot Modification	
☐ Area Variance	☐ Development Plan Review		☐ Wall Display Application		
☐ Certificate of Appropriateness	District Plan		☐ Special On-Premises Sign Program		
☐ Conditional Use Permit	Floodplain Variance		Other:		
Part 2. Brief Description of Proposed Project / Activity					
The Applicant observed that the bases of the wood columns supporting the roof of the front porch at 41 South Pine Avenue had become deteriorated and the wood was rotten. The Applicant proposes to replace the lower portion of columns with masonry supports and center the steps,					
Part 3. Property Information					
Project Name (if applicable): Porch Repair					
Project Address: 41 South Pine Avenue					
Tax Identification No.: 64.58-2-19	Lot Size (sq. ft.): 9,14		***************************************		
Zoning District: R-2, CS-O	Abutting Zone District(s): R-2. CS-O				
Part 4. Property Owner Information					
Property Owner(s) Name(s): Joann Sternheimer & William Stanley					
Mailing Address: 41 South Pine Avenue, Albany, NY 12208 Phone No.: 518-441-8512 Email: joann.sternheimer@gmail.com					
Phone No.: 518-441-8512 Email: joann.sternheimer@gmail.com Part 5. Applicant Information (if different than property owner)					
	Applicant information	on (if different than	n property owner)		
Applicant Name: William Stanley	W. 4000	<u> </u>	THE STATE OF THE S		
Mailing Address: 41 South Pine Avenue, Albany, NY 12208					
Phone No: 518-915-2607 Email: rednexpalone@yahoo.com					
Part 6. Project Engineer/Surveyor Information (if applicable)					
Company Name: Hershberg & Hershberg Engineer or Surveyor Name: Daniel R. Hershberg License No.: 044226					
Mailing Address: 18 Locust Street, Albany, NY 12203 Phone No.: 518-459-3096 Email: dan@hhershberg.com					
Phone No.: 518-459-3096 Email: dan@hhershberg.com 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: Daniel R. Hershberg	ranto. Adminized	Agent for this Ap	piication		
Mailing Address: 18 Locust Street, Albany, NY 12	203				
Phone No.: 518-459-3096 Email: dan@hhershberg.com			hora 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 repres USDO. I understand the application must be comp Albany Department of Planning and Development	entative authorized to re lete and accurate prior to	present me in this and on a hearing being schedu	other corresponding applicatuled, if required, or a decision	ions subject to review under the	
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): NOONN SEY NHEIMER WILLIAM Stanley	Cyriens s	ignostrato)		1 20 2)	
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