

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 checked="" type="checkbox"/> Special On-Premises Sign Program
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: _____

Part 2. Brief Description of Proposed Project / Activity

Replacement and renovations to existing signage to better identify the middle school under KIPP branding guidelines

Part 3. Property Information

Project Name (if applicable): <u>Middle School Signage Remodel</u>	
Project Address: <u>42 South Dove St</u>	
Tax Identification No.: <u>76-14-2-1.2</u>	Lot Size (sq. ft.): <u>1.49</u>
Zoning District: <u>MU-NE</u>	Abutting Zone District(s):

Part 4. Property Owner Information

Property Owner(s) Name(s): <u>Albany Community Charter School</u>	
Mailing Address: <u>65 Krank St Albany NY 12202</u>	
Phone No.: <u>(518) 929-0509</u>	Email: <u>kbetter@kipptechvalley.com</u>

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

Applicant Name: <u>Ayzo Ridge Design + Consultants LLC</u>	
Mailing Address: <u>300 Great Oaks Blvd Suite 300-004 Albany NY 12203</u>	
Phone No.: <u>(518) 216-0620</u>	Email: <u>bevisual@ayzoridge.com</u>

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: <u>Bridgette Sheemaker, Ayzo Ridge Design</u>	
Mailing Address: <u>300 Great Oaks Blvd Suite 300-004 Albany NY 12203</u>	
Phone No.: <u>(518) 216-0620</u>	Email: <u>bevisual@ayzoridge.com</u>

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): <u>Kate Better</u>	Owner(s) Signature(s): <u>[Signature]</u>	Date: <u>6/23/21</u>
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