

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 type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Floodplain Variance	<input type="checkbox"/> Other: <u>SIGN VARIANCES</u>

Part 2. Brief Description of Proposed Project / Activity

INSTALL 3 - INTERNALLY ILLUMINATED WALL SIGNS. 2 SIGNS 48" X
ONE SIGN - 75" X

Part 3. Property Information

Project Name (if applicable):

Project Address: 1009 CENTRAL AVE

Tax Identification No.: 53.66-3-10.1 Lot Size (sq. ft.): 1.5 ACRES / 65,340

Zoning District: COMMERCIAL MU-CH Abutting Zone District(s): MU-CH MU/NC

Part 4. Property Owner Information

Property Owner(s) Name(s): EVAN FEINMAN LLC

Mailing Address: 1051 B CENTRAL AVE, ALBANY NY, 12205

Phone No.: 518-424-8450 Email: BFEINMAN@VANGUARDFINE.COM

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

Applicant Name: RAY SIGN

Mailing Address: 28 COLONIAL AVE, Schenectady, NY, 12304

Phone No.: 518-377-1371 Email: RAYSIGNNY@HOTMAIL.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: RAY SIGN

Mailing Address: 28 COLONIAL AVE, Schenectady, N.Y. 12304

Phone No.: 518-377-1371 Email: RAYSIGNNY@HOTMAIL.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): Evan Feinman Owner(s) Signature(s): E Feinman Date: 1/28/22