

# 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 checked="" 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: _____

**Part 2. Brief Description of Proposed Project / Activity**

*Rezone 1057 and 1061 Washington Ave from MU-NC to R2. This is consistent with neighboring properties and has been the actual use of these properties for multiple decades.*

**Part 3. Property Information**

Project Name (if applicable): \_\_\_\_\_

Project Address: *1057 and 1061 Washington Ave, Albany*

Tax Identification No: *64.26/1/4 and 64.26/1/3* Lot Size (sq. ft.): \_\_\_\_\_

Zoning District: *MU-NC* Abutting Zone District(s): *MU-NC and Residential*

**Part 4. Property Owner Information**

Property Owner(s) Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

Applicant Name: *Albany Common Council*

Mailing Address: *Albany City Hall*

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

Company Name: *NA* Engineer or Surveyor Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

Company Name: *NA* Architect Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 8. Authorized Agent for this Application**

Authorized Agent Name: *NA*

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**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): _____	Owner(s) Signature(s): _____	Date: _____
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