

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 checked="" 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

Amendment to Zoning Map, rezone 77, 79, 81, 83, 83.5 & 85 Sherman Street from R-2, Two Family Residential to MU-CU, Mixed-Use Community Urban.

Lot consolidation of 9 parcels located along the northeast side of Sherman Street. All parcels owned by the Legal Aid Society of Northeast NY.

Part 3. Property Information

Project Name (if applicable): Legal Aid Society of Northeast NY Parking Expansion	
Project Address: 69, 71, 73, 77, 79, 81, 83, 83.5, 85, Sherman Street	
Tax Identification No.: See attached Lot Modification Application	Lot Size (sq. ft.): See attached Lot Modification Application
Zoning District: R2 and MU-CU	Abutting Zone District(s): R2 to the north and east, MU_CU to the south

Part 4. Property Owner Information

Property Owner(s) Name(s): Legal Aid Society of Northeast NY	
Mailing Address: 95 Central Avenue	
Phone No.: 518-533-5926	Email: mcoulter@lasny.org

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

Applicant Name:	
Mailing Address:	
Phone No.:	Email:

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

Company Name: Lansing Engineering, PC	Engineer or Surveyor Name: Yates Scott Lansing, PE	License No.:
Mailing Address: 2452 State Route 9, Suite 301, Malta, NY 12020		
Phone No.: 518-899-5243	Email: ysl@lansingengineering.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: Lansing Engineering, PC - Yates Scott Lansing, PE	
Mailing Address: 2452 State Route 9, Suite 301, Malta, NY 12020	
Phone No.: 518-899-5243	Email: ysl@lansingengineering.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): Legal Aid Society of Northeastern New York	Owner(s) Signature(s): Lillian M. Moy, Executive Director	Date: 5/6/2021
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