

# 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"/> <b>Administrative Adjustment</b>	<input type="checkbox"/> <b>Demolition Review</b>	<input type="checkbox"/> <b>Historic Property Hardship Modification</b>
<input checked="" type="checkbox"/> <b>Amendment to Zoning Map or USDO Text</b>	<input type="checkbox"/> <b>Design Review of Tall Buildings</b>	<input type="checkbox"/> <b>Lot Modification</b>
<input type="checkbox"/> <b>Area Variance</b>	<input type="checkbox"/> <b>Development Plan Review</b>	<input type="checkbox"/> <b>Wall Display Application</b>
<input type="checkbox"/> <b>Certificate of Appropriateness</b>	<input type="checkbox"/> <b>District Plan</b>	<input type="checkbox"/> <b>Special On-Premises Sign Program</b>
<input type="checkbox"/> <b>Conditional Use Permit</b>	<input type="checkbox"/> <b>Floodplain Variance</b>	<input type="checkbox"/> <b>Other:</b> _____

Part 2. Brief Description of Proposed Project / Activity
Proposed Zoning Amendment for the following properties from R-T to MU-NE: 89, 91, 93, 94 & 95 Clinton St and 117 Fourth Ave. This will provide more than 10,000 sqft of Commercial space for Small Business Owners to aid with the economic and social rebirth of this economically deprived community and under-utilized business zone.

Part 3. Property Information
Project Name (if applicable): <b>TRINCA</b>
Project Address: <b>91 CLINTON ST, ALBANY, NY 12202</b>
Tax Identification No.: <b>76.64-3-18</b>
Lot Size (sq. ft.): <b>1300</b>
Zoning District: <b>R-T</b>
Abutting Zone District(s):

Part 4. Property Owner Information
Property Owner(s) Name(s): <b>KERWYN KIRTON</b>
Mailing Address: <b>36 WESTERLO ST. APT 2, ALBANY, NY 12202</b>
Phone No.: <b>(718) 808-5010</b>
Email: <b>KERWYNKIRTON@TRINCARENTALSLLC.COM</b>

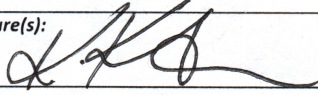
Part 5. Applicant Information (if different than property owner)
Applicant Name:
Mailing Address:
Phone No:
Email:

Part 6. Project Engineer/Surveyor Information (if applicable)		
Company Name: <b>K. M. FLATLEY LLC</b>	Engineer or Surveyor Name: <b>SURVEYOR</b>	License No.: <b>051103</b>
Mailing Address: <b>179 MANOR AVENUE, COHOES, NY 12047</b>		
Phone No.: <b>(518) 487-1610</b>	Email: <b>KMPFLATLEY@YAHOO.COM</b>	

Part 7. Project Architect Information (if applicable)		
Company Name: <b>SDS ARCHITECTURE, PLL</b>	Architect Name: <b>NATALIE SEAGRIFF</b>	License No.: <b>036546</b>
Mailing Address: <b>NISKAYUNA, NY 12309</b>		
Phone No.: <b>(315) 751-1237</b>	Email: <b>NSEAGRIFF@SEAGRIFFDESIGNSTUDIO.COM</b>	

Part 8. Authorized Agent for this Application
Authorized Agent Name:
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)
<input checked="" type="checkbox"/> 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.
<input type="checkbox"/> 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 required, 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): <b>KERWYN KIRTON</b>	Owner(s) Signature(s): 	Date: <b>5/11/21</b>
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