## CITY OF ALBANY DEPARTMENT OF PLANNING AND DEVELOPMENT 200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

FOR STAFF USE ONLY			
Date Submitted:	Project #:		

MASTER APPLICATION: USE THIS I Part 1. APPLICATION FOR (Please				ster Application Form)			
	Design Review of			Zoning Map or USDO Text			
	☐ District Plan		☐ Area Variance				
			☐ Use Variance				
	☐ Conditional Use Permit						
	■ Demolition Review			☐ Floodplain Variance			
	☐ Certificate of Appropriateness			☐ Historic Property Hardship Modification			
Part 2. Brief Description of Proposed Project / Activity							
Applicant proposes to construct 25 buildings. Parking in the garages Total parking provided will be 401 ground floor level of a building witl	will total 188 spaces. Com	paces and s mon space	surface parking will and a rental office v	provide 213 spaces.			
	Part 3. Pro	perty Informat	tion				
Project Name (if applicable): Sandidge Way Apartments							
Project Address: Proposed 1 and 2 Sandidge Way		.,,					
Tax Identification No.: To be Determined							
Zoning District: RV	Abutting Zone Districts(s): LC, MU-CI						
	Part 4. Proper						
Property Owner(s) Name(s): Loughlin 1, LLC	•						
Mailing Address: 255 Washington Avenue Extensio	n						
Phone No.: 518-862-6600		E-mail: Non-A	ssey Cteicherentals.	Lern			
	plicant Informatio						
Part 5. Applicant Information (if different than property owner)  Applicant Name: Dawn Home Management, Inc.							
Mailing Address: 20 Corporate Woods Boulevard,	Albany, NY 12211						
Phone No: 518-465-4500	•	E-mail: sjones@	dawnhomes.com				
Par	t 6. Project Engine	er Information	ı (if applicable)				
Company Name: Hershberg & Hershberg	Engineer N	ame: Daniel R. H	ershberg, P.E. & L.S.	License No.: 044226			
Mailing Address: 18 Locust Street, Albany, NY 1220	03						
Phone No.: 518-459-3096		E-mail: dan@hh	ershberg.com				
Part 7. Project Architect Information (if applicable)							
Company Name: Harris A. Sanders Architects, PC	Architect N	ame: Daniel San	ders, R.A.	License No.:			
Mailing Address: 252 Washington Avenue, Albany,	NY 12210						
Phone No.: 518-426-3644		E-mail: dsander	s@sandersarchitects.com				
	Part 8. Authorized	Agent for this	Application				
Authorized Agent Name: Daniel R. Hershberg, P.E.	. & L.S.						
Mailing Address: 18 Locust Street, Albany, NY 122	03						
Phone No.: 518-459-3096		E-mail: dan@hh	ershberg.com				
Part 5. Property Owner Consent (Check	the box below tha	t applies to th	is application and sign i	n the space indicated below)			
☐ I am the Owner and have no other agent or represe USDO. I understand the application must be comple Albany Department of Planning and Development p	entative authorized to re ete and accurate prior to ermission to access the	present me in this a hearing being s property for inspe	and other corresponding applic cheduled, if required, or a decis ction.	eations subject to review under the lon being made. I grant the City of			
■ 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): Loughlin I, LLC	Owner(\$)/S	Signaturg: (	M	Date: W-16-17			