



CITY OF ALBANY
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Rev. 6/16

KATHY M. SHEEHAN
Mayor

Applicant Name: _____
Applicant Address: _____
Phone: _____ Signature: _____

Property Address: _____
Property Owner: _____
Phone: _____ Signature: _____

Contractor Name: _____
Contractor Address: _____
Phone: _____ Signature: _____

Architect Name: _____
Architect Address: _____
Phone: _____ Email: _____

Other (Name): _____
Other Address: _____
Phone: _____ Role in Project: _____

Will any public funding, tax credits, etc. be used in this project? Yes No

If yes, please specify **TYPE OF WORK** (Check all that apply):

- Repair Rehabilitation Exterior Alteration Addition
- Demolition New Construction Sign or Awning Fence
- Excavation or Site Work
- Other (Please specify): _____

CONTACT INFORMATION:

PLANNING DEPARTMENT
200 Henry Johnson Blvd., Suite 3
Albany, NY 12210
518.465.6066
albany2030@albanyny.gov

**BOARD OF ZONING APPEALS
PLANNING BOARD**
518.445.0754
zoning@albanyny.gov
planningboard@albanyny.gov

HISTORIC RESOURCES COMMISSION
518.242.7714
hrc@albanyny.gov

BUILDINGS & REGULATORY COMPLIANCE
200 Henry Johnson Blvd., Suite 1
Albany, NY 12210
518.434.5165
zoning@albanyny.gov

AlbanyNY.gov

PROPOSED PROJECT DESCRIPTION: