

**City of Albany
Board of Zoning Appeals
Application**

This application must be filed with the Department of Development and Planning, Land Use Division at 200 Henry Johnson Boulevard, Albany, New York 12206, (518-445-0754). Applications are not considered to be complete until all supplemental documents and fees are received. (See attached instructions.) Planning Office staff shall determine the completeness of applications before scheduling the case before the Board of Zoning Appeals. Notice of public hearing shall be mailed to the applicant, adjacent property owners, and other interested parties. **The applicant or his/her representative shall appear at the public hearing to substantiate the application.**

REGARDING THE PREMISES AT 2 Clara Barton Drive
APPLICANT Barton Associates

ADDRESS 40 Beaver Street CITY Albany STATE NY ZIP 12207
PHONE 518-432-4500 FAX NUMBER 518-432-8345

AUTHORIZED AGENT Omni Management Group, Ltd.
AFFILIATION Property Manager

ADDRESS 40 Beaver Street CITY Albany STATE NY ZIP 12207
PHONE 518-432-4500 FAX NUMBER 518-432-8345

PROPERTY OWNER Barton Associates
ADDRESS 40 Beaver Street CITY Albany STATE NY ZIP 12207

PHONE 518-432-4500 FAX NUMBER 518-432-8345

OTHER TO BE NOTIFIED
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ FAX NUMBER _____

REQUEST: SPECIAL USE PERMIT INTERPRETATION
 USE VARIANCE PARKING LOT PERMIT
 AREA VARIANCE OTHER

ZONING CLASSIFICATION C-0 TAX LOT ID NUMBER 76.9-2-6
EXISTING USE / # OF UNITS 45,000 S.F. Medical Office Building
PROPOSED USE / # OF UNITS 50,400 S.F. Medical Office Building
OCCUPANCY STATUS (FULLY OCCUPIED / PARTIALLY OCCUPIED / VACANT) Fully Occupied

REQUESTED PUBLIC HEARING DATE: March 27, 2013
PROJECT TIME FRAME: 5/13 - 11/13 TOTAL PROJECT COST: 800,000

Is the property within 500 feet of a municipal boundary, State or County property, road, park or facility, or other recreation area? Yes No If yes, the submission will require review by the Albany County Planning Board.

Does any state officer or any officer or employee of the City of Albany or County of Albany have any affiliation with or interest in the applicant or this application? Yes No If yes, set forth the name, address, and nature and extent of the affiliation or interest of an officer / employee.

I, the undersigned owner, hereby authorize the applicant to bring the application herein before the Board of Zoning Appeals of the City of Albany.

SIGNED *David Swartz* DATE 3/6/13

I, the undersigned applicant, hereby state that the information and facts set forth in this application are true to the best of my knowledge and belief.

SIGNED *David Swartz* DATE 3/5/13

SHORT ENVIRONMENTAL ASSESSMENT FORM

INSTRUCTIONS:

In order to answer the questions in this short EAF it is assumed that the preparer will use currently available information concerning the project and the likely impacts of the action. It is not expected that additional studies research or other investigations will be undertaken.

ENVIRONMENTAL ASSESSMENT

- | | | | |
|-----|--|------------------------------|--|
| 1. | Will the project result in a large physical change to the project site or physically alter more than 10 acres of land?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. | Will there be a major change to any unique or unusual landform found on this site?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. | Will project alter or have a large effect on an existing body of water?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. | Will project have a potentially large impact on groundwater quality? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. | Will project significantly affect drainage flow or air quality?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. | Will project affect any threatened or endangered plant or animal species... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. | Will project result in a major adverse impact on air quality?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8. | Will project have a major effect on visual character of the community or scenic views or vistas known to be or important to the community?... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. | Will project adversely impact any site or structure of historic, prehistoric or paleontological importance or any site designated as a critical environmental area by a local agency?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. | Will project have a major effect on existing or future recreational opportunities? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. | Will project result in major traffic problems or cause a major impact on existing transportation systems?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12. | Will project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbances as a result of the project's operation?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13. | Will project have any impact on public health or safety?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 14. | Will project affect the existing community by directly causing a growth? in permanent population of more than 5% over a one-year period <u>or</u> have a major negative effect on the character of the community or neighborhood?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 15. | Is there any public controversy concerning the project?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

PREPARER'S SIGNATURE: Tim O'Byrne TITLE: Project Manager

REPRESENTING: Barton Associates DATE: 3/4/2013

Project Narrative:
Community Care Physicians Expansion

2 Clara Barton Drive
Albany, NY

The applicant is seeking a parking lot permit as per Article XI Section 375-174 of the City of Albany Zoning Code. A 5,100 s.f. addition is proposed to the existing 45,000 s.f. medical office building. 27 new parking spaces are proposed to the existing +/- 192 space parking lot. Site improvements will include landscape screening and a pedestrian sidewalk accessing the parcel from Hackett Blvd.



GERALD D. JENNINGS
MAYOR

CITY OF ALBANY
DIVISION OF BUILDING & REGULATORY COMPLIANCE
CITY HALL – ROOM 303
ALBANY, NEW YORK 12207
PHONE (518) 434-5995 FAX (518) 434-6015
WWW.ALBANYNY.ORG

JEFFERY V. JAMISON
COMMISSIONER

February 1, 2013

Omni Management Group, Ltd.
40 Beaver Street
Albany, NY 12207

RE: 2 Clara Barton Drive
Application Number: 66342

Dear Sir:

On January 30, 2013, you made an application for work at the above referenced property involving: Construction of a 5,400+/- second floor addition to existing building to match existing building height of 23'+/- feet and add 27 additional parking spaces.

This property is located in an area which is zoned C-O.

This Application has been examined for compliance with the applicable provisions of the Zoning Ordinance of the City of Albany, NY.

That review has revealed that the proposed work will require

- Common Council Approval (375-186)
- Parking Lot Permit (375-174)
- Site Plan Approval (375-33)
- Special Use Permit (375-27)
- Approval by Historic Resources Commission (42-83)

Therefore, your application of 1/30/13 cannot be granted at this time until the approvals indicated above have been granted and all zoning issues are resolved.

Application for the required review(s) may be made on forms available from the Office of Planning & Neighborhood Development, 200 Henry Johnson Blvd. *Applications for the required review(s) must be filed completely with the Office of Planning and Neighborhood development within thirty (30) days of the date of this letter. Upon successful approval(s) required above, a full set of construction documents prepared by a NYS licensed architect or engineer may be required to be submitted to this office prior to a Building Permit being issued.*

For the Commissioner,

Vincent DiBiase
Deputy Chief Inspector

cc: Planning Office



2012



SITE LOCATION MAP
SCALE: 1"=2,000'

CITY OF ALBANY ZONING DISTRICT INFORMATION				
ZONING DISTRICT: CO, COMMERCIAL OFFICE				
DESCRIPTION	REQUIRED	EXISTING	PROPOSED	PROVIDED
MIN. LOT AREA	8,000 SF	8,000 SF	8,000 SF	158,123 SF
MIN. LOT WIDTH	80'	570.24	N/A	N/A
MIN. LOT DEPTH	100'	283.41	X	X
FRONT SETBACK	20 FT	20 FT	20 FT	31.9 FT±
SIDE SETBACK	4' MIN. (16' TOTAL)	4 FT (16 FT BOTH)	4 FT (16 FT BOTH)	57 FT±
REAR SETBACK	25 FT	25 FT	25 FT	25 FT±
MAXIMUM BLDG HEIGHT	85 FT	85 FT	85 FT	40 FT
MAXIMUM LOT COVERAGE	60%	23%	27%	27%

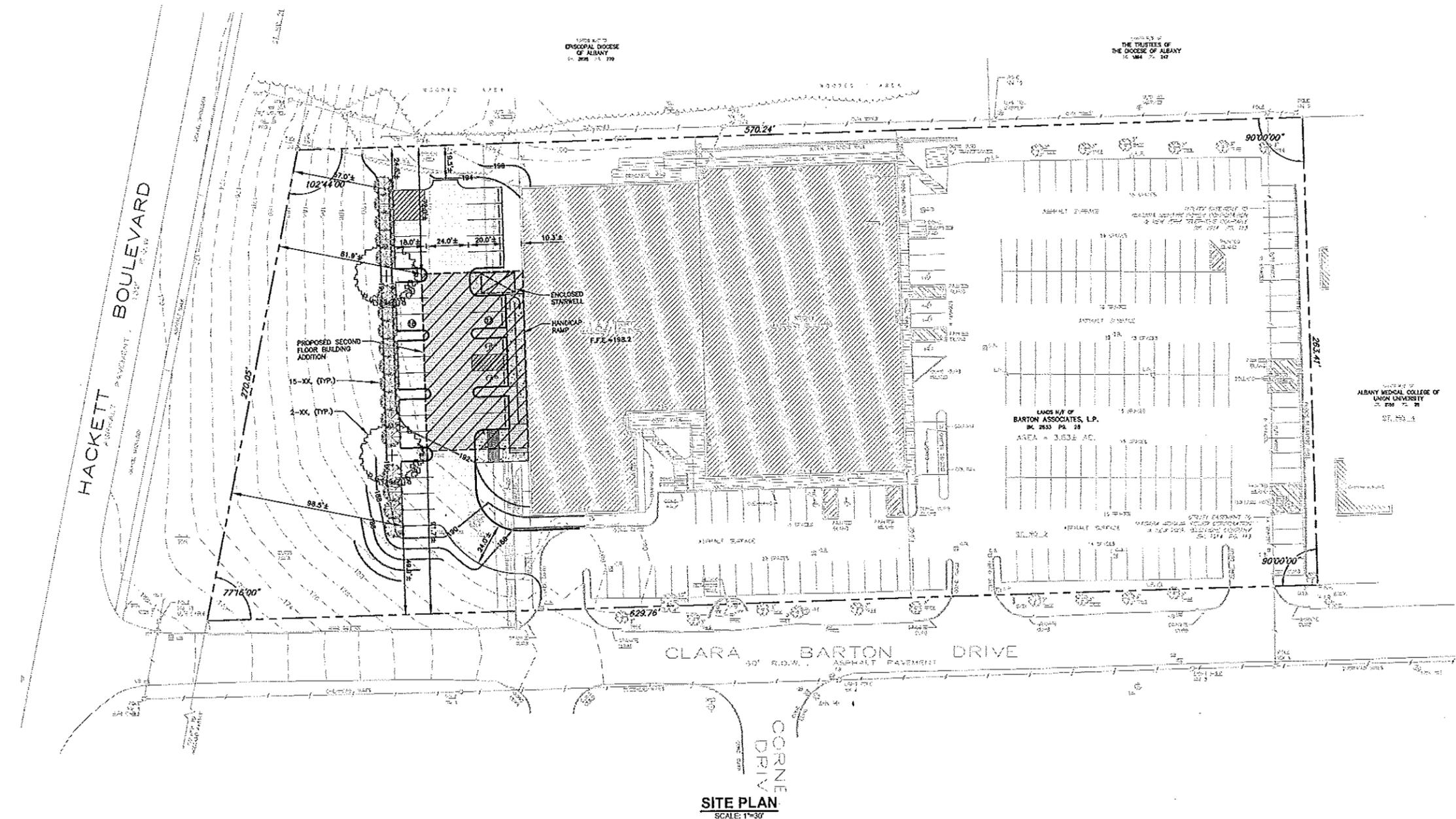
TOTAL PROJECT AREA 158,123± SF 3.63± AC	EXISTING			PROPOSED		
	SQUARE FEET	ACRES	PERCENT	SQUARE FEET	ACRES	%
BUILDING AREA	36,183±	0.83±	22.9%	41,583±	0.95±	26.2%
PAVEMENT AREA	70,062±	1.61±	44.3%	77,756±	1.79±	49.3%
GREEN AREA	51,878±	1.19±	32.8%	39,784±	0.91±	24.5%

*NOTE: THE PAVEMENT AREA LOCATED UNDER THE PROPOSED BUILDING WAS NOT INCLUDED IN THE PAVEMENT AREA ON THE SITE TABLE

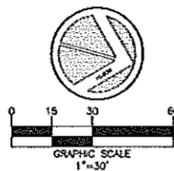
	BUILDING DATA		TOTAL SQUARE FEET
	EXISTING SQUARE FEET	PROPOSED SQUARE FEET	
FIRST FLOOR	36,000±	0±	36,000±
SECOND FLOOR	9,000±	5,400±	14,500±
TOTAL BUILDING AREA	45,000±	5,400±	50,400±

	OFF STREET PARKING DATA	
	REQUIRED	PROVIDED
EXISTING	45,000/200 = 225	192 (14 HO)*
PROPOSED	5,400/200 = 27	27 (2 HO)
TOTAL	50,400/200 = 252	219 (16 HO)

* PREVIOUSLY APPROVED SITE PLAN & VARIANCE



SITE PLAN
SCALE: 1"=30'



NO.	DATE	DESCRIPTION	BY

BOSWELL ENGINEERING
ENGINEERS - SURVEYORS - PLANNERS - SCIENTISTS
799 MADISON AVE., ALBANY, N.Y. 12208 518-438-6310

DOMINICK F. ARICO, P.E.
NEW YORK STATE LIC. NO. 056515



PROPOSED BUILDING ADDITION & PARKING
2 CLARA BURTON DRIVE MEDICAL OFFICE BUILDING
CITY OF ALBANY

COUNTY OF ALBANY STATE OF NEW YORK
DRAWN BY: JUA/DAV CHECKED BY: JEA DATE: JANUARY 28, 2015
JOB NO. 113-001 DWG NO. 02-C001-1

SCALE: AS NOTED SHEET: 1 OF 1



RIDA Architecture, PLLC
 2022 Western Avenue
 Albany, New York 12203
 tel 518.713.4537
 fax 518.687.0935

STAMP:

PROGRESS DRAWING
 1.30.2013

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 ALL RIGHTS RESERVED. NO PART OF THIS DRAWING IS TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

CONSULTANT:

CLIENT:

OMNI
 DEVELOPMENT,
 LLC
 40 BEAVER STREET
 ALBANY, NEW YORK 12207

PROJECT:

ALBANY FAMILY PRACTICE
 2 CLARA BARTON DRIVE
 ALBANY, NEW YORK 12208

REVISION:

NO.	DESCRIPTION

DATE: 01.08.2013

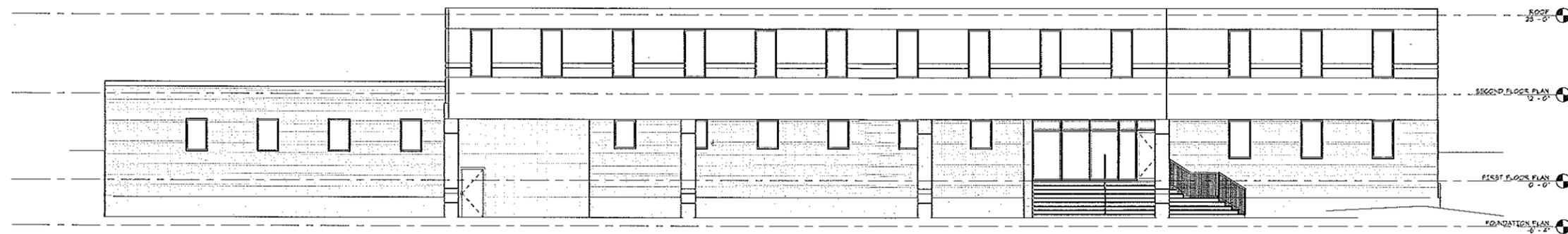
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DRAWN BY: K.E.J.

CHECKED BY: D.R.

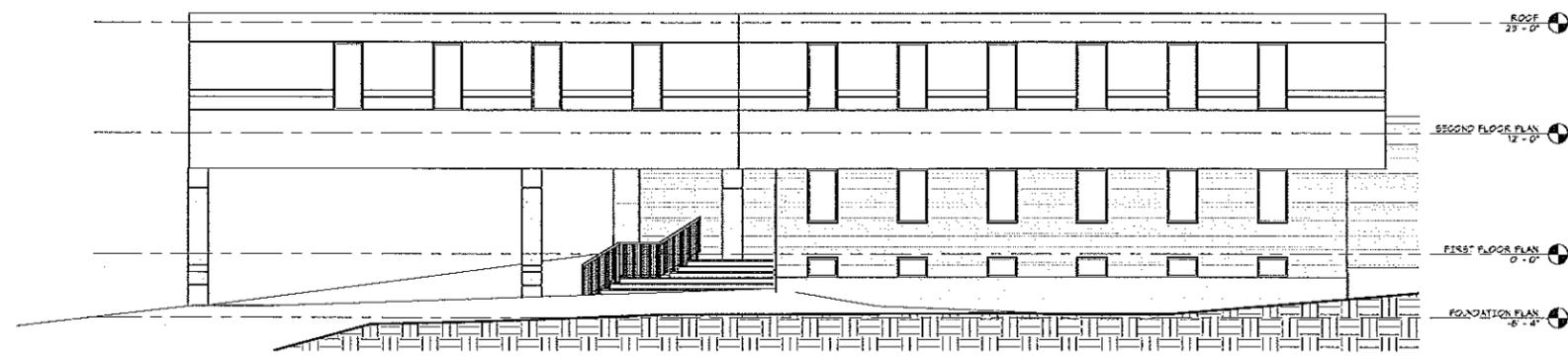
ELEVATIONS

A2.1



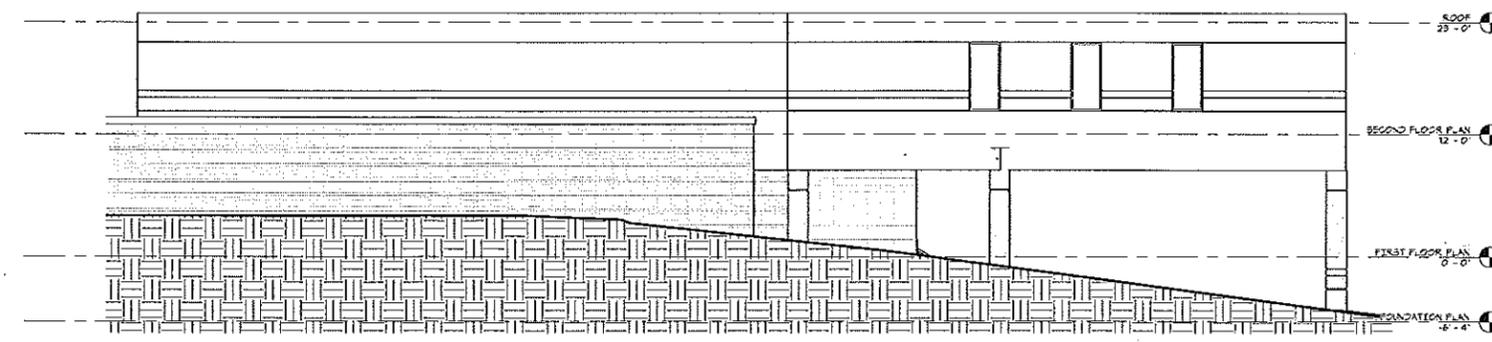
1 FRONT ELEVATION
 A2.1

SCALE: 1/8" = 1'-0"



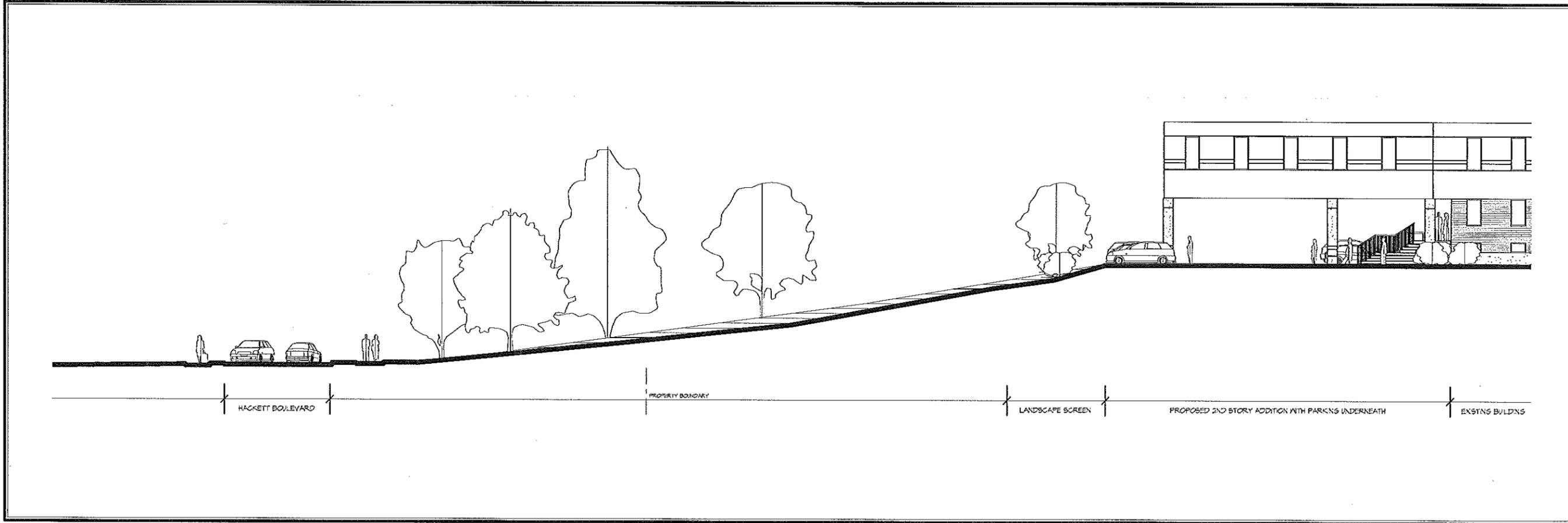
2 RIGHT ELEVATION
 A2.1

SCALE: 1/8" = 1'-0"



3 LEFT ELEVATION
 A2.1

SCALE: 1/8" = 1'-0"



RDA Architecture, PLLC
 2222 West 9th Avenue
 Albany, New York 12203
 Tel: 518.713.4537
 Fax: 518.687.0935

CLIENT:
OMNI DEVELOPMENT, LLC
 ALBANY, NEW YORK 12207
 40 BEAVER STREET

PROJECT:
 ALBANY FAMILY PRACTICE GROUP

2 CLARA BARTON DRIVE
 ALBANY, NEW YORK 12208

DATE: 02.06.13

ALBANY FAMILY PRACTICE GROUP