CITY OF ALBANY
Department of General Services

APPLICATION FOR RIGHT-OF-WAY ACCESS REVIEW

(Rev. 12-03)

Applicant's Name: ___________________________ Daytime Phone No.: ___________________________
Location Address: ___________________________ Home Phone No.: ___________________________
Applicant is Property Owner? Yes No If No, Explain: ___________________________
Purpose of Proposed Access: ___________________________

Existing Property Use: (check one)
☐ Vacant ☐ Residential – Single Family ☐ Residential – Multi-Family
☐ Commercial ☐ Other (specify): ___________________________

Proposed Property Use: (check one)
☐ Vacant ☐ Residential – Single Family ☐ Residential – Multi-Family
☐ Commercial ☐ Other (specify): ___________________________

Lot Size (width x depth): _______ ft x _______ ft Access Width: _______ ft Total No. of Vehicles to Use Access for Parking: _______

Sketch of Proposed Access:
At a minimum, provide an accurate scaled sketch identifying the location and size (length and width) of the proposed access, property lines, existing and proposed building(s), existing and proposed driveway(s), location(s) where vehicles will be parked if other than a garage, adjacent properties, trees, utility poles, fire hydrants, and all other pertinent information. Attach additional information (plans, surveys, etc...) to this application if available.