

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "VILLAGE OF BALLSTON SPA ZONING ORDINANCE"

1. GENERAL INFORMATION

PDD/ Subdivision Name: NA
Tax Map No: 216.32-1-6 Historic District: Yes No Ownership: Private Public

2. APPLICANT

Name Ron Murphy / High Rock Property Management Position Owner Organization High Rock Property Management
Address 2149 Doubleday Ave. Suite 2 City Ballston Spa State NY Zip Code 12020
Telephone 518-265-9610 Ext. _____

3. PROPERTY OWNER

Name Ron Murphy / High Rock Property Management Position Owner Organization High Rock Property Management
Address 2149 Doubleday Ave. Suite 2 City Ballston Spa State NY Zip Code 12020
Telephone 518-265-9610 Ext. _____ Liability Carrier: Sterling Insurance Policy # SM17005530

4. PROPOSED CONSTRUCTION LOCATION

Street Number 24 Street Name: Washington St. Zoning District: CBD
Apt. Number: _____

5. USE

Existing Use Storage Proposed Use Retail Flex Space

6. TYPE OF WORK

New Addition Change of Tenant Other Renovate existing structure.
Brief Description of proposed work: Create a new facade, new roof, add windows, add exterior doors. Interior changes to be determined depending on potential tenant needs. Proposed flex space for retail use.

7. PROPOSED BUILDING

Height: 16' Actual Stories 1 Total Size: 12,000 square feet Style single story commercial
Type of Frame Concrete Block Type of Foundation Concrete Slab Number of Rooms (excl. bathrooms) Open Number of Bathrooms _____
Number of Bedrooms _____ Primary Heat System Gas hot air Type of Fuel Gas Number of Fireplaces _____ Number of Wood Stoves _____
Sprinklers Yes No Central Air Conditioning Yes No Garage: Attached - No. of Cars _____ Detached - No. of Cars _____

8. ARCHITECT / ENGINEER

Name Corina Martino PE Position Professional (Civil Engineer) Organization Corina Martino P.E.
Address P.O. Box 4770 City Saratoga Springs State NY Zip Code 12866
Telephone 802-738-3739 Ext. _____ Professional License No. _____ State NY

9. CONTRACTOR

Name High Rock Property Management Position Manager/Owner Organization High Rock Property Management
Address 2149 Doubleday Ave. Suite 2 City Ballston Spa State NY Zip Code 12020
Telephone 518-265-9610 Ext. _____ Liability Carrier Utica First Insurance Policy No. ART 574975702

10. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL SUBCONTRACTORS:

Wells Home Improvement Ballston Spa 518-810-2612
Stevens Building 3 Remodeling Ballston Spa 518-577-9702

11. COST AND FEES

Estimated Project Cost \$ 250,000 ± Building Permit Fee \$ _____

12. PROVIDED WITH THIS APPLICATION

Two (2) Complete Sets of Plans Plot Plan Energy Audit Materials List Electrical Layout Plumbing Layout
Exterior

13. AFFIDAVIT

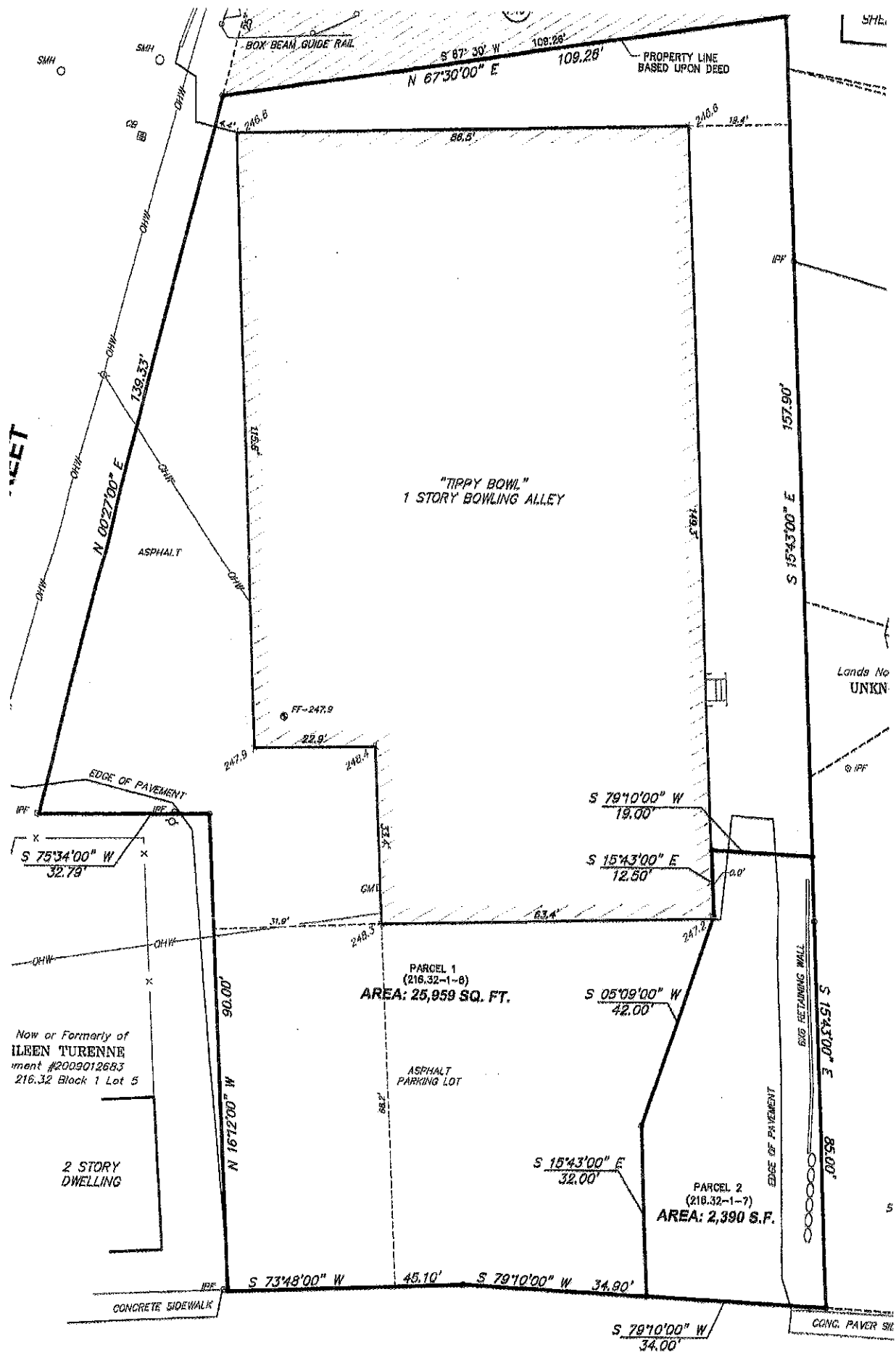
I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature [Signature] DATE 12/1/2021
(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: _____ Signed _____
Permit Denied Date: _____ Signed _____
Reason for Denial: _____
Variance/ Special Permit Granted By: _____ Date: _____
Certificate of Occupancy Granted By: _____ Date: _____
Certificate of Compliance Granted By: _____ Date: _____



WASHINGTON STREET

