VILLAGE OF BALLSTON SPA
BUILDING DEPARTMENT
APPLICATION for BUILDING PERMIT

DATE APPLICATION MADE: _____
PERMIT NUMBER: _____
ISSUED: _____
EXPIRES: _____

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: 103 E. High

Tax Map No: 216.83-2-28 Historic District: ☑ Yes ☐ No Ownership: ☑ Private ☐ Public

2. APPLICANT

Name Ryan Douglas Position Owner Email ryand614@yahoo.com

Address 1323 Midline Rd City Amsterdam State NY Zip Code 12010

Telephone 518-488-4776 Ext. _____

3. PROPERTY OWNER

Name Ryan Douglas Position owner Email ryand614@yahoo.com

Address 1323 Midline Rd City Amsterdam State NY Zip Code 12010

Telephone 518-488-4776 Ext. _____ Liability Carrier: _____ Policy #_____

4. PROPOSED CONSTRUCTION LOCATION

Street Number 103 Street Name: E. High

Apt. Number: _____ Zoning District: R1

5. USE

Existing Use_____ Proposed Use 4 Unit Multi family

6. TYPE OF WORK

☐ New ☐ Addition ☐ Change of Tenant ☐ Other Renovation

Brief Description of proposed work: Converting what was [redacted] 8 apartments into 4 luxury 2 Bedroom apartments.

SETBACKS (in feet)	
FRONT	
BACK	
LEFT SIDE	
RIGHT SIDE	

7. PROPOSED BUILDING

Height _____ Actual Stories 2 Total Size: 5,700 square feet Style _____

Type of Frame Wood Type of Foundation Poured Number of Rooms (excl. bathrooms) 8 Number of Bathrooms 2

Number of Bedrooms 2 Primary Heat System Heat pump Type of Fuel None Number of Fireplaces none Number of Wood Stoves none

Sprinklers ☐ Yes ☑ No Central Air Conditioning ☑ Yes ☐ No Garage: ☐ Attached – No. of Cars _____ ☐ Detached – No. of Cars _____

8. ARCHITECT / ENGINEER

Name Joe Rovetto Design Group Position _____ Organization _____

Address 62 Milton ave City Ballston spa State NY Zip Code 12020

Telephone 518-884-8450 Ext. _____ Professional License No. 067785 State NY

9. CONTRACTOR

Name Ryan Douglas Position Owner Organization _____

Address 1323 midline rd City Amsterdam State NY Zip Code 12010

Telephone 518-488-4776 Ext _____ Liability Carrier _____ Policy No. _____

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

11. COST AND FEES

Estimated Project Cost $ _____ Building Permit Fee $ _____

12. PROVIDED WITH THIS APPLICATION

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

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 Ryan J. Douglas DATE 6-15-2024
(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: JUN 26 2024 Signed _____

Reason for Denial: Need Holistic Review need Site Plan Review Door

Variance/ Special Permit Granted By: _____ Date: _____

Certificate of Occupancy Granted By: _____ Date: _____

Certificate of Compliance Granted By: _____ Date: _____