VILLAGE OF BALLSTON SPA
BUILDING DEPARTMENT
APPLICATION for BUILDING PERMIT

VILLAGE OF BALLSTON SPA

JUN 10 2024

BUILDING DEPARTMENT

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: _____

Tax Map No: 203.8-1-45 Historic District: ☐ Yes ☒ No Ownership: ☒ Private ☐ Public

2. APPLICANT

Name One Love Cures LLC/Sachmarie Crowley Position Owner Email crowleyfnp@gmail.com

Address 2 Franklin Square, Suite F1 City Saratoga Springs State NY Zip Code 12866

Telephone 518-229-2225 Ext. _____

3. PROPERTY OWNER

Name Russell Shapiro Position Property Owner Email russellsdeli1@gmail.com

Address 3 Brittany Terrace City Gansevoort State NY Zip Code 12831

Telephone 518-526-3601 Ext. _____ Liability Carrier: _____ Policy #_____

4. PROPOSED CONSTRUCTION LOCATION

Street Number 303 Street Name: Milton Avenue

Apt. Number: _____ Zoning District: Central Business District

5. USE

Existing Use Deli/Restaurant Proposed Use Cannabis Dispensary/Mercantile

6. TYPE OF WORK

☐ New ☐ Addition ☐ Change of Tenant ☒ Other Renovation - Change of Use

Brief Description of proposed work: Renovation of existing structure for new use to include new partitions, finishes, electrical & security system upgrades, facade modifications, parking lot improvements

SETBACKS (in feet)	
FRONT	NR
BACK	NR
LEFT SIDE	NR
RIGHT SIDE	NR

7. PROPOSED BUILDING

Height 23'+/- Actual Stories 1 Total Size: 23,570 square feet Style Commercial Architecture

Type of Frame CMU Type of Foundation CMU Number of Rooms (excl. bathrooms) 5 Number of Bathrooms 1

Number of Bedrooms 0 Primary Heat System Hot Air Type of Fuel Gas Number of Fireplaces 0 Number of Wood Stoves 0

Sprinklers ☐ Yes ☒ No Central Air Conditioning ☒ Yes ☐ No Garage: ☐ Attached – No. of Cars na ☐ Detached – No. of Cars na

8. ARCHITECT / ENGINEER

Name Les Ackerman Position Owner Organization Charette Associates Architects, PC

Address 76 Cobble Hill Drive City Gansevoort State NY Zip Code 12831

Telephone 518-265-2628 Ext. _____ Professional License No. 021016 State NY

9. CONTRACTOR

Name To Be Determined Position _____ Organization _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Ext _____ Liability Carrier _____ Policy No. _____

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

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

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 Russell Shapiro (Jun 5, 2024 18:29 EDT) DATE 05/06/24

(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: JUN 10 2024 Signed _____

Permit Denied Date: _____ Signed _____

Reason for Denial: Subject To Site Plan Review Refer to Plan Bd.

Variance/ Special Permit Granted By: _____ Date: _____

Certificate of Occupancy Granted By: _____ Date: _____

Certificate of Compliance Granted By: _____ Date: _____