

# *Village of Ballston Spa*

66 FRONT STREET

*Ballston Spa, NY 12020*

518-885-5711

April 3, 2023

To: Donald Davis Jr.  
SD Atelier  
511 Broadway, 2<sup>nd</sup> Floor  
Saratoga Springs, NY 12866

Re: Application for renovation and an addition on a home located at 28 McLean Street, Ballston Spa, NY 12020.

Tax ID: 216.40-2-15

Dear Mr. Davis:

Attached please find your denied application for renovation and to build an addition to single-family home on property located at 28 McLean Street, Ballston Spa, NY.

**Application is out of compliance with Village of Ballston Spa Code 205 Part 1 Schedule B**  
This application is out of compliance with the side yard setback of 12'

If you wish to move forward with this project, please submit the enclosed Zoning Board of Appeals application to the Building Department Clerk.

Sincerely,



Dave LaFountain  
Code Enforcement Officer  
Phone: (518)885-3167  
Email: [buildinginspector@villageofballstonspa.org](mailto:buildinginspector@villageofballstonspa.org)  
Cc: Anna Stanko

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: \_\_\_\_\_  
Tax Map No: 216-40-2-15 Historic District:  Yes  No

Ownership:  Private  Public

2. APPLICANT

Name Donato Davis Jr. Position Principal Architect Organization SD ATENEA - ARCHITECTURE, LLC  
Address 511 Broadway - 2nd Flr City Saratoga Springs State NY Zip Code 12866  
Telephone 518 587 3385 Ext. N/A Liability Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

3. PROPERTY OWNER

Name Clare and Patricia Fox Position OWNERS Organization \_\_\_\_\_  
Address 40 WINNECOMAC Circle City Kings Park State N.Y. Zip Code 11754  
Telephone 516 457 5128 (Clare's cell) Ext. \_\_\_\_\_ Liability Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. PROPOSED CONSTRUCTION LOCATION

Street Number 28 Street Name: McLean Street  
Apt. Number: \_\_\_\_\_ Zoning District: B-1 residential

5. USE

Existing Use residence Proposed Use residence

6. TYPE OF WORK

New  Addition  Change of Tenant  Other Some Alterations (renovations)  
Brief Description of proposed work: Applicant is doing a Addition w/ renovations to existing residence. Addition will be a new entry porch at front and new master bedroom at rear. There will also be related renovations and new siding, windows & roofing.  
SETBACKS (in feet)  
FRONT 34'-0"  
BACK 222'-9"  
LEFT SIDE 81'-6"  
RIGHT SIDE 14'-2"

7. PROPOSED BUILDING

Height 17'-6" Actual Stories 1 Total Size: 920<sup>sq</sup> square feet Style Ranch  
Type of Frame WOOD Type of Foundation CMU Number of Rooms (excl. bathrooms) 4 Number of Bathrooms 2  
Number of Bedrooms 2 Primary Heat System Steam Type of Fuel GAS Number of Fireplaces 1 Number of Wood Stoves 0  
Sprinklers  Yes  No Central Air Conditioning  Yes  No Garage:  Attached - No. of Cars \_\_\_\_\_  Detached - No. of Cars \_\_\_\_\_

8. ARCHITECT / ENGINEER

Name Donato / Susan Davis Position Principal Architects Organization SD ATENEA - ARCHITECTURE, LLC  
Address 511 Broadway - 2nd Flr City Saratoga Springs State NY Zip Code 12866  
Telephone 518 587 3385 Ext. \_\_\_\_\_ Professional License No. 026021 / 022050 State NY

9. CONTRACTOR

Name Mark T. Wilson Position Contractor Organization Mark T. Wilson, Remodeling Co., LLC  
Address 10 Hemlock Drive City Clifton Park State NY Zip Code 12065  
Telephone 518 269 0159 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  
*on cover sheet on drawings drawings in specs.*

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 March 30, 2023  
(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: APR 03 2023 Signed \_\_\_\_\_  
Permit Denied Date: APR 03 2023 Signed [Signature]

Reason for Denial: \_\_\_\_\_  
Variance/ Special Permit Granted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Certificate of Occupancy Granted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Certificate of Compliance Granted By: \_\_\_\_\_ Date: \_\_\_\_\_