

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: 216.32-2-50.1 Historic District: Yes No
 Ownership: Private Public

2. APPLICANT
 Name: Todd Solomon Position: OWNER Email: Todd16@igmail.com
 Address: 19 Ackwadge 18 Pinehurst Dr City: CLIFTON PARK State: N.Y Zip Code: 12065
 Telephone: _____ Ext: _____

3. PROPERTY OWNER
 Name: Roa Murphy / High Rock Property Management Position: Member Email: info@highrockrents.com
 Address: 219 Dandridge Ave City: Ballston Spa State: NY Zip Code: 12020
 Telephone: 518-265-9616 Ext: _____ Liability Carrier: Utica First Policy #: DOP 3000 501 410

4. PROPOSED CONSTRUCTION LOCATION
 Street Number: 114 Street Name: Milton Ave
 Apt. Number: First Floor Store Front Zoning District: CBD

5. USE
 Existing Use: Retail Proposed Use: Retail - SMOKE SHOP

6. TYPE OF WORK

<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change of Tenant	<input type="checkbox"/> Other	SETBACKS (in feet)
Brief Description of proposed work: _____				FRONT _____
_____				BACK _____
_____				LEFT SIDE _____
_____				RIGHT SIDE _____

7. PROPOSED BUILDING
 Height: _____ Actual Stories: _____ Total Size: _____ square feet Style: _____
 Type of Frame: _____ Type of Foundation: _____ Number of Rooms (excl. bathrooms): _____ Number of Bathrooms: _____
 Number of Bedrooms: _____ Primary Heat System: _____ Type of Fuel: _____ 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: _____ Position: _____ Organization: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Ext: _____ Professional License No. _____ State: _____

9. CONTRACTOR
 Name: _____ Position: _____ Organization: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ 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: [Signature] DATE: 11/27/23
 (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: _____

DEC 27 2023
 Referred to
 Planning Board
 Site Plan
 Review

VILLAGE OF BALLSTON SPA
APPLICATION FOR CHANGE OF USE, TENANCY OR INTENSITY

Applicant Todd Solomon Phone 631-334-6616
Address 18 Pinehurst Drive City Clifton Park State NY Zip 12065
Property Owner (if different) Ron Murphy Phone 518-265-9610
Address 2149 Doubleday Ave City Ballston Spa State NY Zip 12020
Applicant Email Todd16@gmail.com Owner Email info@highrockrents.com

Architect/Engineer _____ Phone _____
Address _____ City _____ State _____ Zip _____
Professional License Number _____ State _____
Contractor/Builder _____ Phone _____
Address _____ City _____ State _____ Zip _____

Name of Current/Last to Occupy Space A BEAD JUST SEW

Zoning District CBD Tax Map # _____
Construction Location 114 Milton Ave Ballston Spa

Name of New Use: Smoke Shop
Detail Description of New Use: Retail

List complete change to current building systems:
Plumbing: _____
HVAC: _____
Electric: _____
Construction/Building Changes: _____

Paint
Description of Work:
Paint

Cost of Project _____

AFFIDAVIT: I swear to the best of my knowledge and belief the statements made 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 International Building Codes and chapter 205 of the Village of Ballston Spa zoning rules, 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. Evidence of false statements in the application for this permit will be cause for revocation of permit.
OWNERS SIGNATURE [Signature] DATE 12/4/2023

Permit Granted Date _____ Permit Fee (non-refundable) _____ Signed _____
Permit # _____ Issued _____ Expires _____
Permit Denied Date _____ Signed _____

Reason For Denial _____ Referred to Zoning Board Referred to Planning Board
Variance/Special Permit # _____ Date _____

Village of Ballston Spa

66 FRONT STREET

Ballston Spa, NY 12020

518-885-5711

December 6, 2023

Todd Solomon
18 Pinehurst Drive
Clifton Park, NY 12065

Dear Mr. Solomon,

The Building Department has forwarded your application for Change of Use, Tenancy or Intensity for 114 Milton Avenue to the Planning Board per Article VI (Site Plan Review), Section 205.19 (C) of the Village Code. The following information is needed before we can complete the Board's review and approval of your application.

- (1) Intent of business/products to be sold
- (2) Hours of operation
- (3) Estimated customer traffic
- (4) Will there be consumption on the premises?
- (5) Will you be selling cannabis or any CBD related product?
- (6) Signage details – include design specifications such as size, color, etc. A building permit and fee is required to install signage. (Application attached)

Please provide in writing all of the information requested, including the completed Building Permit Application and fee for the signage no later than December 20, 2023 to be put on the January agenda. Once it has been received and reviewed, your application will be put on the agenda for the Planning Board meeting scheduled for January 10, 2024 at the Ballston Spa Library, 21 Milton Avenue, Ballston Spa at 7:00pm.

Respectfully,

Rory O'Connor
Planning Board Chairman

Attachment

cc: Ron Murphy
Dave LaFountain, Building Inspector

...age of Ballston SPA

1. Retail - tobacco, glass, cigars,

2. Hours - 10-7 Monday - Sat 12-6 Sunday

3. Customer traffic - 12-18 customers

4. No consumption of site

5. Yes to CBD products

6. Working with AJ Signs in Brent Hills