

VILLAGE OF BALLSTON SPA

66 Front St  
Ballston Spa, NY 12020  
Ph: (518)885-5711 Fax: (518)885-0512

APPLICATION FOR:  
APPEAL TO THE ZONING BOARD FOR AN  
INTERPRETATION, USE VARIANCE, AREA VARIANCE AND/OR VARIANCE EXTENSION

	<u>APPLICANT(S)</u>	<u>OWNER(S) (if not applicant)</u>	<u>ATTORNEY/AGENT</u>
Name	David & Anna Stanko		
Address	32 Kent St Ballston Spa NY		
Phone	518 588 8188		
Email	birdymama61@yahoo.com		

\*An applicant must be the property owner, lessee, or one with an option to lease or purchase the property in question.

Applicant's interest in the premises:  Owner  Lessee  Under option to lease of purchase

PROPERTY INFORMATION

- Property Address/Location: 32 Kent St Tax Parcel No: 203.81-1-21
- Date acquired by current owner: \_\_\_\_\_
- Zoning District when purchased: R2
- Present use of property: R2 - Residential
- Current Zoning District: \_\_\_\_\_
- Has a previous ZBA application/appeal been filed for this property?
  - Yes (when? \_\_\_\_\_, for what? \_\_\_\_\_)
  - No
- Is property located within (check all that apply):
  - Historic District
  - Architectural Review District
  - within 500' of a State Park, city boundary, or county/state highway?

8. Brief description of proposed action:

Replace current above ground pool/deck  
with inground pool

9. Is there a written violation for this parcel that is not the subject of this application? \_\_\_ Yes  No

10. Has the work, use or occupancy to which this appeal relates already begun? \_\_\_ Yes  No

11. Identify the type of appeal you are requesting (*check all that apply*):

- INTERPRETATION (p.2)
- VARIANCE EXTENSION (p.2)
- USE VARIANCE (pp.3-6)
- AREA VARIANCE (pp. 6-7)

FEES: Make checks payable to the "VILLAGE OF BALLSTON SPA". Fees are cumulative and required for each request below:

- Interpretation \$500
- Use variance \$200
- Area variance
  - Residential use/property: \$100
  - Non-residential use/property: \$300
- Extensions: \$150

**INTERPRETATION – PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

1. Identify the section(s) of the Zoning Ordinance for which you are seeking an interpretation:

Section(s) \_\_\_\_\_

2. How do you request that this section be interpreted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If interpretation is denied, do you wish to request alternative zoning relief? \_\_\_ Yes \_\_\_ No

4. If the answer to #3 is "yes", what alternative do you request? \_\_\_ Use Variance \_\_\_ Area Variance

**EXTENSION OF A VARIANCE-PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

1. Date original variance was granted: \_\_\_\_\_

2. Type of variance granted? \_\_\_ Use \_\_\_ Area

3. Date original variance expired: \_\_\_\_\_

4. Explain why the extension is necessary. Why wasn't the original timeframe sufficient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When requesting an extension of time for an existing variance, the applicant must prove that the circumstances upon which the original variance was granted have not changed. Specifically demonstrate that there have been no significant changes on the site, in the neighborhood, or within the circumstances upon which the original variance was granted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**USE VARIANCE-PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

A use variance is requested to permit the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For the Zoning Board to grant a request for a use variance, an applicant must prove that the zoning regulations create an unnecessary hardship in relation to that property. In seeking a use variance, New York State law requires an applicant to prove all four of the following "tests".

1. That the applicant cannot realize a reasonable financial return on initial investment for any currently permitted use on the property. "Dollars & cents" proof must be submitted as evidence. The property in question cannot yield a reasonable return for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Submit the following financial evidence relating to this property (attach additional evidence as needed):

1. Date of purchase: \_\_\_\_\_ Purchase amount: \$ \_\_\_\_\_

2. Indicate dates and costs of any improvements made to property after purchase:

<u>Date</u>	<u>Improvement</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Annual maintenance expense: \$ \_\_\_\_\_

4. Annual taxes: \$ \_\_\_\_\_

5. Annual income generated from property: \$ \_\_\_\_\_

6. City assessed value: \$ \_\_\_\_\_

7. Appraised Value: \$ \_\_\_\_\_ Appraiser: \_\_\_\_\_ Date: \_\_\_\_\_

Appraisal Assumptions: \_\_\_\_\_

B. Has property been listed for sale with the Multiple Listing Service (MLS)?

\_\_\_ Yes If "yes", for how long?

\_\_\_ No

1. Original listing date(s): \_\_\_\_\_ Original listing price: \$ \_\_\_\_\_

If listing price was reduced, describe when and to what extent:

\_\_\_\_\_

\_\_\_\_\_

2. Has the property been advertised in the newspapers or other publications? \_\_\_ Yes \_\_\_ No

If yes, describe frequency and name of publications:

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3. Has the property had a "For Sale" sign posted on it? \_\_\_ Yes \_\_\_ No

If yes, list dates when sign was posted:

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4. How many times has the property been shown and with what results?

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2. That the financial hardship relating to this property is unique and does not apply to a substantial portion of the neighborhood. Difficulties shared with numerous other properties in the same neighborhood or district would not satisfy this requirement. This previously identified financial hardship is unique for the following reasons:

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3. That the variance, if granted, will not alter the essential character of the neighborhood. Changes that will alter the character of a neighborhood or district would be at odds with the purpose of the Zoning Ordinance. The requested variance will not alter the character of the neighborhood for the following reasons:

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- 4. That the alleged hardship has not been self-created. An applicant (whether the property owner or one acting on behalf of the property owner) cannot claim "unnecessary hardship" if that hardship was created by the applicant, or if the applicant acquired the property knowing (or was in a position to know) the conditions for which the applicant is seeking relief. The hardship has not been self-created for the following reasons:

[A series of horizontal lines for handwritten text, crossed out by a large diagonal line.]

**AREA VARIANCE-PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

The applicant requests relief from the following Zoning Ordinance article(s) \_\_\_\_\_

<u>Dimensional Requirements</u>	<u>From</u>	<u>To</u>
<u>15' from house</u>	<u>15'</u>	<u>8'</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other: ideally the variance will be closer to 4' vs. 9'  
erring on the side of caution.

To grant an area variance, the ZBA must balance the benefits to the applicant and the health, safety, and welfare of the neighborhood and community, taking into consideration the following:

1. Whether the benefit sought by the applicant can be achieved by other feasible means. Identify what alternatives to the variance have been explored (alternative designs, attempts to purchase land, etc.) and why they are not feasible.

We plan to center the pool behind the garage which is 24' wide, thereby actually needing only a variance of 3'-4' - however want to be on safe side with unknowns once the contractor gets digging.

2. Whether granting the variance will produce an undesirable change in the character of the neighborhood or a detriment to nearby properties. Granting the variance will not create a detriment to nearby properties or an undesirable change in the neighborhood character for the following reasons:

The current above ground pool has been located on property for 16 years.

3. Whether the variance is substantial. The requested variance is not substantial for the following reasons:

The current pool is located from the existing house. The proposed location

4. Whether the variance will have adverse physical or environmental effects on neighborhood or district. The requested variance will not have an adverse physical or environmental effect on the neighborhood or district for the following reasons:

Inground pool will be visibly more pleasing.



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5. Whether the alleged difficulty was self-created (although this does not necessarily preclude the granting of an area variance). Explain whether the alleged difficulty was or was not self-created:

Obviously self created but prefer to install in-ground pool vs. replacing existing aboveground - less maintenance as we age.

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**DISCLOSURE**

Does any Village of Ballston Spa officer, employee, or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? \_\_\_ No \_\_\_ Yes If "yes", a statement disclosing the name, residence and nature and extent of this interest must be filed with this application.

**APPLICANT CERTIFICATION**

I/We, the property owner(s), or purchaser(s)/lessee(s) under contract, of the land in question, hereby request an appearance before the Zoning Board of Appeals.

By the signature(s) attached hereto, I/we certify that the information provided within this application and accompanying documentation is, to the best of my/our knowledge, true and accurate. I/We further understand that intentionally providing false or misleading information is grounds for immediate denial of this application.

Furthermore, I/we hereby authorize the members of the Zoning Board of Appeals and designated Village of Ballston Spa staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this appeal.

Annex Stankovic Date: 8/9/2023  
(applicant signature)

\_\_\_\_\_  
(applicant signature) Date: \_\_\_\_\_

If applicant is not the currently the owner of the property, the current owner must also sign.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MAP IDENTIFICATION NO.:

**203.81-1-21**

Date Printed: 8/9/2023

Town of Milton

1 inch = 20 feet





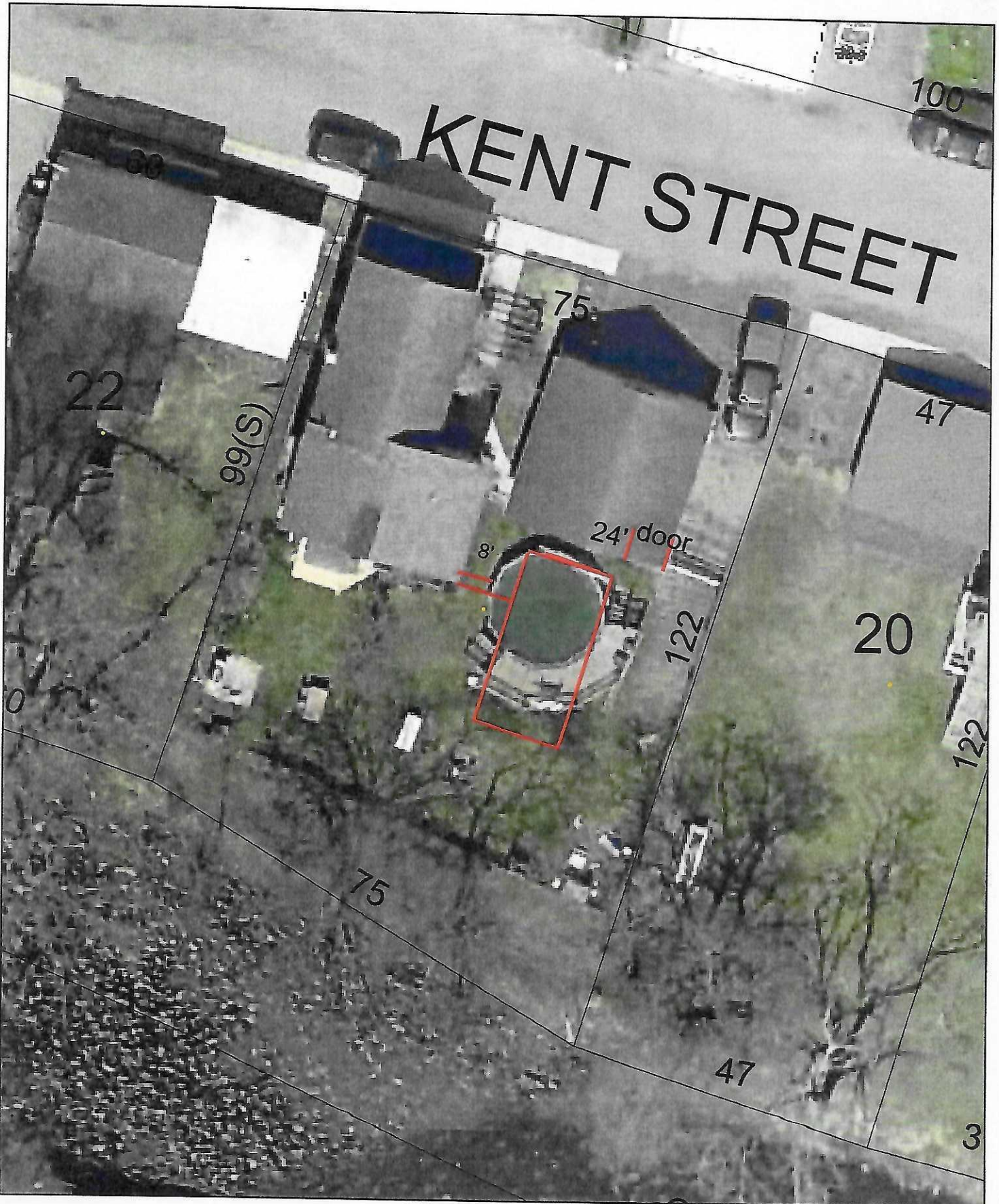
MAP IDENTIFICATION NO.:

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Date Printed: 8/9/2023

Town of Milton

1 inch = 20 feet





# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing


**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information							
Name of Action or Project:							
Project Location (describe, and attach a location map): <span style="font-size: 1.2em; font-family: cursive;">32 Kent St Ballston Spa NY</span>							
Brief Description of Proposed Action: <span style="font-size: 1.2em; font-family: cursive;">replace 18' Round above ground pool w/ 14' x 28' inground</span>							
Name of Applicant or Sponsor: <span style="font-size: 1.2em; font-family: cursive;">Anna Stanko</span>		Telephone: <span style="font-size: 1.2em; font-family: cursive;">518 588 8188</span>					
Address: <span style="font-size: 1.2em; font-family: cursive;">32 Kent St</span>		E-Mail:					
City/PO: <span style="font-size: 1.2em; font-family: cursive;">Ballston Spa</span>		State: <span style="font-size: 1.2em; font-family: cursive;">NY</span>	Zip Code: <span style="font-size: 1.2em; font-family: cursive;">12020</span>				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input type="checkbox"/>						
3. a. Total acreage of the site of the proposed action? _____ acres							
b. Total acreage to be physically disturbed? _____ acres							
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres							
4. Check all land uses that occur on, adjoining and near the proposed action.							
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)							
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____							
<input type="checkbox"/> Parkland							

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	<input type="checkbox"/> NO	<input type="checkbox"/> YES	



<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p>		
<p>Applicant/sponsor name: <u>Anna Stawko</u></p> <p>Signature: <u></u></p>	<p>Date: <u>8/9/23</u></p>	

# *Village of Ballston Spa*

66 FRONT STREET

*Ballston Spa, NY 12020*

518-885-5711

August 9, 2023

To: Anna and David Stanko  
32 Kent St  
Ballston spa, NY 12020

Re: Application for replacing the existing above ground pool with an in-ground pool at property located at 32 Kent Street, Ballston Spa, NY 12020.

Tax ID: 203.81-1-21

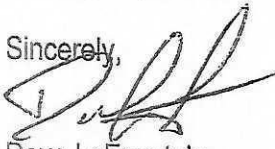
Dear Anna and David:

Attached please find your denied application for replacing the existing above ground pool with an in-ground pool at property located at 32 Kent Street, Ballston Spa, NY.

**Application is out of compliance with Village of Ballston Spa Codes 205-25 (A-2c)– which states the accessory structure cannot be closer than 15 feet to the main or principal building.**

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)

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: 203.81-1-21 Historic District:  Yes  No Ownership:  Private  Public

2. APPLICANT

Name Anna + David Stank Position \_\_\_\_\_ Email \_\_\_\_\_  
 Address 32 Kent St City Ballston Spa State NY Zip Code 12020  
 Telephone 518 588 8188 Ext. \_\_\_\_\_

3. PROPERTY OWNER

Name Same Position \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Liability Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

4. PROPOSED CONSTRUCTION LOCATION

Street Number Same Street Name: \_\_\_\_\_  
 Apt. Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

5. USE

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

6. TYPE OF WORK

New  Addition  Change of Tenant  Other \_\_\_\_\_  
 Brief Description of proposed work: Replace existing above ground pool w/ in-ground pool  

SETBACKS (in feet)	
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 \$ 40,000 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 [Signature] DATE 7/31/2023  
 (Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: AUG 02 2023 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: \_\_\_\_\_