

VILLAGE OF BALLSTON SPA

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

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	<u>Anna Stanko</u>	_____	_____
Address	<u>32 Kent St</u> <u>Ballston Spa</u>	_____	_____
Phone	<u>518 588 8188</u>	_____	_____
Email	<u>A.M.Stankovik@gmail.com</u>	_____	_____

\*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: 263.81-1-21
- Date acquired by current owner: \_\_\_\_\_
- Zoning District when purchased: R2
- Present use of property: single family Residence
- Current Zoning District: R2
- Has a previous ZBA application/appeal been filed for this property?
  - Yes (when? \_\_\_\_\_, for what? pool)
  - 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:

Build a pergola over an existing concrete pad

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 (page 2)
- VARIANCE EXTENSION (page 3)
- USE VARIANCE (pages 3-6)
- AREA VARIANCE (pages 6-8)

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:

\_\_\_\_\_

\_\_\_\_\_



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:

*(This section contains a large handwritten 'X' over a set of horizontal lines, indicating that no reasons have been provided.)*

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

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

Dimensional Requirements	From	To
side yard	12'	3.25'
<del>rear yard</del>	<del>5'</del>	<del>5'</del>

Other: \_\_\_\_\_

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.

There is an existing concrete pad (20+ years) that we would like to cover w/ a pergola type structure

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:

Covering an existing concrete pad will not change the neighborhood or cause a detriment to nearby properties

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

The house is currently about 6' from the westerly property line - concrete pad is 3.25' from the same line

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:

No effects will be on neighborhood adverse

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:

The concrete pad is already there -  
we are not creating ~~a~~ new. simply  
putting a cover over what is already there

**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.

 Date: 4/2/25  
 (applicant signature)

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

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

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

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



# *Village of Ballston Spa*

66 FRONT STREET

***Ballston Spa, NY 12020***

*518-885-5711*

April 14, 2025

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

Re: Application to build an accessory structure (pergola) on an existing concrete pad at property located at 32 Kent Street, Ballston Spa, NY 12020.

Tax ID: 203.81-1-21

Dear Anna and David:

We are referring your building permit application to the Zoning Board of Appeals to build an accessory structure (pergola) on an existing concrete pad at property located at 32 Kent Street, Ballston Spa, NY for the following reason:

**Application is out of compliance with Village of Ballston Spa Codes 205-25(A)(2b) Accessory Structures – the side yard setback must be a minimum of 12'.**

We have received your Zoning Board of Appeals application and will forward it to them for their review.

Sincerely,



Dave LaFountain

Code Enforcement Officer

Phone: (518)288-4006

Email: [buildinginspector@ballstonspa.gov](mailto:buildinginspector@ballstonspa.gov)

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 PROTECTION 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 Stanko Position: \_\_\_\_\_ Email: A.M.Stanko101@gmail.com  
 Address: 32 Kent St City: Ballston Spa State: Ny Zip Code: 12020  
 Telephone: 5185888888 Ext.: \_\_\_\_\_

3. PROPERTY OWNER

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

4. PROPOSED CONSTRUCTION LOCATION

Street Number: 32 Street Name: Kent St Ballston Spa  
 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: Build a pergola over an existing concrete pad

SETBACKS (in feet)	
FRONT	_____
BACK	<u>17'</u>
LEFT SIDE	<u>N/A</u>
RIGHT SIDE	<u>3.25'</u>

7. PROPOSED BUILDING

Height: 9 Actual Stories \_\_\_\_\_ Total Area: 60 square feet Style: \_\_\_\_\_  
 Type of Frame: wood Type of Foundation: \_\_\_\_\_ Number of Rooms (incl. 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: NONE City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Professional License No.: \_\_\_\_\_ State: \_\_\_\_\_

9. CONTRACTOR

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Address: NONE 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 \$ 750

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]  
 (Owner or Owner's Agent)

DATE: 4/2/25

**BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT**

ACTION ON APPLICATION

Permit Granted Date: APR 09 2025 Signed: [Signature]

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: \_\_\_\_\_

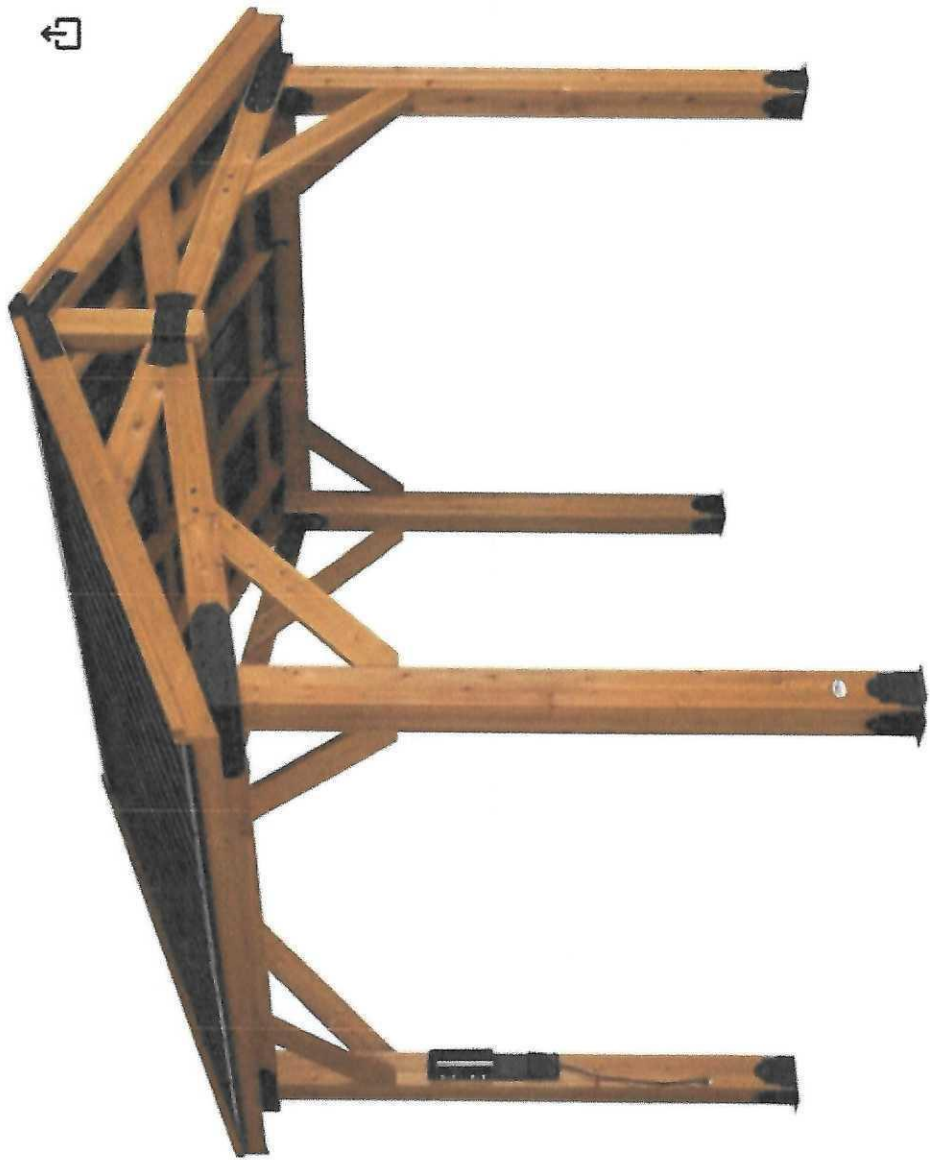
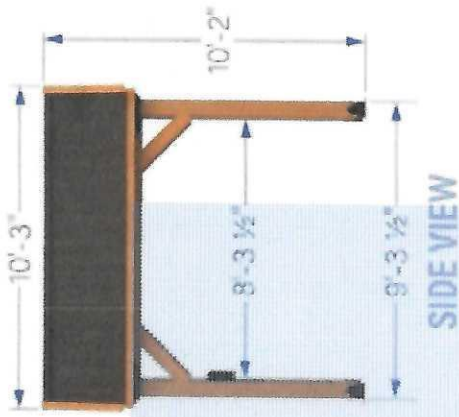
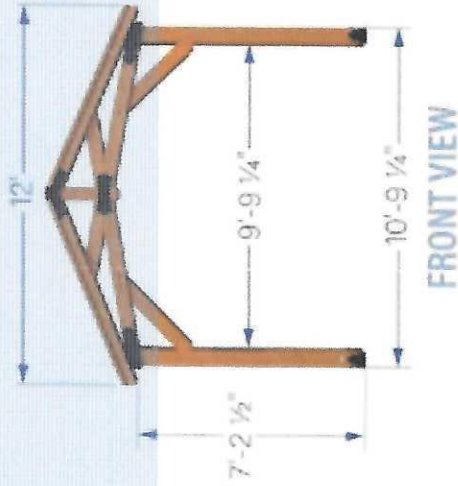


Photo courtesy of [The Home Depot](#)



# 12X10 NORWOOD GAZEBO



4' 50 No Tubes

Click image to open expanded view

MAP IDENTIFICATION NO.:  
**MERGE 190.-7-10.11 & 12.11**  
**NOW 190.-7-22**

Town of Milton

1 inch = 25 feet



Date Printed: 4/2/2025

