

# *Village of Ballston Spa*

66 FRONT STREET

*Ballston Spa, NY 12020*

518-885-5711

December 11, 2024

To: Steven Sbardella  
Top Dog Enterprises LLC  
1571 Central Avenue  
Albany, NY 12302

Re: Application for renovation of a four-unit apartment house located at 31-33 Malta Avenue, Ballston Spa, NY 12020 in the R1 District.

Tax ID: 216.32-2-7

Dear Mr. Sbardella,

Attached please find your denied application for renovation of property located at 31-33 Malta Avenue, Ballston Spa, NY for the following reason.

**Application is out of compliance with Village of Ballston Spa Code 205.64 Abandonment**

When a nonconforming use has been discontinued or abandoned for a period in excess one year, it shall not therefore be reestablished, and the future use shall be in conformity with the provisions of this chapter. (R1 – single family residence)

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

Sincerely,



Dave LaFountain  
Code Enforcement Officer  
Phone: (518)288-4006  
Email: [buildinginspector@ballstonspa.org](mailto:buildinginspector@ballstonspa.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: 31-33 Malta Ave

Tax Map No: 216.32-2-7

Historic District: ☐ Yes ☒ No

Ownership: ☒ Private ☐ Public

2. APPLICANT

Name: Top Dog Enterprises LLC Position: President Email: Steve@518realty.com  
Address: 1571 Central Ave City: Albany State: NY Zip Code: 12205  
Telephone: (518) 209-8221 Cell: \_\_\_\_\_

3. PROPERTY OWNER

Name: Trustco Bank Position: VIP Email: Mike L @ Trustco Bank, Com  
Address: 5 Sarnowski Drive City: Clenville State: NY Zip Code: 12302  
Telephone: (518) 377-3311 Ext.: 5079 Liability Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. PROPOSED CONSTRUCTION LOCATION

Street Number: 31-33 Street Name: Malta Ave  
Apt. Number: \_\_\_\_\_ Zoning District: R-2

5. USE

Existing Use: (4) Family Proposed Use: Back to A (4) family or Historical use as a (4) family

6. TYPE OF WORK

☐ New ☐ Addition ☐ Change of Tenant ☒ Other Alteration  
Brief Description of proposed work: Renovation work to bring the building back to the use it was for many years as a (4) family  
SETBACKS (in feet)  
FRONT \_\_\_\_\_  
BACK \_\_\_\_\_  
LEFT SIDE \_\_\_\_\_  
RIGHT SIDE \_\_\_\_\_

7. PROPOSED BUILDING

Height Existing Actual Stories: 2 Total Size: 5312 square feet Style: (4) family  
Type of Frame: Steel Built Type of Foundation: Block, Concrete Number of Rooms (excl. bathrooms): \_\_\_\_\_ Number of Bathrooms: 4  
Number of Bedrooms: \_\_\_\_\_ Primary Heat System: Hot water Gas Type of Fuel: Nat. Gas Number of Fireplaces: 0 Number of Wood Stoves: 0  
Sprinklers: ☐ Yes ☒ No Central Air Conditioning: ☐ Yes ☒ No Garage: ☐ Attached - No. of Cars: N/A ☐ Detached - No. of Cars: N/A

8. ARCHITECT / ENGINEER

Name: Robert Cordell Position: President Organization: Cordell Consulting LLC  
Address: 11 Herbert Drive City: Latham State: NY Zip Code: 12110  
Telephone: (518) 857-3646 Ext.: \_\_\_\_\_ Professional License No.: \_\_\_\_\_ State: NY

9. CONTRACTOR

Name: Top Dog Enterprises LLC Position: President Organization: \_\_\_\_\_  
Address: 1571 Central Ave City: Albany State: NY Zip Code: 12205  
Telephone: (518) 209-8221 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]  
(Owner or Owner's Agent)

DATE: 12-11-2024

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Permit Denied Date: DEC 11 2024 Signed: [Signature]

Reason for Denial: 205-64

Variance/ Special Permit Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Occupancy Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Compliance Granted By: \_\_\_\_\_ Date: \_\_\_\_\_

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

*Person's Name* (S.S.) Steve J. Sardella President of Top Dog Enterprises LLC Trustco Bank Scotia NY NY 12205 518 209 8221 steve@518realty.com

OWNER(S) (if not applicant) Trustco Bank Scotia NY NY 12110 518 857 3646 codesrus@icloud.com

~~ATTORNEY/AGENT~~ Robert Cordell Cordell Consulting Services LLC 11 Herbert Drive, Latham NY 12110 518 857 3646 codesrus@icloud.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 XX Under option to lease of purchase

PROPERTY INFORMATION

- Property Address/Location: 31/ 33 Malta Ave Tax Parcel No: 216.32-2-7
- Date acquired by current owner: \_\_\_\_\_
- Zoning District when purchased: R-1
- Present use of property: Vacant 4 unit apartment dwelling
- Current Zoning District: R-1
- Has a previous ZBA application/appeal been filed for this property?
  - Yes (when? \_\_\_\_\_, for what? \_\_\_\_\_)
  - XX No
- Is property located within (check all that apply):
  - no Historic District
  - no Architectural Review District
  - yes no within 500' of a State Park, city boundary, or county/state highway?



8. Brief description of proposed action:

The subject parcel is occupied by an existing 4 unit apartment dwelling which has been vacant for more than one year. No changes are desired except to remain as

a 4 unit apartment dwelling. Interior cosmetic renovations are required due to vacancy, *And needs Extensive Mechanical Renovations or new Heating Systems.*

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

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

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

- \_\_\_ INTERPRETATION (page 2)
- \_\_\_ VARIANCE EXTENSION (page 3)
- XX 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
<u>XX</u> 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:

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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:

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

A use variance is requested to permit the following: The Building Dept. has declared the parcel an abandoned nonconforming use. Applicant desires to use the parcel as and for a 4 unit apartment dwelling .The same as it was leagly used prior to becoming vacant.

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:  
The subject building is configured as a 4 unit apartment with saparate entrances, living spaces and utilities. As such, it is unsutable as a single family dwelling. Converting the building to a single family dwelling would require interior renovations so extensive that the cost would far exceed the worth of the building as a single family dwelling.

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: \$ Unknown
4. Annual taxes: \$ 10,845.72
5. Annual income generated from property: \$ Unknown
6. City assessed value: \$ 290,000 as a 411 Apartment use in 2024
7. Appraised Value: \$ 460,317 Appraiser: \_\_\_\_\_ Date: \_\_\_\_\_  
Appraisal Assumptions: As a 4 unit apartment dwelling

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

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

\_\_\_\_ No The property has been foreclosed and is owned by Trustco Bank.

1. Original listing date(s): never listed N/A Original listing price: \$ N/A

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

N/A never listed

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

If yes, describe frequency and name of publications:

\_\_\_\_\_

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

If yes, list dates when sign was posted:

\_\_\_\_\_

4. How many times has the property been shown and with what results?  
Applicant was shown the property and is currently attempting purchase.

\_\_\_\_\_

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:

The financial hardship relating to this property is unique due to the fact that the property was a legally established 4 unit apartment dwelling prior to the Village rezoning in May 20, 1994. After which date the property became a leagally established nonconforming use and was occupied as such until about March 28, 2022.

On May 10, 2023 the Building Dept. notified the then current owner that the non conforming use had been abandoned and could only be used as a single family residence. The property has been vacant since 2022 but has still been assesed and taxed as a "411" 4 unit apartment dwelling. Surely these circumstanses are unique and do not apply to a substancial portion of the neighborhood.

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:

Since the proposed use as a 4 unit apartment is exactly the same as it has been and no changes in use are desired by applicant, the character of the neighborhood will remain the same. The only change from the current situation will be an occupied and maintained property as opposed to a vacant property.

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

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:

The current owner, Trustco Bank, aquired the parcel through forclosure. The forclosure was not "created" by Trustco but by the prevoius owner who failed to fulfill an obligation to repay a loan. Trustco did not abandon the nonconforming use and did not intend to abandon said use. Trustco contends that was never its intention to use the parcel for any use other than a 4 unit apartment. To my knowlage, there have not been any applications submitted to the village to change the use of the subject parcel from a 4 unit apartment to any other use.

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

The applicant requests relief from the following Zoning Ordinance article(s) Chapter 205, Art.XI 205.64

<u>Dimensional Requirements</u>	<u>From</u>	<u>To</u>

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.

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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:

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

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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:

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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:

**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.

\_\_\_\_\_  
(applicant signature) Date: 1-22-2025

\_\_\_\_\_  
(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: \_\_\_\_\_



December 6, 2024

Property: 31-33 Malta Ave  
Ballston Spa, NY 12020  
414201 216.32-2-7

Current Owner: Trustco Bank,  
C/O Michael Lofrumento  
5 Sarnowski Dr,  
Glenville, NY 12302

Consultant: Robert Cordell, Cordell Consultant Services LLC  
11 Herbert Dr, Latham, NY 12110

To whom it may concern;

I, Michael Lofrumento, representing Trustco Bank, authorize Top Dog Enterprises LLC and/or Cordell Consultant LLC to coordinate with Trustco Bank and Building Inspector/Code Enforcement Officer with the Village of Ballston Spa. Top Dog Enterprises LLC and/or Cordell Consultant LLC to obtain variances and building permits, if needed. *Cordell* *S.S.*

The goal being to return the property to its historical use as a four unit residential property.

Please contact me should you need anything else.

Sincerely,

Michael Lofrumento  
Administrative Vice President  
Trustco Bank  
[mlofrumento@trustcobank.com](mailto:mlofrumento@trustcobank.com)  
518-344-5079



Michael J. Lofrumento  
Administrative Vice President

5 Sarnowski Drive • Glenville, N.Y. 12302  
(518) 344-5079 Fax (518) 381-3640  
1-800-670-3110 Ext. 5079  
Email: [mikel@trustcobank.com](mailto:mikel@trustcobank.com)

# 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.

<b>Part 1 - Project and Sponsor Information</b>			
<b>Name of Action or Project:</b> Top Dog 4 unit apartment variance / <i>Top Dog Enterprises LLC</i> <i>Steven J. Sbardella President</i>			
<b>Project Location (describe, and attach a location map):</b> 31-33 Malta Avenue, Ballston Spa NY 12020			
<b>Brief Description of Proposed Action:</b> The project involves retaining the 4 unit apartment use of the parcel through action by the Zoning Board of Appeals. There is no proposed alteration to the building footprint or the exterior. Minor interior cosmetic repairs and replacements will be done due to the building being vacant for a period of time.			
<b>Name of Applicant or Sponsor:</b> Top Dog Enterprises LLC		<b>Telephone:</b> 518 209 8221 <b>E-Mail:</b> steve@518realty.com	
<b>Address:</b> 1571 Central Avenue			
<b>City/PO:</b> Albany		<b>State:</b> NY <b>Zip Code:</b> 12205	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval: Village of Ballston Spa Zoning Board of Appeals, Planning Dept and		<input type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.05 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.08 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" 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			



		NO	YES	N/A
5.	Is the proposed action,			
a.	<u>A permitted use under the zoning regulations</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<u>Consistent with the adopted comprehensive plan</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<u>Is the proposed action consistent with the predominant character of the existing built or natural landscape?</u>		NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<u>Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</u>		NO	YES
	If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	a. <u>Will the proposed action result in a substantial increase in traffic above present levels?</u>		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<u>Does the proposed action meet or exceed the state energy code requirements?</u>		NO	YES
	If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<u>Will the proposed action connect to an existing public/private water supply?</u>		NO	YES
	If No, describe method for providing potable water: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	<u>Will the proposed action connect to existing wastewater utilities?</u>		NO	YES
	If No, describe method for providing wastewater treatment: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	<input checked="" type="checkbox"/>	NO	YES
	b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	a. <u>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?</u>	<input checked="" type="checkbox"/>	NO	YES
	b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 checked="" type="checkbox"/> Urban <input checked="" 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 type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, briefly describe:  Stormwater discharges are existing. No changes are proposed.		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor name: <u>Robert J. Cordell agent for Too Dog Enterprises LLC</u> Date: <u>1-22-2005</u> Signature: <u><i>Robert J. Cordell</i></u> Title: <u>AGENT</u>		

PROJECT ID NUMBER

X

617.20

SEQR

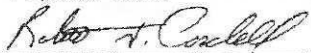
APPENDIX C

STATE ENVIRONMENTAL QUALITY REVIEW

**SHORT ENVIRONMENTAL ASSESSMENT FORM**

for UNLISTED ACTIONS Only

**PART 1 - PROJECT INFORMATION** (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR Robert Cordell Cordell Consulting Services LLC	2. PROJECT NAME Top Dog 4 unit apartment variance
3. PROJECT LOCATION: Village of Ballston Spa Municipality	Saratoga County
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map 31- 33 Malta Avenue Ballston Spa NY 12020	
5. IS PROPOSED ACTION : <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification / alteration	
6. DESCRIBE PROJECT BRIEFLY: The project involves retsaining the 4 unit apartment use of the parcel through action by the Zoning Board of Appeals.. There is no proposed alteration to the building footprint or exterior. Minor interior renovation will be done.	
7. AMOUNT OF LAND AFFECTED: Initially 0.08 acres Ultimately 0.08 acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, describe briefly: Current zoning permits only single family dwellings. This application its to retain the existing 4 unit apartment use.	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit / approval: Local Zoning Board, Planning Board and Building Department .	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit / approval:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant / Sponsor Name Robert J. Cordell, agent for Top Dog Enterprises LLC Date: 01/18/2025 Signature 	

If the action is a Coastal Area, and you are a state agency,  
complete the Coastal Assessment Form before proceeding with this assessment

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>If yes, coordinate the review process and use the FULL EAF.</p> <p>If No, a negative declaration may be superseded by another involved agency.</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? (If yes, explain briefly:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (If different from responsible officer)



PROJECT ID NUMBER

X

617.20

APPENDIX C

SEQR

STATE ENVIRONMENTAL QUALITY REVIEW

**SHORT ENVIRONMENTAL ASSESSMENT FORM**

for UNLISTED ACTIONS Only

**PART 1 - PROJECT INFORMATION** (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR Robert Cordell Cordell Consulting Services LLC	2. PROJECT NAME Top Dog 4 unit apartment variance
3. PROJECT LOCATION: Village of Ballston Spa Municipality	Saratoga County
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map 31- 33 Malta Avenue Ballston Spa NY 12020	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification / alteration	
6. DESCRIBE PROJECT BRIEFLY: The project involves retsaining the 4 unit apartment use of the parcel through action by the Zoning Board of Appeals.. There is no proposed alteration to the building footprint or exterior. Minor interior renovation will be done.	
7. AMOUNT OF LAND AFFECTED: Initially 0.08 acres Ultimately 0.08 acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, describe briefly: Current zoning permits only single family dwellings. This application its to retain the existing 4 unit apartment use.	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit / approval: Local Zoning Board, Planning Board and Building Department.	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit / approval:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant / Sponsor Name Robert J. Cordell, agent for Top Dog Enterprises LLC Date: 01/18/2025 Signature <i>Robert J. Cordell</i>	

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**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?      If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6?    If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)	
C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:	
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C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:	
C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:	
C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?    (If yes, explain briefly: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?    If yes explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

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Name of Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (If different from responsible officer)



[illegible]