

SETTLED IN 1771

INCORPORATED IN 1807

Village of Ballston Spa

66 FRONT STREET

Ballston Spa, NY 12020

518-885-5711

December 13, 2023

To: James E. Walker
1 West North Street
Ballston Spa, NY 12020

Re: Application to replace an accessory building (shed) located at 1 West North Street, Ballston Spa, NY 12020.

Tax ID: 203.13-3-24

Dear Mr. Walker:

Attached please find your denied application to replace an accessory building (shed) on property located at 1 West North Street, Ballston Spa, NY.

Application is out of compliance with Village of Ballston Spa Code Chapter 205-25 item 2a) - Rear yard: 5' from the rear property line and 12' from any side lot line.

You must also provide a bulk percentage of lot coverage calculation. Please see Chapter 205 Schedule B Part 1 – Maximum Building Coverage.

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)885-3167

Email: 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: 203.13-3-24 Historic District: Yes No

2. APPLICANT

Name JAMES E WALKER Position OWNER Ownership: Private Public
Address 1 W NORTH ST Email JWALKER1@NYCAP.NY.GOV
Telephone 518-269-5004 City BALLSTON SPA State NY Zip Code 12020

3. PROPERTY OWNER

Name JAMES E WALKER Position OWNER Email JWALKER1@NYCAP.NY.GOV
Address 1 W NORTH ST City BALLSTON SPA State NY Zip Code 12020
Telephone 518-269-5004 Ext. _____ Liability Carrier: NYCM Policy # 4066325

4. PROPOSED CONSTRUCTION LOCATION

Street Number _____ Street Name: _____
Apt. Number: _____ Zoning District: _____

5. USE

Existing Use SHED / STORAGE Proposed Use STORAGE

6. TYPE OF WORK

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Change of Tenant	<input type="checkbox"/> Other	SETBACKS (in feet)
Brief Description of proposed work: <u>REPLACE EXISTING 12x10 SHED WITH NEW 16x20 SHED</u>				FRONT <u>125'</u>
				BACK <u>5'</u>
				LEFT SIDE <u>5'</u>
				RIGHT SIDE <u>10'</u>

7. PROPOSED BUILDING

Height 15' Actual Stories 1 Total Size: 320 square feet Style Pole Barn
Type of Frame WOOD Type of Foundation FOOTING Number of Rooms (excl. bathrooms) 0 Number of Bathrooms _____
Number of Bedrooms N/A Primary Heat System N/A Type of Fuel N/A Number of Fireplaces N/A Number of Wood Stoves N/A
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 JAMES E WALKER Position OWNER Organization _____
Address 1 W NORTH ST City BALLSTON SPA State NY Zip Code 12020
Telephone 518-269-5004 Ext. _____ Liability Carrier NYCM Policy No. 4066325

10. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL SUBCONTRACTORS:

11. COST AND FEES

Estimated Project Cost \$ \$5,000

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 James E Walker DATE 12/10/23
(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: DEC 13 2023 Signed [Signature]

Reason for Denial: _____

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 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 <u>JAMES E WALKER</u>	_____	_____
Address <u>1 W NORTH ST</u>	_____	_____
<u>BALLSTON SPA NY 12020</u>	_____	_____
Phone <u>(518) 269 5004</u>	_____	_____
Email <u>JWALKER1@NYCAP.NC.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: 1 W NORTH ST Tax Parcel No: 203.13-3-24
- Date acquired by current owner: 11/15/1994
- Zoning District when purchased: R1
- Present use of property: RESIDENTIAL HOME
- Current Zoning District: R1
- 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
 - 500' of a State Park, city boundary, or county/state highway?

8. Brief description of proposed action:

Sideline Exception From 12' TO 5'

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:

<input type="checkbox"/> Interpretation	\$500
<input type="checkbox"/> Use variance	\$200
<input checked="" type="checkbox"/> Area variance	
- Residential use/property:	\$100
- Non-residential use/property:	\$300
<input type="checkbox"/> 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:

3. Has the property had a "For Sale" sign posted on it? ___ Yes ___ No
If yes, list dates when sign was posted:

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

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:

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:

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.

EXISTING SLAB AND 17 FOOTING 12' DIAMETER AND 48" DEEP
AND PHYSICALLY WOULD NEED TO REMOVE BUILDING AND
REBUILD

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:

NEW SHED CONSTRUCTION CLEANER LOOK AND REDUCE
OUTSIDE STORAGE.

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

~~ATTACHED~~ PREVIOUS SHED IN SAME 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:

REPAIRING EXISTING BUILDING

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:

SELF CREATED, I FAILED TO GET BUILDING PERMIT PRIOR TO STARTING THE PROJECT.

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.

Jon E. Weller
(applicant signature)

Date: 12/13/23

(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: _____

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			
SHED			
Name of Action or Project:			
1 W NORTH ST BALLSTON SPA, NY 12020			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Replace Existing Shed with new shed.			
Name of Applicant or Sponsor:		Telephone:	
JAMES E WALKER		518-269-5004	
Address:		E-Mail:	
1 W NORTH ST		JWALKER1@NYCAP.ORG	
City/PO:		State:	Zip Code:
BALLSTON SPA		NY	12020
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.			NO <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:			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?			NO <input checked="" type="checkbox"/>
b. Total acreage to be physically disturbed?			YES <input type="checkbox"/>
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			
3.a. Total acreage of the site of the proposed action?			.05 acres
b. Total acreage to be physically disturbed?			.0007 acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			.05 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			

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)? If Yes, explain purpose and size: _____ _____	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"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Jim E. Walker</u>	Date: <u>12/13/23</u>	
Signature: _____		

Approximate Scale
1" = 20'

Property = 21,750 sq ft
Buildings = 2994 sq ft
Lot Coverage Calculation = 13.77%



29 Gauge 3/4" Galvanized Steel Roof Panel

Roof Truss 4' o/c
5/12 Pitch.

2"x4" Purlins spaced 24" o/c

Double
2x6

2x4
space 3' o/c

2x6 Trusses.

Double Door.

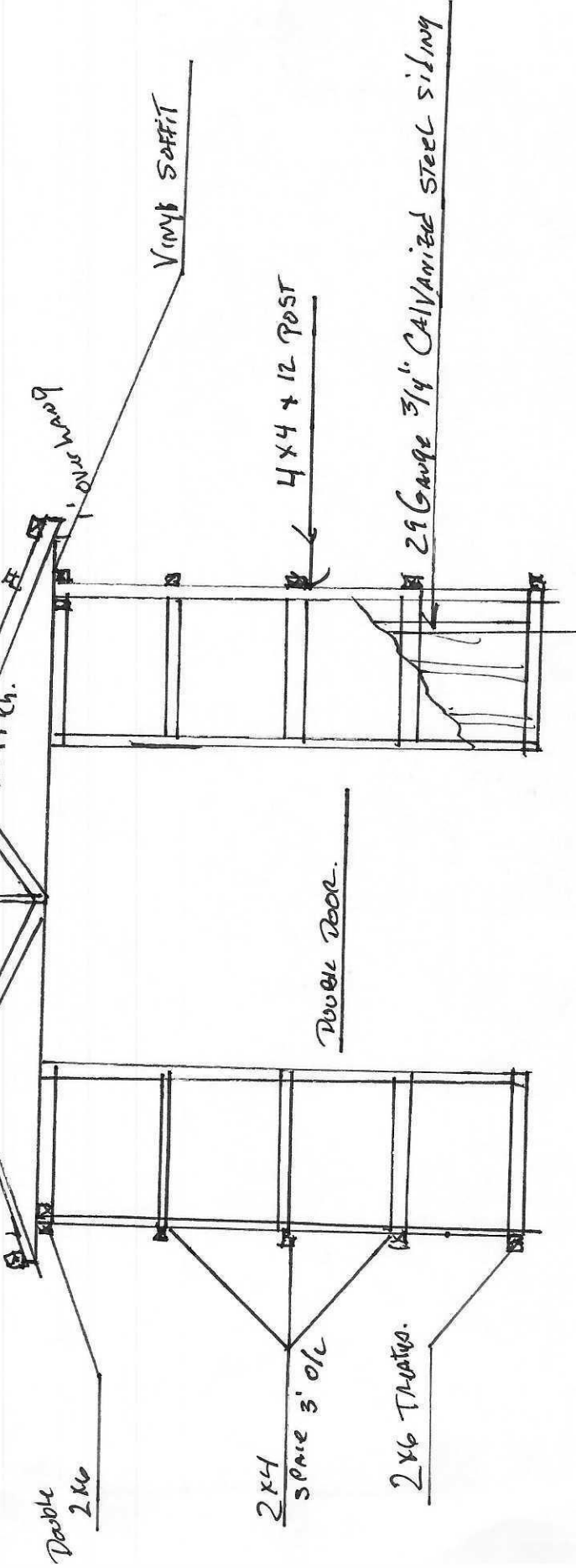
4x4 x 12 Post

29 Gauge 3/4" Galvanized Steel Siding

Vinyl Soffit

Vinyl Siding

5/12 Pitch.



5/12 pitch
Metal Roofing
1/2" Ply
Fiberglass
Gypsum Board

6" FASCIA ALUMINUM FASCIA

DOUBLE 2x6

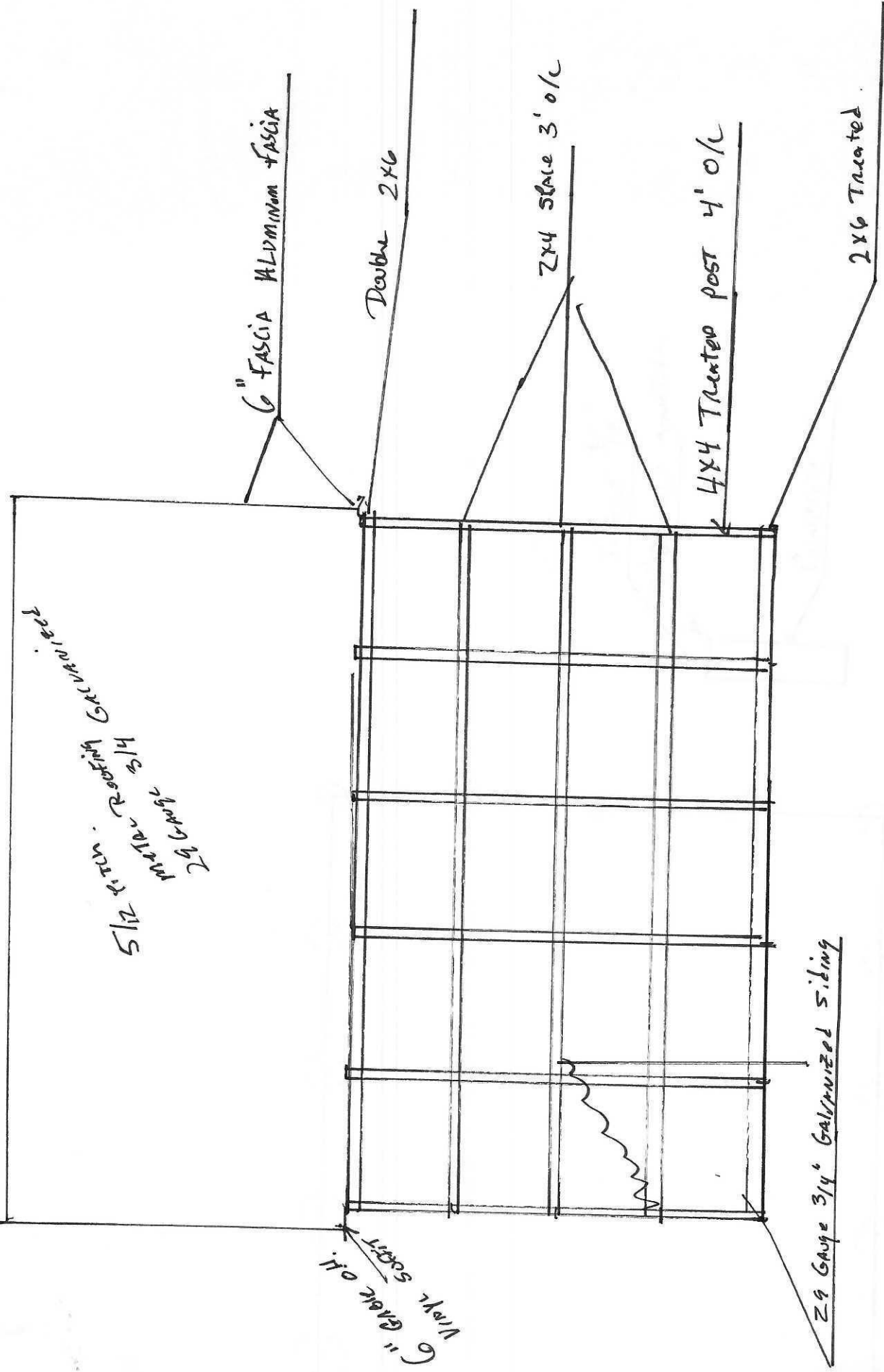
2x4 SLAT 3' o/c

4x4 TREATED POST 4' o/c

2x6 TREATED

6" GATE O.I.
VINYL SIGHT

29 GAUGE 3/4" GALVANIZED SIDING

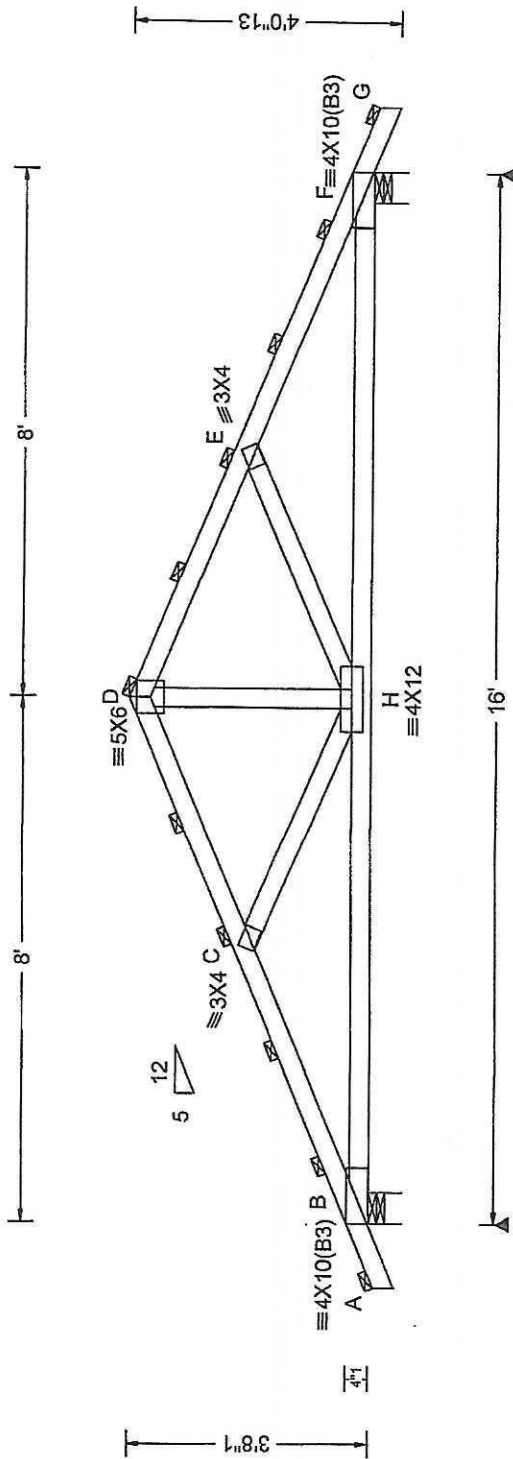


Job Number: 600100
 walker
 Truss Label: t-1 comn

Ply: 1
 Qty: 6
 Wgt: 87.2 lbs

SECN: 53902 / T1 / COMN
 FROM: KF

DRW: ... / ... 06/16/2023



Loading Criteria (psf)
 TCLL: 38.50
 TCCL: 7.00
 BCLL: 0.00
 BCCL: 10.00
 Des Ld: 55.50
 NCBCLL: 10.00
 Load Duration: 1.15
 Spacing: 48.0"

Wind Criteria
 Wind Std: ASCE 7-16
 Enclosure: Closed
 TCDL: 4.2 psf
 Mean Height: 15.00 ft
 MWFRS Parallel Dist: 0 to h/2
 C&C Dist at: 3.00 ft
 Loc. from endwall: Any
 Wind Duration: 1.60
 GCpt: 0.18

Snow Criteria
 (Pg.Pf in PSF)
 Pg: 50.0 Ct: 1.1
 Pf: 36.5 Ce: 1.0
 CAT: II
 Lu: - Cs: 1.00
 Snow Duration: 1.15

Code / Misc Criteria
 Bldg Code: IRC 2018
 TPI Std: 2014
 Rep Factors Used: No
 FT/RT: 20(0)/10(0)
 Plate Type:
 WAVE

Defl/CSI Criteria
 PP Deflection in Loc L/dell L/H
 VERT(LL): 0.121 H 999 240 Max TC CSI: 0.716
 VERT(TL): 0.172 E 999 240 Max BC CSI: 0.689
 HORZ(LL): 0.046 F - - Max Web CSI: 0.649
 HORZ(TL): 0.066 F - - Creep Factor: 2.0
 Mfg Specified Camber:
 VIEW Ver: 22.02.00.0914.12

Lumber
 Top chord: 2x4 SPF(S) 1650F-1.5E;
 Bot chord: 2x4 SPF(S) 1650F-1.5E;
 Webs: 2x4 SPF(S) Stud;

Wind
 Wind loads based on MWFRS with additional C&C member design.
 Wind loading based on both gable and hip roof types.

Wind
 Wind loads based on MWFRS with additional C&C member design.
 Wind loading based on both gable and hip roof types.

Wind
 Wind loads based on MWFRS with additional C&C member design.
 Wind loading based on both gable and hip roof types.

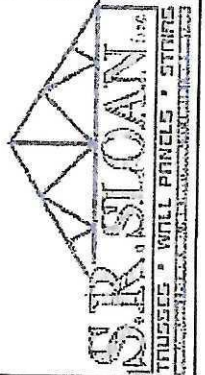
Wind
 Wind loads based on MWFRS with additional C&C member design.
 Wind loading based on both gable and hip roof types.

Loading
 Bottom chord checked for 10.00 psf non-concurrent live load.
 Truss designed for unbalanced snow loads.

Purlins
 In lieu of structural panels use purlins to brace TC @ 24" oc.

This is a preliminary drawing the can be used only for trusses fabricated By S.R. Sloan, Inc. It represents loading, span and pitch. S. R. Sloan, Inc. reserves the right to adjust materials and design at the time of production. The structural integrity will not be compromised. Sealed drawings will be furnished, upon request

S.R. SLOAN, Inc.
 TRUSSES · WALL PANELS · STAIRS
 PO BOX 560, NEW HARTFORD, NY 13413
 Office (800) 366-7562 * Fax (315) 736-7740



▲ Maximum Reactions (lbs)

Loc	R+	/R-	/Rh	/Rw	/U	/Rl
B	2268	-	-	685	161	1148
F	2268	-	-	685	161	-

Wind reactions based on MWFRS
 B Big Wid = 5.5 Min Req = 3.3 (Truss)
 F Big Wid = 5.5 Min Req = 3.3 (Truss)
 Beams B & F are a rigid surface.

Maximum Top Chord Forces Per Ply (lbs)

Chords	Tens.Comp.	Chords	Tens. Comp.
A-B	74	0 D-E	732 -2455
B-C	994 -3757	E-F	994 -3757
C-D	732 -2455	F-G	74

Maximum Bot Chord Forces Per Ply (lbs)

Chords	Tens.Comp.	Chords	Tens. Comp.
B-H	3313	-780 H-F	3313 -768

Maximum Web Forces Per Ply (lbs)

Webs	Tens.Comp.	Webs	Tens. Comp.
C-H	455	-1385 H-E	455 -1385
D-H	1089	-210	