Village of Ballston Spa

Planning Board

66 Front Street

Ballston Spa, N.Y. 12020

518-885-5711

A Village *of* friends

[FOR OFFICE USE]

(Application #)

(Date received)

(1/1/2020)

APPLICATION FOR: SUBDIVISION APPROVAL

***Application Check List - All submissions must include completed application check list and all required items.

Project Name: Galway St Cold Storage

Property Address/Location: Galway St + 3 Science St

Tax Parcel #: 216.31-3-18 (for example: 165.52-4-37) Zoning District: CBD

Total Acres: .71 + .12 AC Land to be Subdivided Into: _____ Lots

	APPLICANT(S)*	OWNER(S) (If not applicant)	ATTORNEY/AGENT
Name	Spencer Tacy		
Address	320 Saratoga Ave		
Phone	518-522-8117		
Email	S_Tacy@Yahoo.com		

Identify primary contact person: ☒ Applicant ☐ Owner ☐ Agent

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

Application Fee: A check payable to: "Village of Ballston Spa" MUST accompany this application.

Fees noted on Village website www.villageofballstonspa.org

☒ Note: In accordance with the Village Code Chapter 178, Article IX, Section 178-24, if no new lots are created and other stated conditions are met, the applicant may request a waiver from the subdivision process in favor of an administrative review with the Planning Board Chair and Building Inspector. Applicant must complete this form and the required notifications outlined in Section 178-24B. Check the box next to this note to indicate your request for a consideration of a waiver.

Submission Deadline – See Village website (www.villageofballstonspa.org) for meeting dates.

Does any Village officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? YES_____ NO X. If YES, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.

I, the undersigned owner or purchaser under contract for the property, hereby request Subdivision consideration by the Planning Board for the identified property above. I agree to meet all requirements under the Subdivision Regulations for the Village of Ballston Spa.

Furthermore, I hereby authorize members of the Planning Board and designated Village staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application.

Applicant Signature: _____ Date: 10-6-25

If applicant is not current owner, owner must also sign.

Owner Signature: _____ Date: 10-6-25