

Village of Ballston Spa

66 FRONT STREET

Ballston Spa, NY 12020

518-885-5711

September 3, 2025

To: Melissa D'Andrea
20 Milton Avenue
Ballston Spa, NY 12020

Re: Application for the construction of an inground pool at property located at 20 Milton Avenue

Tax ID: 216.32-2-44

Dear Melissa:

Please be advised that your application to construct an inground pool at 20 Milton Avenue is being denied for the following reasons:

Village of Ballston Spa Code 205-46 (A) (3) Swimming Pools – Swimming pools may be located in the side or rear yard of a lot if all other requirements can be met. Swimming pools in front yards are expressly prohibited.

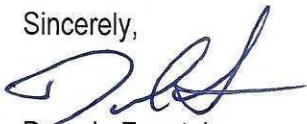
Village of Ballston Spa Code 205.25 (A) (2) (a) Accessory Structures – Rear yard setbacks must be five feet from the rear property line and twelve feet from any side lot line.

Village of Ballston Spa Code 205.25 (A) (2) (c) Accessory Structures – Not closer than 15 feet to a principal building, whether in a rear yard or a side yard.

Village of Ballston Spa Code 205.5 Definitions – Yard, Rear – An open space extending across the entire width of the lot between the rear wall of the principal building and the rear line of the lot, and unoccupied except for accessory buildings and open porches.

We have received your completed ZBA application and will forward it to them.

Sincerely,



Dave LaFountain
Code Enforcement Officer
Phone: (518)288-4006
Email: buildinginspector@ballstonspa.gov
Cc: Anna Stanko

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: _____

Tax Map No: 216.32-2-44

Historic District: ☒ Yes ☐ No

Ownership: ☒ Private ☐ Public

2. APPLICANT

Name: Melissa DAndrea

Position: Owner

Email: Melissadandrea64@gmail.com

Address: 20 Milton Ave

City: Village of Ballston Spa

State: Ny

Zip Code: 12020

Telephone: 518-487-1193

Ext: _____

3. PROPERTY OWNER

Name: Melissa DAndrea

Position: Owner

Email: Melissadandrea64@gmail.com

Address: 20 Milton Ave

City: Village of Ballston Spa

State: Ny

Zip Code: 12020

Telephone: 518-487-1193

Ext: _____

Liability Carrier: Amica

Policy #: 66073124CX

4. PROPOSED CONSTRUCTION LOCATION

Street Number: 20

Street Name: Milton Ave

Apt. Number: _____

Zoning District: CRP R-2

5. USE

Existing Use: _____

Proposed Use: _____

6. TYPE OF WORK

☐ New

☐ Addition

☐ Change of Tenant

☒ Other

Brief Description of proposed work:

Inground Pool - 10' x 16'

SETBACKS (in feet)

FRONT 4'-4"

BACK 7'-5"

LEFT SIDE 4'-6"

RIGHT SIDE 6'-4"

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: Dave Burnett

Position: Owner

Organization: Burnett Pools

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: 518-857-1023

Ext: _____

Liability Carrier: _____

Policy No.: _____

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

Burnett Pools - 518-857-1023

11. COST AND FEES

Estimated Project Cost \$ 50,000.00

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: _____

(Owner or Owner's Agent)

DATE: 8/25/25

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: _____

Signed: _____

Permit Denied Date: SEP 03 2025

Signed: Dave Burnett

Reason for Denial: _____

Variance/ Special Permit Granted By: _____

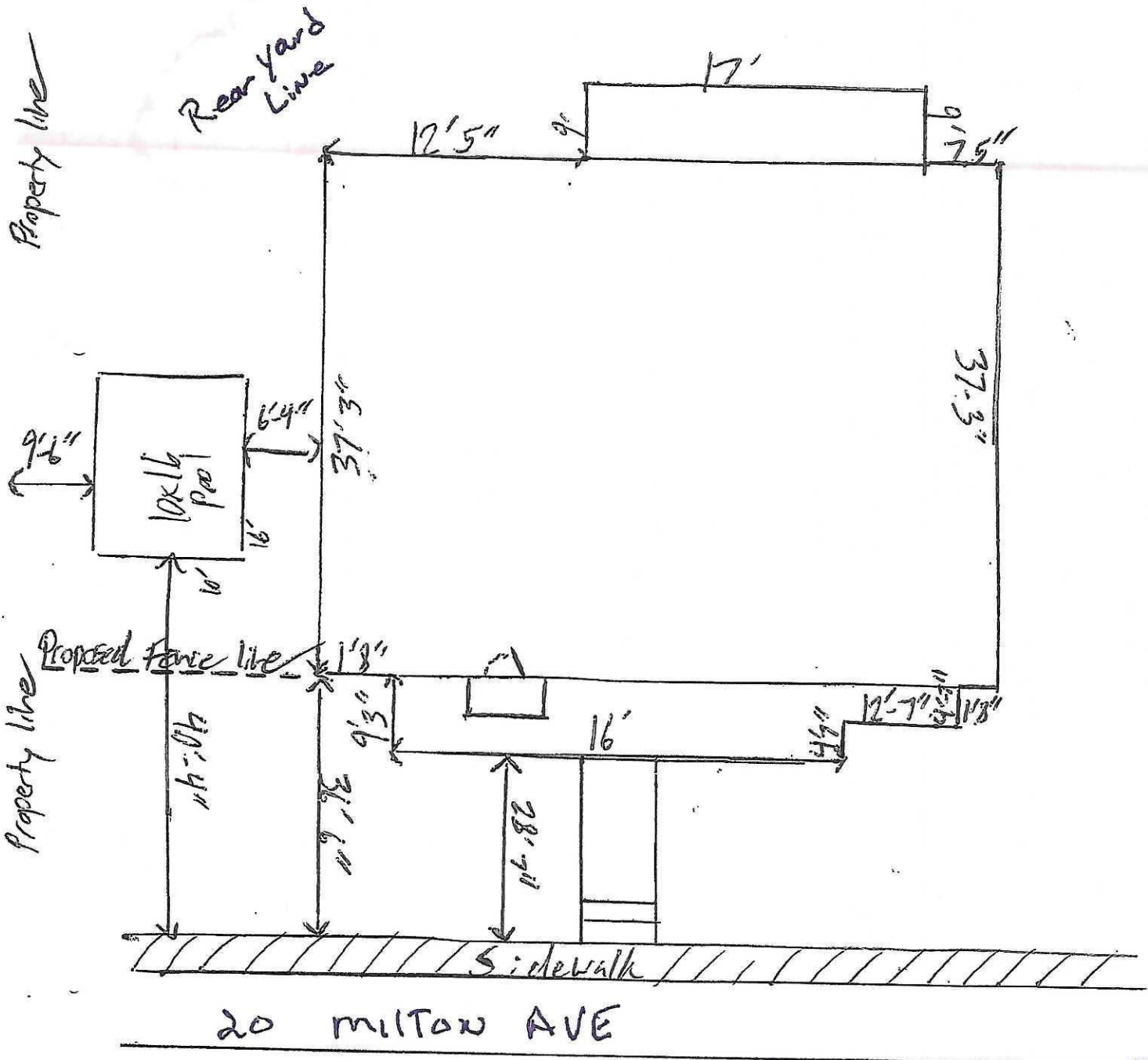
Date: _____

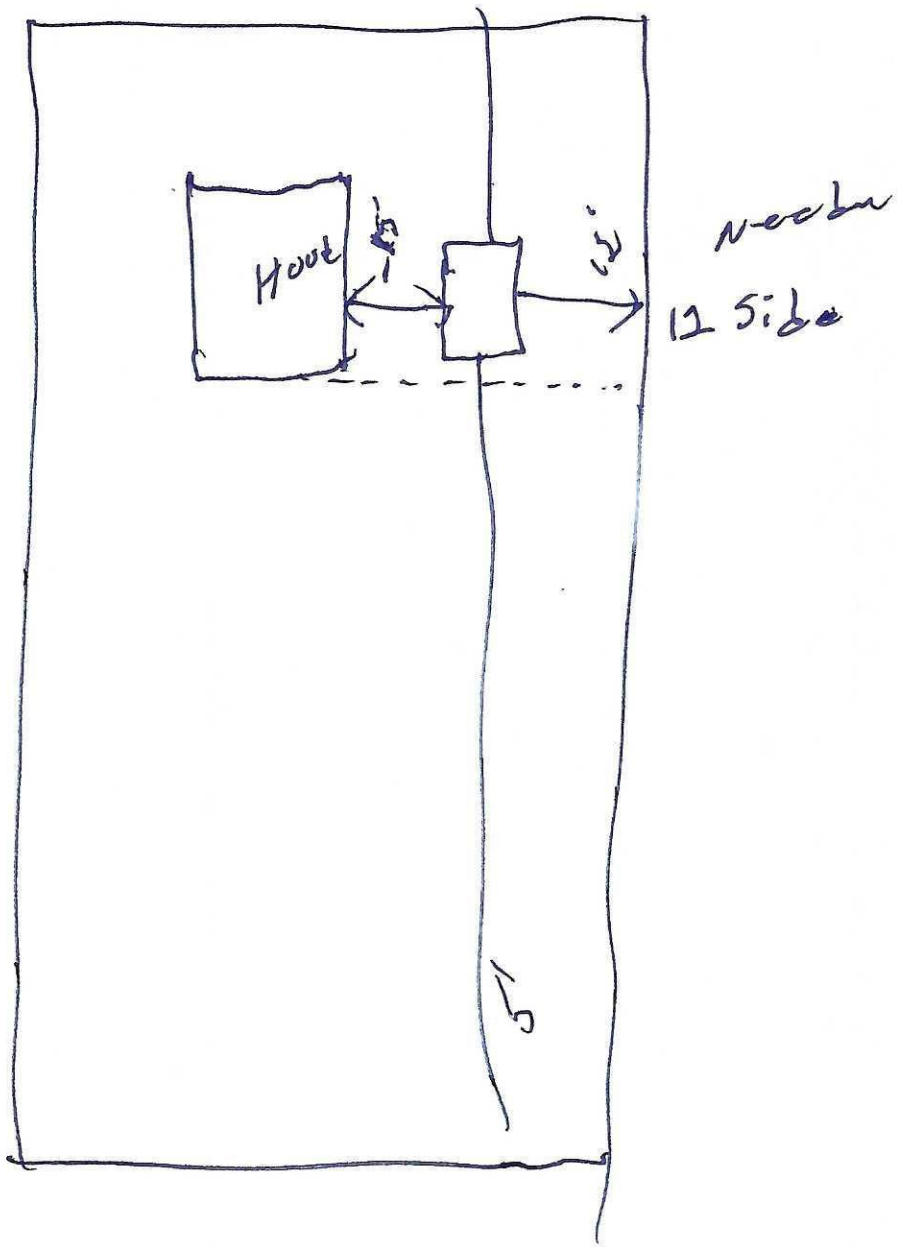
Certificate of Occupancy Granted By: _____

Date: _____

Certificate of Compliance Granted By: _____

Date: _____





Village of Ballston Spa
Zoning Board of Appeals
66 Front Street
Ballston Spa, NY 12020
518-885-5711

APPEAL to the ZONING BOARD OF APPEALS for an INTERPRETATION, USE VARIANCE, and / or VARIANCE EXTENSION

APPLICATION REQUIREMENTS:

1. **Eligibility:** To apply for relief from the Village's Zoning Ordinance, an applicant must be the property owner(s) or lessee or have an option to lease or purchase the property in question. The Zoning Board of Appeals (ZBA) shall not accept any application for appeal that includes a parcel which has a written violation from the Building Inspector that is not the subject of the application.
2. **Complete Submissions:** Applicants are encouraged to work with Village staff to ensure a complete application. The ZBA will only consider completed applications that contain one (1) original and one (1) digital of the following:
 - ☐ Completed application pages 1 and 8, the pages relating to the requested relief (p. 2 for interpretation or extension, pp. 3-5 for use variance, pp. 6-7 for area variance) and any additional supporting materials/ documentation.
 - ☐ Completed SEQR Environmental Assessment Form – short or long form as required by action. Found on New York State Department of Environmental Conservation site at: www.dec.ny.gov/seqrform
 - ☐ Detailed “to scale” drawings of the proposed project – folded and no larger than 24” x 36”. Identify all existing and proposed structures, lot boundaries and dimensions, and the relationship of structures to the lot dimensions. Also, include any natural or manmade features that might affect your property (e.g., drains, ponds, easements, etc.).
3. **Application Fee (Non-refundable):** Make checks payable: “Village of Ballston Spa”. Fees are cumulative and required for each request below.
 - ☐ Interpretation: \$500.00
 - ☐ Use Variance: \$200.00
 - ☐ Area Variance: \$100.00 *Residential use/property*; \$300.00 *Non-residential use/ property*
 - ☐ Extensions: \$150.00

Check Village website: www.villageofballstonspa.org for application meeting dates.

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>Melissa D. Andrea</u>		
Address	<u>20 Milton Ave</u> <u>Ballston Spa</u>		
Phone	<u>518-487-1193</u>		
Email	<u>melissadandrea64@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

1. Property Address/Location: 20 Milton Ave Tax Parcel No: _____
2. Date acquired by current owner: July 2019
3. Zoning District when purchased: _____
4. Present use of property: Primary home
5. Current Zoning District: _____
6. Has a previous ZBA application/appeal been filed for this property?
 - a. ☐ Yes (when? _____, for what? _____)
 - b. ☒ No
7. 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:

Classic 8 x 16 plunge pool - inground

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
<input checked="" type="checkbox"/> 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:

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:

-
- This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The applicant requests relief from the following Zoning Ordinance article(s) V, 8cc 205-46

Dimensional Requirements	From	To
15 feet from side of house		
12 feet from side line lot		

Other: Requesting approval for 10 Acre Port
Side line lot 0 (not 12) and 10 From dwelling
(not 15)

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.

The lot size and layout do not provide adequate space to meet the 15 ft & 12 ft setbacks without encroaching on other yard lines. Alternatives such as shifting pool location, reducing pool size and/or purchasing land have been evaluated and are not practical.

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:

Granting variances will not create a detriment to nearby property or cause undesirable change in the neighborhood. I have invested over 100k in restoring and beautifying 20 Milton Ave since purchase in 2019.

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

The requested variance is not substantial. The difference from 15 ft to 10 feet from the dwelling and 12 ft to 10 ft from the lot line is minor in nature and represents a small reduction from the standard. It does not result in overbuilding.

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:

The variance will not have adverse physical or environmental effects on the neighborhood. There is no impact on drainage, utilities or natural features. Installation will comply with all safety & fencing standards.

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 difficulty was not self created
the property would require a variance
no matter where the pool was located
due to the narrow lines of the
property.

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: 9/2/25
(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: _____

All info
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: <div style="font-size: 1.2em; margin-left: 40px;">Plunge Pool</div>							
Project Location (describe, and attach a location map): <div style="font-size: 1.2em; margin-left: 40px;">20 Milton Ave</div>							
Brief Description of Proposed Action: <div style="font-size: 1.2em; margin-left: 40px;">Small plunge pool 8x16</div>							
Name of Applicant or Sponsor: <div style="font-size: 1.2em; margin-left: 40px;">Melissa DAndrea</div>		Telephone: 518-487-1193 E-Mail: melissa.dandrea64@gmail.com					
Address: <div style="font-size: 1.2em; margin-left: 40px;">20 Milton Ave</div>							
City/PO: <div style="font-size: 1.2em; margin-left: 40px;">Ballston Spa</div>		State: <div style="font-size: 1.2em; margin-left: 40px;">NY</div>	Zip Code: <div style="font-size: 1.2em; margin-left: 40px;">12020</div>				
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%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<div style="margin-left: 40px;">_____ acres</div> <div style="margin-left: 40px;">_____ acres</div> <div style="margin-left: 40px;">_____ acres</div>					
4. Check all land uses that occur on, are adjoining or near the proposed action:							
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Urban</div> <div style="width: 50%;"><input type="checkbox"/> Rural (non-agriculture)</div> <div style="width: 50%;"><input type="checkbox"/> Industrial</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Residential (suburban)</div> <div style="width: 50%;"><input type="checkbox"/> Forest</div> <div style="width: 50%;"><input type="checkbox"/> Agriculture</div> <div style="width: 50%;"><input type="checkbox"/> Aquatic</div> <div style="width: 50%;"><input type="checkbox"/> Other(Specify):</div> <div style="width: 50%;"><input type="checkbox"/> Parkland</div> </div>							

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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?	NO	YES	
If Yes, identify: _____	<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 services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: <u>meets all requirements</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: <u>n/a</u>	<input checked="" type="checkbox"/>	<input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" 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 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 plan?	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,	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 checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____ _____		
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"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Melissa Andrea</u> Date: <u>9/2/25</u>		
Signature: <u>Melissa Andrea</u> Title: _____		