

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: 216.32-1-28 Historic District: Yes No Ownership: Private Public

2. APPLICANT

Name Randy Elliott Position owner Organization _____
Address 11-13 Washington St. City Ballston Spa State NY Zip Code 12020
Telephone 578-378-9033 Ext. _____

3. PROPERTY OWNER

Name Same as above Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Ext. _____ Liability Carrier: Eric + Niagara Policy # CF0006172

4. PROPOSED CONSTRUCTION LOCATION

Street Number 11-13 Street Name: Washington St.
Apt. Number: _____ Zoning District: CBD

5. USE

Existing Use Storage Proposed Use Brewery second floor

6. TYPE OF WORK

New Addition Change of Tenant Other _____

Brief Description of proposed work: Fitting upper level to house a brewery. Addition of two bathrooms to existing space and one partition wall separating brewing equipment from top room

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 Randy Elliott Position owner Organization _____
Address _____ 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 \$ _____ 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] DATE 12/2/21
(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: _____ Signed _____

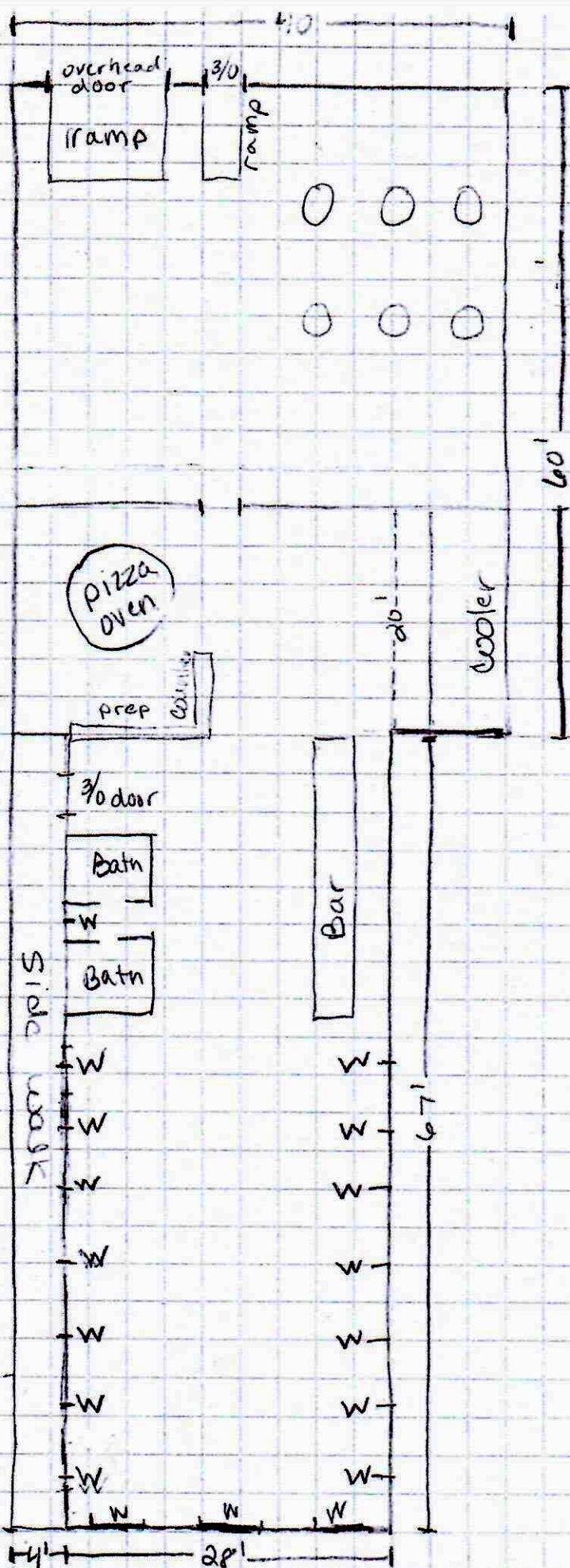
Permit Denied Date: _____ Signed _____

Reason for Denial: _____

Variance/ Special Permit Granted By: _____ Date: _____

Certificate of Occupancy Granted By: _____ Date: _____

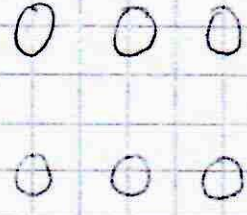
Certificate of Compliance Granted By: _____ Date: _____



overhead door

ramp

3/0 ramp



60'

Pizza oven

prep

3/0 door

Batn

W

Batn

Side wash

W

W

W

W

W

W

W

W

W

Bar

W

W

W

W

W

W

W

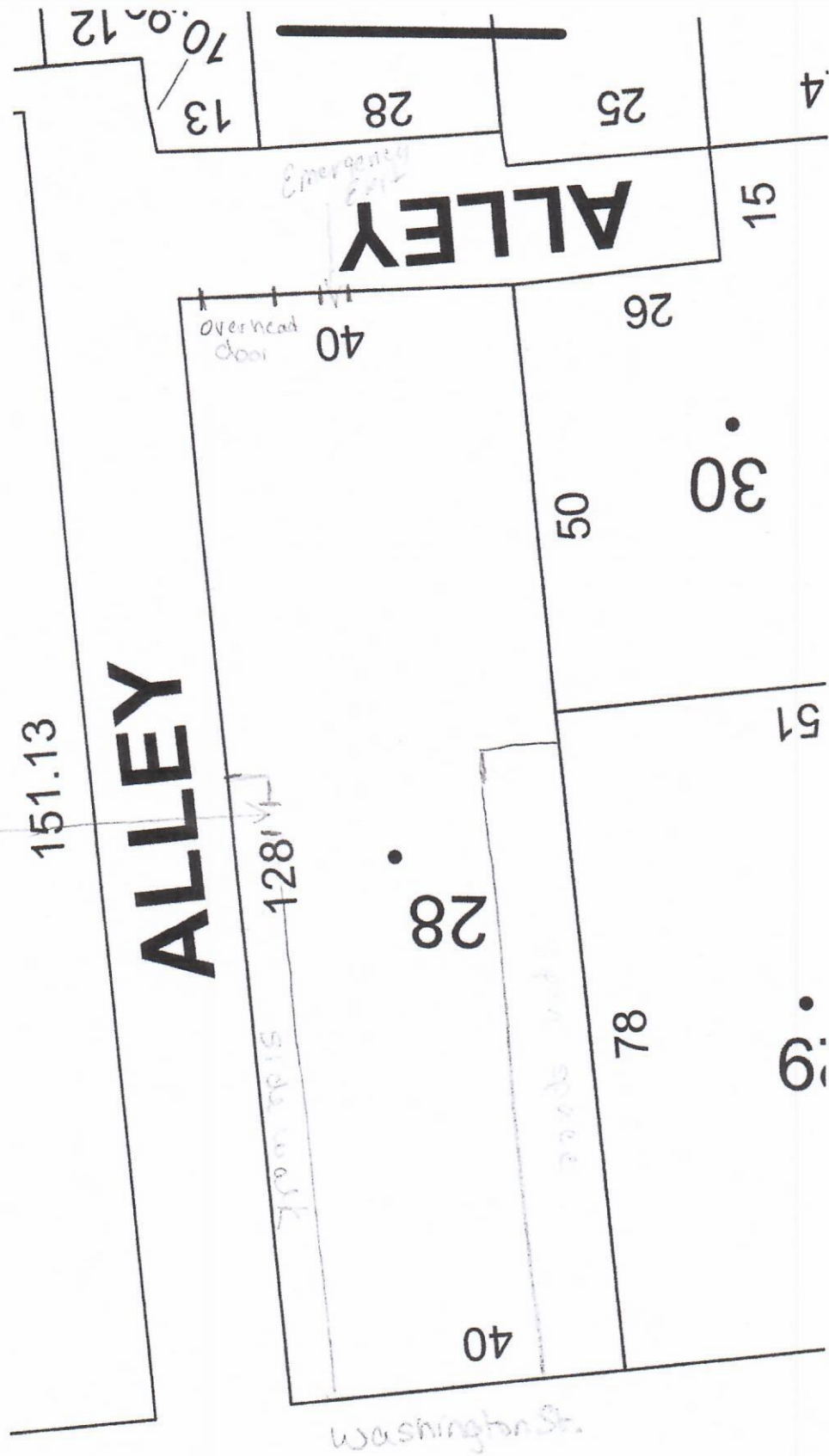
67'

20'

cooler

4'

28'



STREET

