

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: 216.40-1-18

Historic District: Yes No

Ownership: Private Public

2. APPLICANT

Name: Andrew and Kristina Maas Position: _____ Organization: Kristina.maas@gmail.com andyTmaas@gmail.com

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: 281-381-2485 Ext.: 225-772-2916

3. PROPERTY OWNER

Name: Andrew and Kristina Maas Position: _____ Organization: _____

Address: 17 E High St City: Ballston Spa State: NY Zip Code: 12020

Telephone: _____ Ext.: _____ Liability Carrier: _____ Policy #: _____

4. PROPOSED CONSTRUCTION LOCATION

Street Number: 17 Street Name: East High St

Apt. Number: _____ Zoning District: _____

5. USE

Existing Use: _____ Proposed Use: _____

6. TYPE OF WORK

New Addition Change of Tenant Other

SETBACKS (in feet)

Brief Description of proposed work: replacing rotted wood on porch - replacing mahogany floor boards w/ same mahogany floor, replacing rotted column bases, replacing rotted spindles w/ reproduction spindles. Replacing rotted lattice with similar period appropriate lattice. Railings ~~do not need to be replaced~~ we will be using original railings. Metal handrail removed and wooden railing w/ period appropriate newel post put in its place.

FRONT
BACK
LEFT SIDE
RIGHT SIDE

7. PROPOSED BUILDING

Height: _____ Actual Stories: appropriate Total Size: _____ square feet Style: do not need to be replaced we will be using original railings. Metal handrail removed and wooden railing w/ period appropriate newel post put in its place.

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: John Metz Position: _____ Organization: Dimensional Design

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: 518-416-5618 Ext.: _____ Liability Carrier: _____ Policy No.: _____

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

11. COST AND FEES

Estimated Project Cost \$ 20,000

Building Permit Fee \$ 50.00

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: 5/8/23

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date: _____ Signed: _____

Permit Denied Date: MAY 08 2023 Signed: _____

Reason: For Historical Review

Variance/ Special Permit Granted By: _____ Date: _____

Certificate of Occupancy Granted By: _____ Date: _____

Certificate of Compliance Granted By: _____ Date: _____