

# DEPARTMENT OF CODE ENFORCEMENT

118 Broadway, P.O. Box 345, Fort Edward, N.Y. 12828  
Phone (518) 502-4146 Fax (518) 684-2242  
[code@villageoffortedward.com](mailto:code@villageoffortedward.com)

September 29, 2020

To: Chris Conlon  
36 Center Street  
Fort Edward, NY 12828

Location 128 Broadway  
Tax Map No. 171.6-1-36  
Zone C1, Broadway Commercial

RE: Proposed Ground Floor Apartment

This letter is this office's zoning determination relative to the above referenced project. The property is located in the **above referenced** zoning district in the Village of Fort Edward Zoning Law found at Chapter 350 of the Code of the Village of Fort Edward. In reviewing the proposed project under Chapter 350, I find the following:

The proposed is in violation of the following section of village code: \_\_\_\_\_

The project is not a permitted use in the zone in which it is located:  
*ARTICLE IV, Section 350-5-5A1, In the C1 district, no residential uses or occupancy shall be permitted in any commercial or mixed use building on the ground floor thereof.*

The project does not meet the area/density requirements required by the Village of Fort Edward Zoning Law as follows:  
\_\_\_\_\_ does not meet the setback requirements of \_\_\_\_\_ feet;

Does not meet the area/density requirements as follows: \_\_\_\_\_

Other: \_\_\_\_\_

The project requires site plan review from the planning board:

The division of the parcel requires subdivision review from the planning board.

The project requires a special use permit from the planning board.

Please note that if you disagree with this zoning determination as to allowed uses and/or density requirements, you have the right to appeal this determination to the Zoning Board of Appeals within 60 days of the date of this determination. In the event of an area and/or use denial, you also have the right to appeal to the Zoning Board of Appeals for a variance as applicable. These options have legal implications and we cannot provide you legal advice.

Thank you.

David J. Armando  
Code Enforcement Officer

USE VARIANCE APPLICATION

Date 9/29/2020  
Applicant(s) Chris Conlon  
Address 36 Center Street  
Phone (Mobile) 518-742-0164  
Location of property where variance is requested 128 Broadway

Phone (Home) same

Property Owner \* (if different than applicant)  
\* If Applicant is not the property owner a Letter of Authorization must be submitted with application.

Date Property Acquired by Applicant

Tax Map No.

- Current Use
- Residential # of Dwelling Units
  - Commercial Type
  - Industrial Type
  - Accessory Building Describe
  - Other Describe

Proposed Use Comm / Residential

If area variance is granted, will applicant perform the work  Yes  No  
If not, provide the name, address & phone of contractor(s).

Please describe in detail, the changes you plan to make on the premises.

Back of bottom floor behind barber shop  
turn into a living unit (studio)

Please explain how the variance will affect the character of and the health, safety and welfare of the neighborhood.

it won't

Please explain how the hardship is *not* self-created. There is no hardship.

At the time of purchase of building  
this extra space was not needed. Now  
it is being created to support an elderly  
family member who cannot use stairs.

Please explain how the hardship created is unique and does not apply to a substantial portion of the neighborhood.

it is not unique. It is just one more living space in the commercial apt. building on 1st floor.

Please explain why the requested variance will not alter the essential character of the neighborhood.

it is an internal space in the back of a business which will not be seen or heard from any customer inside or out!

Please explain how the variance is the minimum necessary to grant relief from the hardship.

this is a very minimal studio space behind a business.

Please explain how you will be deprived of *all* economic use or benefit from your property unless it can be used for the purpose you request, which deprivation must be established by competent financial evidence.

there will be no deprivation, however I will not be able to help out my aunt.

Please provide the following information to support how you will suffer a significant injury.

- (a) Amount paid for the property in question
- (b) Date of purchase of the property
- (c) Current market value of the property (or any part thereof)
- (d) Basis upon which the present market value of the property (from (c) above) was obtained
- (e) Projected market value of property if variance is/is not granted  
Basis upon which the present market value of the property (from (e) above) was obtained
- (f) (e) above) was obtained
- (g) Provide a breakdown of expenses attributable to maintenance since acquiring the property (you may wish to include receipts, if applicable)
- (h) Assessment & amount of taxes on the property (if applicable)
- (i) Amount of mortgages & other encumbrances (if applicable)
- (j) Income from the land (if applicable)
- (k) Any other relevant facts particular to request

Please use an attached sheet of paper if you require further space and clearly indicate the question(s) you are answering.

Remember that it is the sole responsibility of the applicant to provide sufficient information and documentation concerning this application. Because the determination is made solely on the basis of information provided to the ZBA, it is to the applicant's benefit to include as much supporting information as possible.

I/We hereby consent to allow members of the Zoning Board of Appeals, upon reasonable notice to me/us, the right of access to my/our property for the purpose of viewing and inspecting the proposed area variance, which is a subject matter of the proceeding herein before the Zoning Board of Appeals.

I/We certify the information submitted with this application for area variance is true to the best of my/our knowledge and belief.

Signature/Date of Applicant(s) *Chris Ch...*

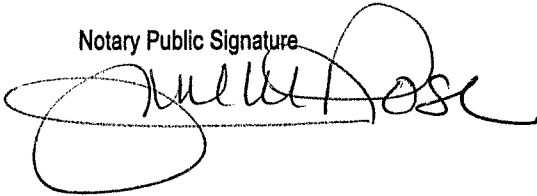
Signature/Date of Applicant(s)

State of New York ss:

County of  
*Washington*

Sworn to before me this *29* day of *September 2020*

Notary Public Signature



**JANELLE ROSE**  
Notary Public, State of New York  
Registration No. 01RO6262565  
Qualified in Washington County  
My Commission Expires May 29, 2024

**PLEASE READ CAREFULLY**

Please use the attached sheet of paper if you require further space clearly indicating which question you are answering. Remember that it is the sole responsibility of the applicant to provide sufficient information and documentation concerning this application. Because the determination is made solely on the basis of information provided to the ZBA, it is to the applicant's benefit to include as much supporting information as possible.