

Village Board Meeting
June 2nd, 2025, 7:00pm
Village Municipal Center

Agenda

1. Pledge of Allegiance
2. Call to Order
3. Ratify Meeting Minutes (5/22)
4. Monthly Reports
5. Appropriations
 - General Fund
 - Water Fund
 - Sewer Fund
 - Senior Shuttle
 - Unaudited Claims
6. Application for Mobile Home—Slate Valley Drive
7. Mayor's Reports
8. Public Comment
9. Executive Session
10. Adjournment

Special Village Board Meeting
May 22nd. 2025, 6:00pm
Village Municipal Center

Year-end Appropriations Meeting

Attendance: Village Board: Mayor Paul Labas, Deputy Mayor Dean Hyatt, Trustees Denise Davies, Heather Leaman, and Paul Garrone

Village Staff: Deputy Clerk-Treasurer Dee Scarlotta, and Clerk-Treasurer Rick Roberts

Mayor Labas called the Meeting to Order at 6:00pm.

Ratify Meeting Minutes: Trustee Leaman made a motion to ratify the Minutes of the Meeting of May 5th as posted to the Village website. Deputy Mayor Hyatt seconded the motion and it carried unanimously.

Appropriations: The following claims were submitted for review and in consideration of approval for payment:

General Fund: \$5,161.80
 Water Fund: \$356.36
 Sewer Fund: \$270.15
 Unaudited
 Vouchers: \$338.23

Total Claims: \$6,126.54

The Board audited the claims and Trustee Davies moved their approval for payment. Trustee Garrone seconded the motion and it carried unanimously.

Budget Transfers: The Clerk-Treasurer circulated a memo recommending several budget transfers in the Water and General Funds in order to avoid overdrawing any individual line items in the funding of tonight's appropriations, and in funding the final two payrolls of the fiscal year:

<u>Acct #</u>	<u>Account Title</u>	<u>Change</u>	<u>Reason</u>
<u>General Fund</u>			
A14504	Contractual Expense, Elections	+\$50.00	Increased advertising costs, Election
A35101	Pers. Service, Dog Control Off.	+\$1.00	Rounding, Payroll
A35104	Contractual Expense, DCO	+\$500.00	Nuisance Wildlife Rem. > Budgeted
A90308	FICA Taxes, General Fund	+\$7,000.00	FICA Taxes > Budgeted
A3389	Fed/State Aid, Police Dept.	+\$7,551.00	Cure above shortfalls

A31201 Personal Service, Police Dept.	+\$9,500.00	Unused Holidays, Vacation, PTO
A31204 Contractual Expense, PD	-\$9,500.00	Cure above shortfall

Water Fund

F83404 Contractual Expense, Water	+\$1,500.00	Prior Trans. used to fund power costs
F90608 Health Insurance Premiums	-\$1,500.00	Cure above shortfall

Following a period of discussion, Trustee Leaman moved approval of the budget transfers as recommended. Trustee Garrone seconded the motion and it carried unanimously.

Mayor Labas then opened the Meeting to public comment at 6:35pm.

There was no input received from the public, but the Board commenced a brief discussion concerning a number of subjects.

At 6:40pm, Trustee Davies moved that the meeting be adjourned. Trustee Leaman seconded the motion and it carried without objection.

Respectfully Submitted,



Richard Roberts
Village Clerk-Treasurer

APPROPRIATIONS

June 2, 2025

GENERAL: \$ 29,888.16

SEWER: \$ 36,069.49

WATER: \$ 26,367.43

SENIOR SHUTTLE: \$ 918.12

UNAUDITED VOUCHERS: \$ 105.94

TOTAL..... \$ 93,349.14



WASHINGTON COUNTY
DEPARTMENT OF CODE ENFORCEMENT

Physical Address: 1153 Burgoyne Ave.
Fort Edward, NY 12828
Phone: (518) 746-2150
Mailing Address: 383 Broadway
Fort Edward, NY 12828

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

APPLICATION NO. _____
DATE RECEIVED: _____
DATE EXAMINED: _____
AMOUNT OF FEE RECEIVED: _____

☐ APPROVED
☐ APPROVED WITH
CORRECTIONS
☐ DISAPPROVED

PERMIT NO. _____
REASONS: _____
EXAMINED BY _____

Project Location: 55 SLATE VALLEY DRIVE STREET / ADDRESS GRANVILLE
☐ TOWN ☒ VILLAGE

TAX MAP SECTION 117.5 BLOCK 1 LOT 22

APPLICANT IS: ☒ OWNER ☐ ARCHITECT/ENGINEER ☐ BUILDER/CONTRACTOR ☐ OTHER: _____

APPLICANT:

NAME: PAM THOMAS

MAILING ADDRESS: 19 FOX ROAD

Hampton NY12832

HOME / OFFICE PHONE #: 518-260-7211

CELL PHONE #: _____

EMAIL: pamthomas8563@gmail.com

OWNER (IF DIFFERENT THAN APPLICANT):

NAME: _____

MAILING ADDRESS: _____

HOME PHONE #: _____

CELL PHONE #: _____

EMAIL: _____

IF OWNER / APPLICANT IS A CORPORATION GIVE THE NAME AND TITLE OF TWO OFFICERS:

Name: _____ Title: _____

Name: _____ Title: _____

OCCUPANCY:	CHECK APPROPRIATE BOX(S)	DESCRIBE	
<input checked="" type="checkbox"/> SINGLE FAMILY HOME		<input type="checkbox"/> BUSINESS	GROUP B
<input type="checkbox"/> ONE - FAMILY DWELLING R3		<input type="checkbox"/> MERCANTILE	GROUP M
<input type="checkbox"/> TWO - FAMILY DWELLING R3		<input type="checkbox"/> FACTORY	GROUP F
MULTIPLE DWELLING:		<input type="checkbox"/> STORAGE	GROUP S
<input type="checkbox"/> PERMANENT OCCUPANCY R2		<input type="checkbox"/> ASSEMBLY	GROUP A
<input type="checkbox"/> TRANSIENT OCCUPANCY R1		<input type="checkbox"/> INSTITUTIONAL	GROUP I
<input type="checkbox"/> ADULT RESIDENTIAL CARE R4		<input type="checkbox"/> MISCELLANEOUS	GROUP U
(NOT MORE THAN 16 OCCUPANTS)		<input type="checkbox"/> OTHER	GROUP

NATURE OF PROPOSED WORK: (CHECK ANY THAT APPLY) ESTIMATED COST (EXCLUSIVE OF LAND)

	DESCRIBE	COST
<input checked="" type="checkbox"/> CONSTRUCTION OF A NEW STRUCTURE	NEW MANUFACTURED DOUBLE WIDE / DOUBLE	\$125,000
<input type="checkbox"/> ADDITION TO EXISTING STRUCTURE	_____	_____
<input type="checkbox"/> ALTERATION TO EXISTING STRUCTURE	_____	_____
<input type="checkbox"/> CHANGE OF OCCUPANCY	_____	_____
<input type="checkbox"/> OTHER	_____	_____

ENGINEER, ARCHITECT, AND/OR (SUB) CONTRACTORS:

☐ CHECK IF OWNER BUILT

NAME	PHASE OF WORK	PHONE	EMAIL
WINDY HOLLOW HOMES	INSTALLER	802-747-8486	windyhollowhomes@yahoo.co



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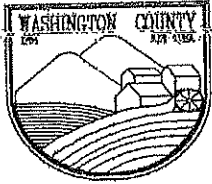
Phone: (518) 746-2150

Existing / Proposed Building Information: (Complete all that apply)

Foundation Type:	
<input type="checkbox"/> Pier	<input type="checkbox"/> Frost Wall
<input type="checkbox"/> Full Foundation Wall	<input checked="" type="checkbox"/> Monolithic or Floating Slab
<input type="checkbox"/> Slab	
Foundation Material:	
<input type="checkbox"/> Stone	<input checked="" type="checkbox"/> Concrete
<input type="checkbox"/> Wood	<input type="checkbox"/> Insulated Concrete Forms
<input type="checkbox"/> Other: _____	
Basement Information:	
<input checked="" type="checkbox"/> Crawl Space	<input type="checkbox"/> Walk Out
<input type="checkbox"/> Finished	<input type="checkbox"/> Storage
<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Laundry
Building Construction Type:	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel
<input type="checkbox"/> Brick	<input type="checkbox"/> Stone
<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Other: _____
Building Exterior:	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone
<input type="checkbox"/> Brick	<input type="checkbox"/> Metal
<input checked="" type="checkbox"/> Shingles	<input checked="" type="checkbox"/> Vinyl
<input type="checkbox"/> Concrete	<input type="checkbox"/> Composition
<input type="checkbox"/> Stucco	<input type="checkbox"/> Other: _____
Building Roof:	
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone
<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Shingles
<input type="checkbox"/> Rubber	<input type="checkbox"/> Other: _____
Building Heating & Cooling:	
<input checked="" type="checkbox"/> Hot Air	<input type="checkbox"/> Hot Water
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Radiant
<input type="checkbox"/> Solar	<input type="checkbox"/> Wood
<input type="checkbox"/> Geothermal	<input type="checkbox"/> Central Air
<input type="checkbox"/> Other: _____	
Water Supply:	
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Community
<input type="checkbox"/> Individual	<input type="checkbox"/> Drilled
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Well Point
<input type="checkbox"/> Spring	<input type="checkbox"/> Dug Wells
<input type="checkbox"/> Shore Wells	
Sewage:	
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Holding Tank Size: _____ Gallons
<input type="checkbox"/> Septic Tank	_____ Gallons
Number of Trenches _____ Width of Trenches _____ Length of Trenches _____	
Percolation Rate _____ Min/Inch Depth to Boundary Layer or water table _____	
Additional: (Write number or value of each or N/A for not applicable)	
Square Feet of:	Basement: NA
	1st Floor: 1500
	2nd Floor: NA
	3rd Floor: NA
Bedrooms: 3	Rooms: 7
Full Bathrooms: 2	Half Bathrooms: NA
Kitchens: 1	Pools: NA
Fireplaces: NA	Solar Panels: NA

Proposed Building Information: (Complete all that apply)

<input checked="" type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation
<input type="checkbox"/> Reroofing	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached Garage	<input checked="" type="checkbox"/> Deck	<input type="checkbox"/> Sign	<input type="checkbox"/> Fence
<input type="checkbox"/> Open Porch	<input type="checkbox"/> Covered Porch	<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> Pool Fence	<input type="checkbox"/> Above Ground Pool	
<input type="checkbox"/> In Ground Pool	<input checked="" type="checkbox"/> Other: DOUBLE WIDE SHED 24 FT BY 24 FT				

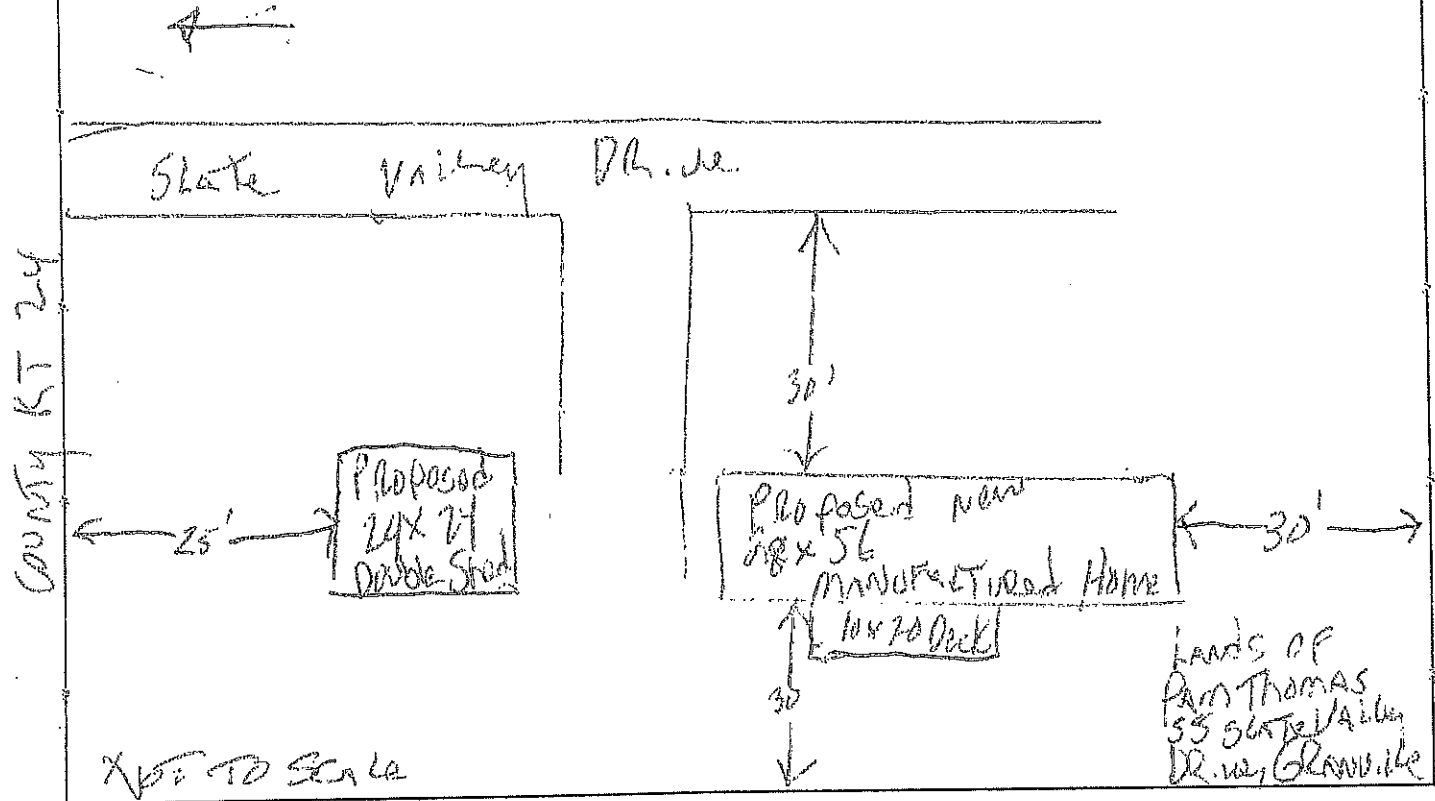


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PLOT DIAGRAM: LOCATE ALL BUILDINGS, APPLICABLE SEPTIC SYSTEMS, AND WATER SUTTLIES (EXISTING AND PROPOSED). SHOW STREET(S)/ROAD(S) AND THEIR NAME(S) AND SHOW SETBACK DISTANCES FROM STREET(S)/ROAD(S) AND ADJACENT PROPERTY LINES.



APPLICATION is hereby made to the Washington County Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of Washington County Local Law No. 2 of 2007 and the Building Codes of New York State. The applicant agrees to comply with all applicable provisions of said law and code as well as all applicable local, county or state laws and/or ordinances; and swears/attests that all statements contained in this application are true to the best of his/her knowledge and belief.

Pamela Thomas

APPLICANT'S SIGNATURE

5/13/25

DATE

IMPORTANT - PLEASE TAKE NOTICE

- ⇒ ALL APPLICATIONS MUST BE ACCOMPANIED BY TWO (2) SETS OF PLANS OF THE PROPOSED PROJECT AND SPECIFICATIONS OF THE MATERIALS TO BE USED.
- ⇒ PLANS SUBMITTED MUST BE SIGNED AND SEALED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF NEW YORK. EXCEPTIONS TO THIS REQUIREMENT ARE:
- New residential construction - 1,500 gross sq. ft. or less
 - Alterations costing \$20,000 or less, which do not involve structural changes or affect public safety.
 - If plans exceed design limits of the applicable NYS Uniform Fire Prevention and Building Codes and/or NYS Energy Codes.