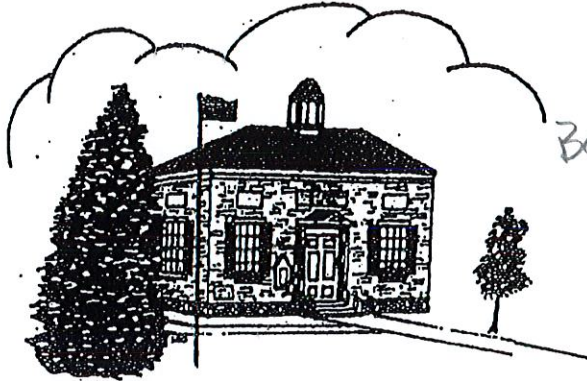
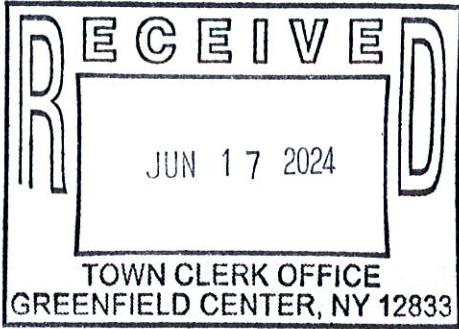


Town of Greenfield

FOUNDED 1793



TOWN HALL
P.O. BOX 10
GREENFIELD CENTER, NY 12833
PHONE (518) 893-7432
FAX (518) 893-2460



Date 06/08/2024

Records Access Officer
Town of Greenfield
P.O. Box 10
Greenfield Center, NY 12833

RE: Freedom of Information Law Request

Dear Records Access Officer:

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portion thereof pertaining to _____

Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record in any city, town, village, or port authority. Address: 22 REBECCA DR. MIDDLE GROVE NY 12850

Parcel: 162.11-1-29 // Owner: WAYNE PERRAS (attempt to identify the records in which you are interested as clearly as possible).

If there are any fees for copying the records requested, _____ please inform me before filling the request
_____ please supply the records without informing me if the fees are not in excess of \$ _____.

As you know, the Freedom of Information Law requires that any agency respond to a request within five business days of receipt of a request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

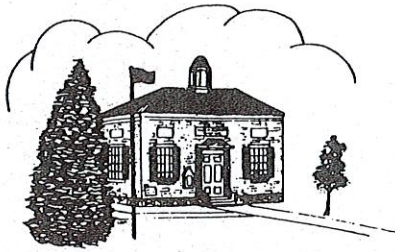
Sincerely,

Name Kevin Smith

Address 2605 Maitland Center Parkway, Suite C, Maitland, FL 32751

Phone 302-261-9069

Please Email the Results to MLS@STELLARIPL.COM



Town of Greenfield
FOUNDED 1793

TOWN HALL
GREENFIELD CENTER, N.Y. 12833
Phone (518) 893-7432

BUILDING DEPARTMENT

Certificate of Occupancy

Date July 29 2004

THIS CERTIFIES that the building located at 17 Rebecca Drive Street,
Section No. 162.11, Block No. 1, Lot No. 20,
Tax Map of the County of Saratoga, conforms substantially to the approved plans and speci-
fications heretofore filed in this office with Application for Building Permit dated
December 4 2003, pursuant to which Building Permit No. 1549,
dated February 25 2004, was issued and conforms to all of the requirements
of the applicable provisions of the law. The occupancy for which this certificate is issued is
2574 sf single family residence with 576 sf garage and 260 sf deck.

This certificate is issued to Classic Homes
(owner, leesee or tenant)
of the aforesaid building.

Code Enforcement Officer

Gerard E. McKenna

TOWN OF GREENFIELD

SARATOGA COUNTY

N.Y.

NO 1549

Date Of Issue: 2/25/04

Date of Expiration: 2/25/05

BUILDING PERMIT

TO: BRIAN K SMITH INC / CLASSIC HOMES

PERMITTING: CONSTRUCTION OF 2574TH HOUSE WITH 576TH ATTACHED GARAGE + 260TH DECK LOCATED AT 17 PEBBLE DR.

TAX MAP # 162.11-1-20

REQUIRED INSPECTIONS

DO NOT PROCEED BEYOND THESE POINTS UNTIL INSPECTIONS ARE MADE BY TOWN OF GREENFIELD BUILDING DEPARTMENT PERSONNEL

AT LEAST 24 HOURS ADVANCE NOTICE REQUIRED FOR INSPECTIONS. INSPECTION APPOINTMENTS SCHEDULED ON DEPARTMENT OFFICE DAYS ONLY!

ALL WORK SHALL BE EXECUTED IN STRICT COMPLIANCE WITH: BUILDING PERMIT APPLICATION, APPROVED PLANS, N.Y.S. UNIFORM FIRE PREVENTION AND BUILDING CODE AND ANY OTHER APPLICABLE LAWS, RULES AND REGULATIONS.

IT IS THE OWNERS RESPONSIBILITY TO RENEW THIS BUILDING PERMIT. ANY BUILDING PERMIT EXPIRED 3 MONTHS OR MORE, WILL NOT BE RENEWED AND WILL REQUIRE A NEW BUILDING PERMIT!

FOOTING BEFORE POURING CONCRETE (FOOTING MUST BE FORMED & REINFORCEMENT BARS IN PLACE PRIOR TO INSPECTION).

FOUNDATION BEFORE BACKFILL (FOUNDATION DRAINAGE & WATER PROOFING MUST BE IN PLACE PRIOR TO INSPECTION).

FRAMING BEFORE ENCLOSING

PLUMBING BEFORE ENCLOSING

ELECTRIC BEFORE ENCLOSING

INSULATION BEFORE ENCLOSING

HEATING, VENTILATION, AIR - CONDITIONING BEFORE ENCLOSING

SEPTIC INSPECTION (SEPTIC SYSTEM MUST BE CERTIFIED BY A N.Y.S. LICENSED P.E.)

POTABLE WATER TEST

SOLID FUEL BURNING EQUIPMENT

FINAL INSPECTION



[Handwritten Signature]

Building Inspector

BUILDING PERMIT TOWN OF GREENFIELD

SARATOGA COUNTY
NY

Permit #: 1940

Issue Date: 10/6/2005
Expiration Date 11/6/2005

TO: Steven Cousineau
PERMITTING: Pool ^{IN} ~~Above~~ Ground
TAX MAP # 162.11-1-20
ADDRESS: 17 Rebecca Dr

REQUIRED INSPECTIONS

DO NOT PROCEED BEYOND THESE POINTS
UNTIL INSPECTIONS ARE MADE BY TOWN
OF GREENFIELD BUILDING DEPARTMENT
PERSONNEL.

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FOUNDATION BEFORE BACKFILL _____

FRAMING BEFORE ENCLOSING _____

PLUMBING BEFORE ENCLOSING _____

ELECTRIC BEFORE ENCLOSING _____

INSULATION BEFORE ENCLOSING _____

HEATING, VENTILATION, AIR-
CONDITIONING BEFORE ENCLOSING _____

SEPTIC INSPECTION _____

POTABLE WATER TEST _____

SOLID FUEL BURNING EQUIPMENT _____

FINAL
INSPECTION _____

Philip C. Gargan

Building Inspector

TOWN OF GREENFIELD
BUILDING DEPARTMENT
P.O. BOX 10
GREENFIELD, N.Y. 12833
(518) 893-7432



TAX MAP #: 162.11 - 1 - 20
BUILDING PERMIT NUMBER: 1940
ISSUED: 10/6/05 EXPIRES: 11/6/05

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "TOWN OF GREENFIELD ZONING ORDINANCE."

PLEASE PRINT LEGIBLY OR TYPE

1. APPLICANT:

Name STEVEN COUSINEAU Organization _____
Address 17 REBECCA DRIVE City MIDDLEBORO State NY Zip Code 12850
Telephone Number (518) 581-7125 Extension _____

2. PROPERTY OWNER:

Name STEVEN & SUZANNE COUSINEAU Organization _____
Address 17 REBECCA DRIVE City MIDDLEBORO State NY Zip Code 12850
Telephone Number (518) 581-7125 Extension _____ Liability Carrier USAA Policy # _____

3. PROPOSED CONSTRUCTION LOCATION:

Street Number 17 Street Name REBECCA DRIVE
911 Number _____ Tax Map # 162.11 - 1 - 20 Zoning District GREENFIELD
(Section) (Block) (Lot)

4. LOT INFORMATION:

Lot Dimensions: 150 feet wide 444.28 feet deep Lot Area: _____ square feet 1.329 acres
Front Yard Setback 158 Rear Yard Setback 256 Frontage 150
Left Side Yard Setback 102 Right Side Yard Setback 39 Characteristics _____

5. USE:

Existing Use Occupancy R-2 Proposed Use _____ Occupancy _____

6. TYPE OF WORK:

New _____ Addition _____ Alteration _____ Renovation _____ Deck _____ Septic System _____ Other x Pool
18x37

7. PROPOSED BUILDING:

Height _____ Actual Stories _____ Largest Fire Area _____ Total Size: _____ Sq. Ft. Living Area _____ Sq. Ft.
Type of Frame _____ Type of Foundation _____ Number of Rooms (exclude bathrooms) _____
Number of Bathrooms _____ Number of Bedrooms _____ Primary Heating System _____ Type of Fuel _____
Sprinklers _____ Number of Fireplaces _____ Number of Wood Stoves _____ Central Air Conditioning _____
Utilities: Septic _____ Tank Size _____ gallons Perk Test Rate _____ Total Length of Leach Field _____
Mobile Home: _____ Date of Manufacture _____ Model _____ Garage: Attached or Detached _____ Square Feet
(circle one)

8. ARCHITECT/ENGINEER:

Name _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number () _____ Extension _____ Professional License Number _____ State _____

9. CONTRACTOR:

Name CARIBBEAN POOLS Position _____ Organization _____
Address 1223 FORT HUNTER ROAD City SENECA FALLS State NY Zip Code 13202
Telephone Number (518) 356-4364 Extension _____ Liability Carrier SEE FAV Policy # _____

10. COSTS AND FEES:

Estimated Cost \$ 30,000 Building Permit Fee \$ 50 Method of Payment Ch 415 Other Fees _____

11. 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 "NEW YORK STATE UNIFORM FIRE PREVENTION AND 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.

12. SIGNATURE

(Owner or Owner's Agent)

DATE OCT 6 2005

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION OF APPLICATION:

PERMIT GRANTED DATE 10/7/05 SIGNED Philip C. Long

PERMIT DENIED DATE _____ SIGNED _____

REASON FOR DENIAL _____

VARIANCE/SPECIAL PERMIT GRANTED BY: _____ VARIANCE/SPECIAL PERMIT NUMBER: _____ DATE _____