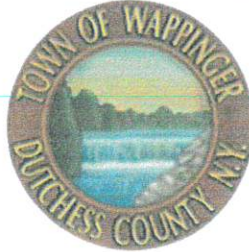


TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-6256
Fax: 845-297-0579

Application for an Area Variance

Appeal No.: 22-7748

Date: 2/15/2022

TO THE ZONING BOARD OF APPEALS, TOWN OF WAPPINGER, NEW YORK:

I (We), Daniel G Coughlin residing at 18 Spring St
Chelsea NY 12512, (phone) 845-905-9637, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 12/14/2021, and do hereby apply for an area variance(s).

Premises located at: 18 Spring St Chelsea NY 12512

Tax Grid No.: 135689-5956-12-975522

Zoning District: R-10

1. Record Owner of Property:

Daniel G Coughlin

Address: 18 Spring St Chelsea NY 12512

Phone Number: 845-905-9637

Owner Consent dated: 2/15/2022

Signature: [Signature]

Print Name: Daniel G Coughlin

2. Variance(s) Request:

Variance No. 1

I (We) hereby apply to the Zoning Board of Appeals for a variance(s) of the following requirements of the Zoning Code.

240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 12 foot required on side property line

Applicant(s) can provide: 9.35 feet on side property line

Thus requesting: 2.65 feet

To allow: for the addition of a 24' garage and accessory apartment

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 22-7748

Variance No. 2

I (We) hereby apply to the Zoning Board of Appeals for a variance(s) of the following requirements of the Zoning Code.

(Article, Chapter, Section, Subsection and Paragraph)

Required: _____

Applicant(s) can provide: _____

Thus requesting: _____

To allow: _____

3. Reason for Appeal (Please substantiate the request by answering the following questions in detail. Use extra sheet, if necessary):

- A. If your variance(s) is (are) granted, how will the character of the neighborhood or nearby properties change? Will any of those changes be negative? Please explain your answer in detail.

no change

- B. Please explain why you need the variance(s). Is there any way to reach the same result without a variance(s)? Please be specific in your answer.

We are building a 24' (deep) garage to accomade our vehides
addition is on the same line as the garage
We can not reach the same result w/o a variance.

- C. How big is the change from the standards set out in the zoning law? Is the requested area variance(s) substantial? If not, please explain in detail why it is not substantial.

2.65 ft is enough to satisfy our need

- D. If your variance(s) is (are) granted, will the physical environmental conditions in the neighborhood or district be impacted? Please explain in detail why or why not.

No, its a side lot,

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 22-7748

E. How did your need for an area variance(s) come about? Is your difficulty self-created?
Please explain your answer in detail.

Addition of a 24' garage & a apartment
yes, it is self created
We have 33.35 ft to the property line, 36 ft. is needed

F. Is your property unique in the neighborhood that it needs this type of variance? Please explain your answer in detail.

No

4. List of attachments (Check applicable information)

- (☒) Survey dated: 12/10/1986 Last revised _____ and
Prepared by: Daniel Yanosh (Lic # 49561)
(☒) Plot Plan dated: 12-10-21
() Photos
(☒) Drawings dated: 7/1/2021
() Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: ToW Zoning Admin Dated: 12/14/2021
() Other (Please list): _____

5. Signature and Verification

Please be advised that no application can be deemed complete unless signed below. The applicant hereby states that all information given is accurate as of the date of application.

SIGNATURE: _____

(Appellant)

DATED: _____

2/15/2022

SIGNATURE: _____

(If more than one Appellant)

DATED: _____

FOR OFFICE USE ONLY

1. THE REQUESTED VARIANCE(S) ☐ **WILL** / ☐ **WILL NOT** PRODUCE AN UNDESIRABLE CHANGE IN THE CHARACTER OF THE NEIGHBORHOOD.
2. ☐ **YES** / ☐ **NO**, SUBSTANTIAL DETRIMENT WILL BE CREATED TO NEARBY PROPERTIES.
3. THERE ☐ **IS (ARE)** / ☐ **IS (ARE)** NO OTHER FEASIBLE METHODS AVAILABLE FOR YOU TO PURSUE TO ACHIEVE THE BENEFIT YOU SEEK OTHER THAN THE REQUESTED VARIANCE(S).
4. THE REQUESTED AREA VARIANCE(S) ☐ **IS** (☐ **ARE**) NOT SUBSTANTIAL.
5. THE PROPOSED VARIANCE(S) ☐ **WILL** / ☐ **WILL NOT** HAVE AN ADVERSE EFFECT OR IMPACT ON THE PHYSICAL OR ENVIRONMENTAL CONDITIONS IN THE NEIGHBORHOOD OR DISTRICT.
6. THE ALLEGED DIFFICULTY ☐ **IS** / ☐ **IS NOT** SELF-CREATED.

CONCLUSION: THEREFORE, IT WAS DETERMINED THE REQUESTED VARIANCE IS

☐ **GRANTED** ☐ **DENIED**

CONDITIONS / STIPULATIONS: The following conditions and/or stipulations were adopted by the resolution of the Board as part of the action stated above:

☐ **FINDINGS & FACTS ATTACHED.**

DATED: _____

ZONING BOARD OF APPEALS
TOWN OF WAPPINGER, NEW YORK

BY: _____
(Chairman)

PRINT: _____

TOWN OF WAPPINGER



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # 41271

SITE LOCATION: 18 Spring St. Chelsea NY 12512

GRID: # 5956-12-975522

Name of APPLICANT/OWNER: Daniel G. Caughlin
(Person PHYSICALLY coming in to apply, if other than the Owner)

~ CERTIFICATION ~

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and/or Zoning Administrator.

I, Daniel G. Caughlin, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the attached application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

12/10/21
Date
845 905 9637
Owner's Telephone Number

Daniel G. Caughlin
Owner's Signature
DANIEL G CAUGHLIN
Print Name
18 SPRING ST CHELSEA NY 12512
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: House Plans Coughlin Residence			
Project Location (describe, and attach a location map): 18 Spring St, Chelsea (Town of Wappinger)			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor: Daniel G Coughlin		Telephone: 845-905-9637	
		E-Mail: DL14259@AOL.com	
Address: 18 Spring St (PO Box 23)			
City/PO: Chelsea		State: NY	Zip Code: 12572
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<input checked="" type="checkbox"/> <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO YES
If Yes, list agency(s) name and permit or approval: Dept of Behavioral Community Health (file 1199a) 11/8/2021			<input type="checkbox"/> <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		.99 acres	
b. Total acreage to be physically disturbed?		- 0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.99 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: <u>new septic system</u> <u>proposed (File # 1199a6)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Daniel G. Coughlin</u> Date: <u>2/15/2022</u>		
Signature: <u>[Signature]</u> Title: <u>owner</u>		

Town of Wappinger

20 Middlebush Rd.

Wappingers Falls, NY 12590

(845) 297-6256

To: Coughlin Jr, Daniel
PO BOX 23
Chelsea, NY

SBL: 5956-12-975522-0000
Date of this Notice: 12/14/2021

Zone:

Application: 41271

For property located at: 18 Spring St Rear

Your application to:

ADDITION AND RENOVATION OF EXISTING HOUSE

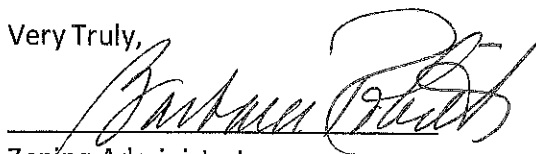
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 12 feet to the side property line is required, the applicant can provide 9.35 feet to the side property line for a new addition.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>12</u> ft.	<u>9.35</u> ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

You have the right to appeal this decision to the Zoning Board of Appeals within 60 days of the date of this letter. This Zoning Board of Appeals meets the second and fourth Tuesday of the month. The area variance appeal will require at least two meetings, one for discussion and one for a Public Hearing. The required forms can be obtained at this office or on our website at www.townofwappingerny.gov

Very Truly,



Zoning Administrator

Town of Wappinger



TOWN OF WAPPINGER BUILDING DEPARTMENT

20 Middlebush Road, Wappingers Falls, N.Y. 12590

telephone: 845-297-6256 fax: 845-297-0579

APPLICATION FOR BUILDING PERMIT

R10
Side 12'

APPLICATION TYPE: ☐ Residential ☐ New Construction ☒ Renovation/Alteration ☐ Commercial ☐ Multiple Dwelling
ZONE: R10 DATE: 12/14/2021
APPL #: 41271 PERMIT # _____
GRID: 5956-12-975522

APPLICANT NAME: Daniel G. Coughlin
ADDRESS: PO Box 23 Chelsea NY 12512
TEL #: _____ CELL: 845-905-9637 FAX #: _____ E-MAIL: DL14259@aol.com

NAME OWNER OF BUILDING/LAND: Daniel & Lisa Coughlin
PROJECT SITE ADDRESS: 18 Spring St Chelsea NY 12512
MAILING ADDRESS: PO Box 23 Chelsea NY 12512
TEL #: 845-905-9637 CELL: _____ FAX #: _____ E-MAIL: DL14259@aol.com

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: Daniel Coughlin Contractor
ADDRESS: PO Box 23 Chelsea NY 12512
TEL #: _____ CELL: 845-905-9637 FAX #: _____ E-MAIL: _____
DESIGN PROFESSIONAL NAME: Bobby Travis - Travis Engineering PLLC
TEL #: 845-235-3084 CELL: _____ FAX #: _____ E-MAIL: _____

APPLICATION FOR: Additions and renovation of existing house.
5 Bedroom total.
Accessory Apartment

SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: 9.35 R-SIDEYARD: _____

SIZE OF STRUCTURE: _____

ESTIMATED COST: \$500,000.00 TYPE OF USE: Private Residence

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 12/14/21 CHECK # 2429 RECEIPT #: 2021-25135
BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:

ZONING ADMINISTRATOR:

☐ Approved ☒ Denied Date: 12-14-21

FIRE INSPECTOR:

☐ Approved ☐ Denied Date: _____

Signature of Applicant

Signature of Building Inspector

**TOWN OF WAPPINGER
PLOT PLAN**

Building Permit # _____

Date 12/10/2021

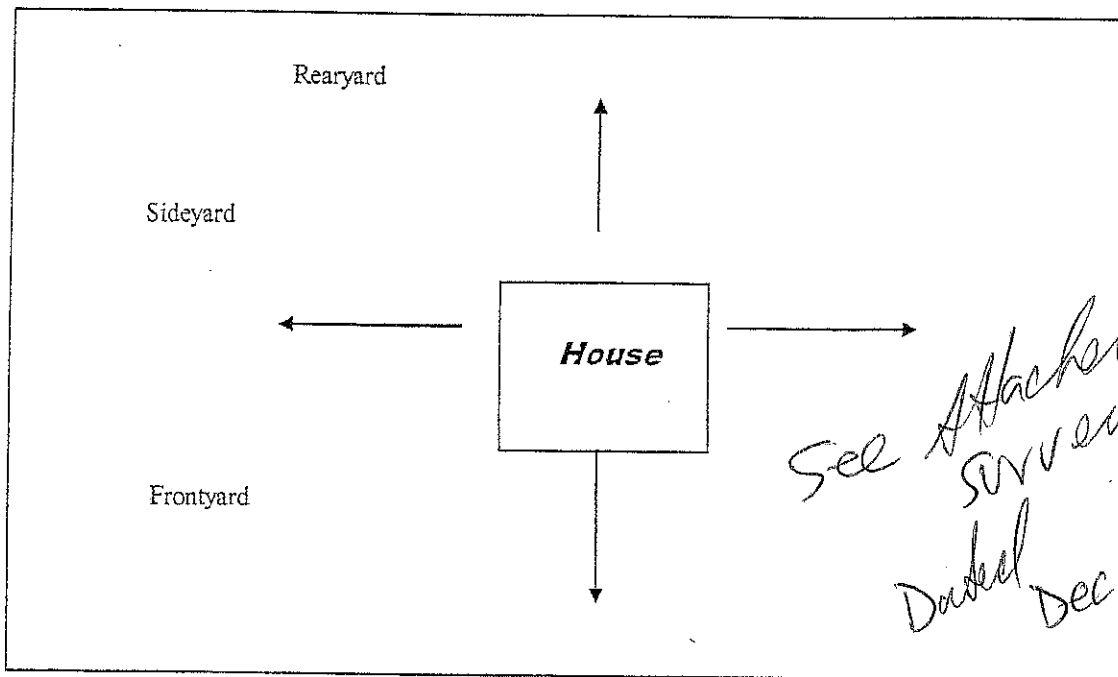
Address: 18 Spring St. Chelsea NY 12512 (Interior) Corner Lot: *circle one*

Owner of Land Daniel & Lisa Coughlin

Zone: R10

LIST ALL EXISTING STRUCTURES ON PROPERTY: (ie: Pool, shed, decks, detached garage)

1. House



Draw proposed structure on plot plan.

Indicate Location Setbacks to both sides and rear property line measurement of structure you are applying for.

X [Signature]

Signature

Approved: / Rejected

[Signature]
Zoning Administrator

Date: 12-14-21