

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.: 22-7754

Date: 4-18-22

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

I (We), BRIAN AND CHRISTINE ZANDSTRA residing at 6 FOWLERHOUSE ROAD, (phone) 845-296-0108, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator, dated 4-8-22, and do hereby apply for an area variance(s).

Premises located at: 6 FOWLERHOUSE ROAD

Tax Grid No.: 135689-6157-04-552342-0000

Zoning District: R20/40

1. Record Owner of Property:

BRIAN AND CHRISTINE ZANDSTRA

Address: 6 FOWLERHOUSE ROAD

Phone Number: 845-296-0108

Owner Consent dated: 4-18-22

Signature: [Signature]  
Print Name: BRIAN D ZANDSTRA

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: 50 ft to rear

Applicant(s) can provide: 34 ft

Thus requesting: 16 ft

To allow: ABOVE GROUND POOL

**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.

(Indicate Article, 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 SIGNIFICANT CHANGE AND NO NEGATIVE CHANGE. THERE IS COMMERCIAL DEVELOPMENT WITHIN 15 FT OF THE PROPERTY LINE IN QUESTION AND NO OTHER VARIANCE IS REQUIRED

- 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.

LOT SIZE (0.34 ACRES) IS SMALL FOR R20/40 ZONING. EXISTING STRUCTURES AND PRIVATE SEPTIC SYSTEM DO NOT ALLOW FOR AN ORIENTATION THAT MEET SETBACK REQUIREMENTS

- 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.

16 FEET OR 32% OF REQUIRED SETBACK. IT IS SUBSTANTIAL

- 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.

IT WILL NOT. EXISTING LANDSCAPING AND FENCES WILL COMPLETELY SCREEN IT FROM SURROUNDING PROPERTIES



Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: 22-7754

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

DESIRE FOR A PRIVATE POOL. IT IS SELF CREATED

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

IT IS NOT UNIQUE. MOST HOMES IN THE NEIGHBORHOOD <sup>DO</sup> NOT MEET ONE OR MORE OF THE R/20/40 REQUIREMENTS

4. List of attachments (Check applicable information)

- ☒ Survey dated: 6-10-11, Last revised 4-18-22 and  
Prepared by: LARRY L LYNN LS.
- ☐ Plot Plan dated: \_\_\_\_\_.
- ☐ Photos
- ☐ Drawings dated: \_\_\_\_\_.
- ☒ Letter of Communication which resulted in application to the ZBA.  
(e.g., recommendation from the Planning Board/Zoning Denial)  
Letter from: ZONING ADMINISTRATOR Dated: 4-8-22
- ☐ 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: Mustafa Zand Rto  
(Appellant)

DATED: 4-18-22

SIGNATURE: [Signature]  
(If more than one Appellant)

DATED: 4-18-22

**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.**

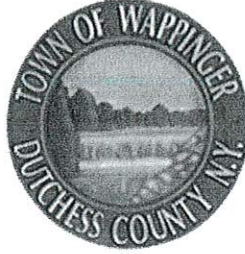
**DATED:** \_\_\_\_\_

ZONING BOARD OF APPEALS  
TOWN OF WAPPINGER, NEW YORK

BY: \_\_\_\_\_  
(Chairman)

PRINT: \_\_\_\_\_

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

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

Owner Consent Form

Project No: 22-7754

Date: 4-18-22

Grid No.: G157-04-552342-0000

Zoning District: R20/40

Location of Project:

6 FOWLERHOUSE ROAD

Name of Applicant:

BRIAN AND CHRISTINE ZANDSTRA 845-296-0108

Print name and phone number

Description of

Project: ABOVE GROUND POOL

I BRIAN & CHRISTINE ZANDSTRA, owner of the above land/site/building hereby give permission for the Town of Wappinger to approve or deny the above application in accordance with local and state codes and ordinances.

4-18-22

Date

Owner's Signature

845-296-0108

Owner's Telephone Number

BRIAN D ZANDSTRA

Print Name and Title \*\*\*

\*\*\* If this is a Corporation or LLC, please provide documentation of authority to sign.

If this is a subdivision application, please provide a copy of the dead.



# 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.

<b>Part 1 – Project and Sponsor Information</b>							
<i>POOL INSTALLATION</i>							
Name of Action or Project: <i>6 FOWLERHOUSE ROAD WAPPINGER FALLS</i>							
Project Location (describe, and attach a location map): <i>6157-04-552342-0000</i>							
Brief Description of Proposed Action: <i>INSTALLATION OF MORADA 17'x26' ABOVE GROUND POOL</i>							
Name of Applicant or Sponsor: <i>BRIAN AND CHRISTINE ZANDSTRA</i>		Telephone: <i>845-276-0108</i>					
		E-Mail: <i>BZANDSTRA1@YAHOO.COM</i>					
Address: <i>6 FOWLERHOUSE ROAD</i>							
City/PO: <i>WAPPINGER FALLS</i>		State: <i>NY</i>	Zip Code: <i>12590</i>				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3. a. Total acreage of the site of the proposed action?		<i>0.0101</i> acres					
b. Total acreage to be physically disturbed?		<i>0.0114</i> acres					
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>0.34</i> 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>AREA VARIANCE REQUIRED</i>			
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 checked="" type="checkbox"/>	<input 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: <i>PRIVATE SEPTIC</i> _____	<input type="checkbox"/>	<input checked="" 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"/> 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		
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)?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
If Yes, explain the purpose and size of the impoundment: <u>PRIVATE POOL</u>		
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
If Yes, describe:		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
If Yes, describe:		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor name: <u>BRIAN J ZANDSTRA</u> Date: <u>4-18-22</u> Signature: <u>[Signature]</u> Title: <u>HOME OWNER</u>		



**Town of Wappinger**  
20 Middlebush Rd.  
Wappingers Falls, NY 12590  
(845) 297-6256

To: Zandstra, Brian  
6 Fowlerhouse Rd

SBL: 6157-04-552342-0000  
Date of this Notice: 04/08/2022

Zone:  
Application: 41492

For property located at: 6 Fowlerhouse Rd

Your application to:

**17 x 26 ABOVE GROUND OVAL POOL \*\*CALL 811 PRIOR TO EXCAVATION\*\* \*\*NEED ELECTRICAL INSPECTION BY TOWN APPROVED ELECTRICAL INSPECTOR\*\* \*\*POOL ALARM MUST MEET ASTM F 2208 REQUIREMENTS\*\* \*\*NEED FINAL INSPECTION BY TOWN BUILDING INSPECTOR\*\* \*\*POOL NOT TO BE USED WITHOUT CERTIFICATE OF COMPLIANCE\*\***

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

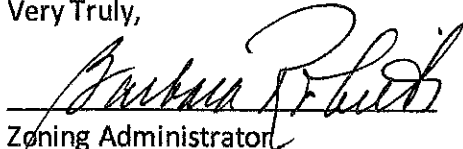
Where 50 feet to the rear property line is required, the applicant can provide 34 feet to the rear property line for a new 17' x 26' AG pool.

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	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>50</u> ft.	<u>34</u> ft.
SIDE YARD (LEFT):	_____ ft.	_____ 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](http://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**

APPLICATION TYPE: ☐ Residential  
☐ New Construction ☐ Commercial  
☒ Renovation/Alteration ☐ Multiple Dwelling

ZONE: R20/40 DATE: 4-7-22

APPL #: \_\_\_\_\_ PERMIT # \_\_\_\_\_

GRID: 135689-6157-04-552342-0000

APPLICANT NAME: BRIAN ZANDSTRA

ADDRESS: 6 FOWLERHOUSE ROAD WAPPINGER FALLS

TEL #: 845-296-0108 CELL: 914-539-5915 FAX #: NA E-MAIL: BZANDSTRA1@YAHOO.COM

NAME OWNER OF BUILDING/LAND: SAME AS ABOVE

\*PROJECT SITE ADDRESS\*: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: RENNHACK AND RENNHACK POOL CONSTRUCTION

ADDRESS: 787 SERGEANT PALMATEER WAY WAPPINGER FALLS

TEL #: 845-590-9072 CELL: 845-590-9086 FAX #: 845-227-2214 E-MAIL: CONTACT@RANDR POOL CONSTRUCTION.COM

DESIGN PROFESSIONAL NAME:

TEL #: NA CELL: NA FAX #: NA E-MAIL: NA

APPLICATION FOR: ABOVE GROUND POOL

12' x 24' MORADA 17' x 26' OUTSIDE

SETBACKS: FRONT: NA REAR: 34' L-SIDEYARD: 54' R-SIDEYARD: 25.5'

SIZE OF STRUCTURE: 12' x 24' NOMINAL - 17' x 26' TOTAL

ESTIMATED COST: \$5,200.00 TYPE OF USE: RESIDENTIAL

NON-REFUNDABLE APPL. FEE: \$150.00 PAID ON: \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

BALANCE DUE: \_\_\_\_\_ PAID ON: \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

**APPROVALS:**

ZONING ADMINISTRATOR:

☐ Approved ☒ Denied Date: 4-8-22

FIRE INSPECTOR:

☐ Approved ☐ Denied Date: \_\_\_\_\_

Signature of Applicant

PLEASE SIGN HERE

Signature of Building Inspector

# TOWN OF WAPPINGER

## PLOT PLAN

Building Permit # \_\_\_\_\_

Date 4-7-22

Address: 6 FOWLERHOUSE ROAD

Interior / Corner Lot: circle one

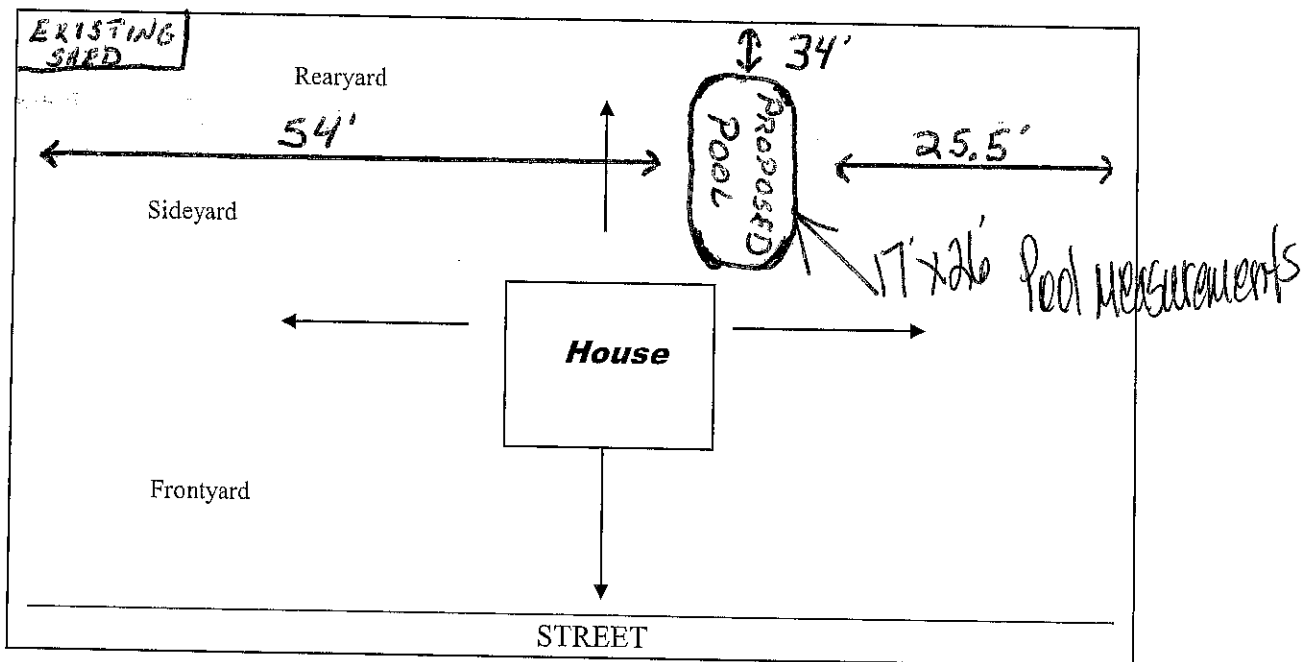
Owner of Land BRIAN AND CARISTINE ZANDSTRA

Zone: R 20/40

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

1. House, SHED, PROPOSED POOL

**\*\*NO ACCESSORY STRUCTURES PERMITTED IN FRONT YARD. CORNER LOTS WILL BE CONSIDERED TO HAVE 2 FRONT YARDS\*\***



### INSTRUCTIONS:

- Draw proposed location of pool (and deck if applicable) on plot plan.
- Indicate location setbacks to both sides and rear property line (How far away is the pool/deck from all property lines, measure in feet) Please contact our office to verify your setback requirements.

Brian Zandstra  
SIGNATURE REQUIRED

Approved: / Rejected: [Signature]  
Zoning Administrator

Date: 4-8-22