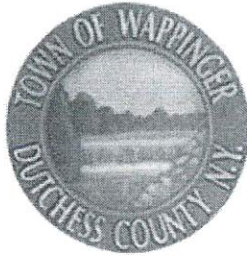


TOWN OF WAPPINGER



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.: 22-7757

Date: 5-20-22

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

I (We), JOHN O'SULLIVAN residing at 19 SABRA LANE
(M) 845-913-6184, (phone) (H) 845-462-3355, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 5/20/2022, and do hereby apply for an area variance(s).

Premises located at: 19 SABRA LANE, WAPPINGERS FALLS, NY 12590
Tax Grid No.: 6258-02-935954
Zoning District: R-20

1. Record Owner of Property:

JOHN O'SULLIVAN
Address: 19 SABRA LANE
Phone Number: (M) 845-913-6184 (H) 845-462-3355
Owner Consent dated: 5/20/2022 Signature: John O'Sullivan
Print Name: JOHN O'SULLIVAN

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: 20 FT FROM SIDE

Applicant(s) can provide: 11 FT FROM SIDE

Thus requesting: 9 feet

To allow: CARPORT TO REMAIN

Town of Wappinger Zoning Board of Appeals

Application for an Area Variance

Appeal No.: 22-7757

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.

N/A
(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 negative - CORPUS HAS A ROOF AND OPEN ON
ALL SIDES - SET BACK ON PROPERTY

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.

TO CLOSE TO NEIGHBORS PROPERTY. REQUIREMENT IS 20 FT. CAN
ONLY PROVIDE 11 FT

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.

NOT BIG. IF THE ROOF WAS CANVAS INSTEAD OF METAL IT
WOULD BE A TENT

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.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 22-7757

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

WOULD LIKE OUTDOOR SPACE THAT IS COVERED TO
WORK ON CARS

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

PROPERTY IS NOT UNIQUE

4. List of attachments (Check applicable information)

- () Survey dated: _____, Last revised _____ and
Prepared by: _____
- (☒) Plot Plan dated: 4-7-22
- () Photos
- () Drawings dated: _____
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: _____ Dated: _____
- () 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: 5/20/2022

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.**

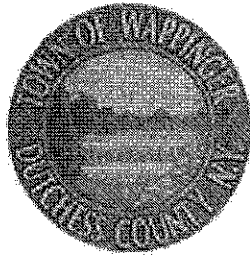
DATED: _____

ZONING BOARD OF APPEALS
TOWN OF WAPPINGER, NEW YORK

BY: _____
(Chairman)

PRINT: _____

TOWN OF WAPPINGER



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: 22-7757

Date: 5-20-22

Grid No.: _____

Zoning District: R-20

Location of Project:

19 Sobra Lane

Name of Applicant:

John O'Sullivan 845-462-3355

Print name and phone number

Description of

Project: Metal CARPORT. NOTHING IS COMBUSTIBLE NOR
IS THERE ELECTRIC

I, John O'Sullivan, 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.

Date 5/20/2022

John O'Sullivan
Owner's Signature

(A) 845-462-3355 (M) 845-915
Owner's Telephone Number 6184

John O'Sullivan
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 deed.

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: <i>CARPORT - METRO</i>			
Project Location (describe, and attach a location map): 			
Brief Description of Proposed Action: 			
Name of Applicant or Sponsor: <i>J.R. Allen</i>		Telephone: <i>845-462-3333</i>	E-Mail: <i>JRAllen1960@yahoo.com</i>
Address: <i>19 SABER LANE</i>			
City/PO: <i>WAPPINGERS 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.			NO <input checked="" type="checkbox"/> YES <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:			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<i>1/2</i>	acres
b. Total acreage to be physically disturbed?		<i>0</i>	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>1/2</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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input 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	
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: _____ <i>THIS A CORPORT NEXT TO A HOUSE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<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 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)? 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>John O'Sullivan</u> Date: <u>5/20/2022</u> Signature: <u>[Signature]</u> Title: _____		

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

To: O'Sullivan, John
19 Sabra Ln

SBL: 6258-02-935954-0000
Date of this Notice: 04/25/2022
Zone:
Application: 41675

For property located at: 19 Sabra Ln

Your application to:

CARPORT - 12 X 21 METAL. NO ELECTRIC. - LEGALIZATION -

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

Where 20 feet to the side yard property line is required for a structure, the applicant can provide 11 feet for an existing carport to legalize.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>20</u> ft.	<u>11</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

RECEIVED

APR 12 2022

Building Department
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

ZONE:

R20

DATE:

4/7/22 4/21/2022

☐ New Construction

☐ Commercial

APPL #:

41675

PERMIT #

☐ Renovation/Alteration

☐ Multiple Dwelling

GRID:

6258-02-935954

APPLICANT NAME:

John O. Sullivan

ADDRESS:

19 SABRA LANE

TEL #

845-462-3355

CELL:

845-913-6184

FAX #:

E-MAIL:

DYNAFLOW 1960@yahoo.com

*

NAME OWNER OF BUILDING/LAND:

PROJECT SITE ADDRESS:

19 SABRA LANE

MAILING ADDRESS:

19 SABRA LANE

TEL #:

845-462-3355

CELL:

845-913-6184

FAX #:

E-MAIL:

DYNAFLOW 1960@yahoo.com

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME:

CAROLINA CARPORTS - DEALER ALANS FACTORY OUTLET

ADDRESS:

P.O. Box 646, LURAY VIRGINIA 22835

TEL #:

888-525-7318

CELL:

888-525-7318

FAX #:

E-MAIL:

DESIGN PROFESSIONAL NAME:

TEL #:

CELL:

FAX #:

E-MAIL:

APPLICATION FOR:

CARPORT - DETACHED - METAL - RATED AT 105 MPH
FOR WIND & 65 LBS PER SNOW - 10x20

Legalize

NO ELECTRIC

Existing

SETBACKS:

FRONT: 6'5" 8'0"

REAR: 6'5" 8'0"

L-SIDEYARD:

11'5"

R-SIDEYARD: N/A

SIZE OF STRUCTURE:

12x21

ESTIMATED COST:

\$15400.00

TYPE OF USE:

PARK CAR

NON-REFUNDABLE APPL. FEE:

150

PAID ON:

4/21/22

CHECK #

2132

RECEIPT #:

2022-00653

Legalization

BALANCE DUE:

250

PAID ON:

4/21/22

CHECK #

2132

RECEIPT #:

2022-00652

APPROVALS:

ZONING ADMINISTRATOR:

☒ Approved ☐ Denied

Date:

4.25.22

FIRE INSPECTOR:

☐ Approved ☐ Denied

Date:

Signature of Applicant

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 4/7/2022

Address: 19 SAGE HAVEN

Interior/Corner Lot: *circle one*

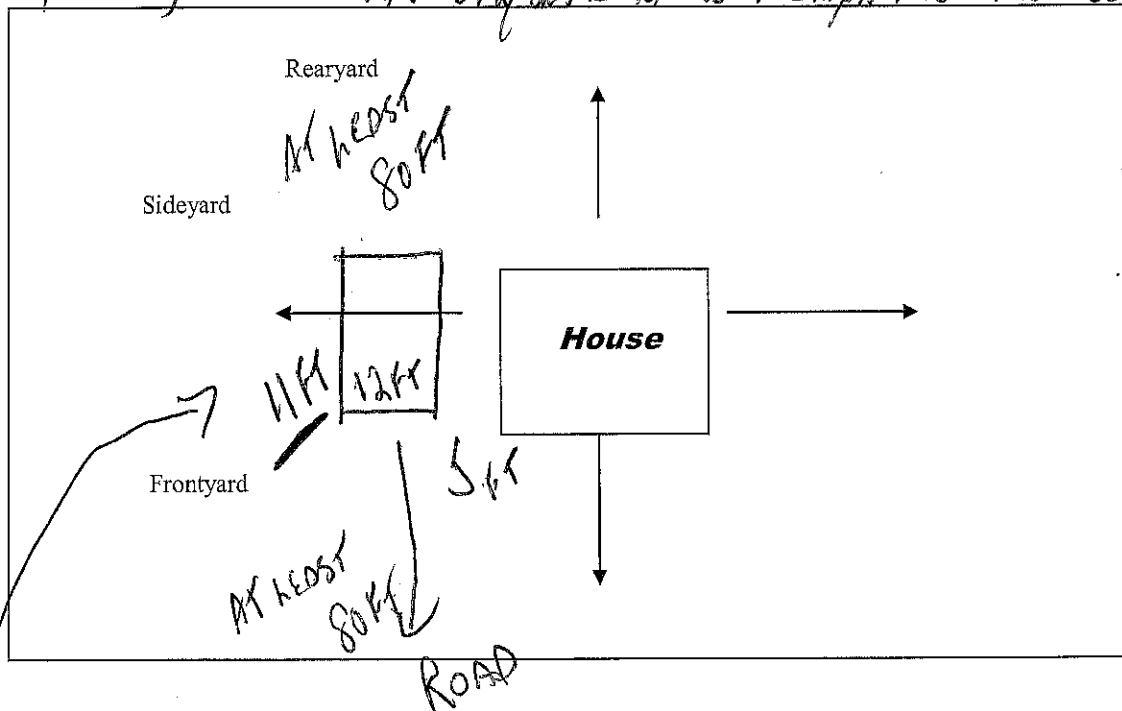
Owner of Land D. SULLIVAN, JOHN

Zone: R20

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

1. House, MEAD CARPORT

THE CARPORT IS 5 FT FROM THE HOUSE AND 11 FT FROM THE PROPERTY LINE. THE CARPORT IS RATED 105 MPH FOR WIND & 65 LB PER SQ FT FOR SNOW



Draw proposed structure on plot plan.

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

NEED VARIANCE

Approved: / Rejected: _____

Signature

Zoning Administrator

Date: 4.25.22