

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.: 22-7760

Date: 7/6/22

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

I (We), MARIAN LITA, GEORGETTA LITA residing at 185 OSBORNE HILL RD  
FISHKILL NY, (phone) 845 896 8389, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 6/21/2022, and do hereby apply for an area variance(s).

Premises located at: 185 OSBORNE HILL RD FISHKILL NY  
Tax Grid No.: 6156-01-493575  
Zoning District: R-40

1. Record Owner of Property:

Marian & Georgetta Lita  
Address: 185 OSBORNE HILL RD FISHKILL NY  
Phone Number: 845 896 8389  
Owner Consent dated: 7-5-22

Signature: Georgetta Lita  
Print Name: MARIAN LITA  
GEORGETTA LITA

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: 900 sf. per 2 acres allowed

Applicant(s) can provide: 1200 sf. garage

Thus requesting: 300 sf.

To allow: for a 1200 sf. garage

**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 CHANGE. GARAGE BUILD FAR FROM STREET AND  
PROPERTY LINES.

- 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 OWN 2 CARS WITH PLANS TO BUY ONE MORE. ALSO OTHER  
VEHICLE AND ACCESSORIES NEED IT TO MAINTAIN THE PROPERTY

- 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.

SIZE FROM 900 TO 1200 SQ<sup>2</sup>

- 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 VEGETATION OR TREES NEED TO BE REMOVED  
BUILDING HARDLY SEEN TO NEIGHBORS OR STREET



Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: 22-7760

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

ALLOWED SIZE OF GARAGE TO SMALL FOR MY NEEDS

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

3 FAMILY HOME WITH LONG DRIVEWAY. EX. NEEDS EQUIPMENT FOR FAST SNOW REMOVAL.

4. List of attachments (Check applicable information)

- (☒) Survey dated: 6/28/2002, Last revised \_\_\_\_\_ and  
Prepared by: ROBERT KALAKA
- (☒) Plot Plan dated: 6-2-22
- ( ) Photos
- ( ) Drawings dated: \_\_\_\_\_
- (☒) Letter of Communication which resulted in application to the ZBA.  
(e.g., recommendation from the Planning Board/Zoning Denial)  
Letter from: Barbara Roberti Dated: 6-21-22
- ( ) 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: Marcus [Signature]  
(Appellant)

DATED: 7/5/2022

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

DATED: 7/5/2022

**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: 22-7760 Date: 7/05/2022  
Grid No.: 6156-01-493575 Zoning District: R-40

Location of Project:

185 OSBORNE HILL RD FISHKILL NY

Name of Applicant: 845 896 8389  
MARIAN LITA 516 322 2063 cell  
Print name and phone number

Description of Project: GARAGE / STORAGE 30X40 DETACHED  
WITHOUT ELECTRIC

I MARIAN LITA, 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.

7/05/2022  
Date 845 896 8389  
516 322 2063  
Owner's Telephone Number

Marian Lita  
Owner's Signature  
MARIAN LITA  
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.

# 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>			
DETACHED GARAGE			
Name of Action or Project:			
CARPORT CENTRAL INC.			
Project Location (describe, and attach a location map):			
185 OSBORNE HILL RD FISHKILL NY			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
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.			YES
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 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 checked="" type="checkbox"/>	<input 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 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 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)? If Yes, briefly describe:	<input checked="" 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"/>
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>MARIAN LITA</u> Date: <u>7/6/22</u>		
Signature: <u>S. Marion Lita</u> Title: _____		



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

To: Lita, Marian  
185 Osborne Hill Rd

SBL: 6156-01-493575-0000  
Date of this Notice: 06/21/2022  
Zone:  
Application: 41893

For property located at: 185 Osborne Hill Rd

Your application to:

**GARAGE - 30 X 40 DETACHED WITHOUT ELECTRIC**

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

Where lot with 2 acres are allowed accessory structures up to 900 sf, the applicant is seeking a garage of 1200 sf.

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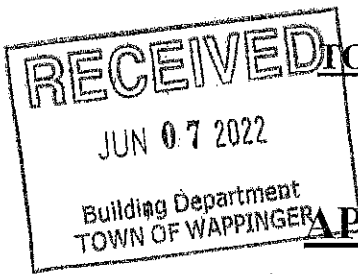
	REQU IRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ft.	_____ft.
SIDE YARD (LEFT):	_____ft.	_____ft.
SIDE YARD (RIGHT):	_____ft.	_____ft.
FRONT YARD:	_____ft.	_____ft.
SIDE YARD (LEFT):	_____ft.	_____ft.
SIDE YARD (RIGHT):	_____ft.	_____ft.

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:** R-40 **DATE:** 06/07/22 6/10/2022  
**APPL #:** 41893 **PERMIT #** \_\_\_\_\_  
**GRID:** 6156-01-493575

**APPLICANT NAME:** MARIAM LITA  
**ADDRESS:** 185 OSBORNE HILL RD. FISHKILL NY 12524  
**TEL #:** 845 896 8389 **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NAME OWNER OF BUILDING/LAND:** MARIAM LITA  
**\*PROJECT SITE ADDRESS\*:** 185 OSBORNE HILL RD FISHKILL NY 12524  
**MAILING ADDRESS:** SAME  
**TEL #:** 845 896 8389 **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**BUILDER/CONTRACTOR DOING WORK:**  
**COMPANY NAME:** MYSELF - MARIAM LITA  
**ADDRESS:** \_\_\_\_\_  
**TEL #:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**DESIGN PROFESSIONAL NAME:**  
**TEL #:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**APPLICATION FOR:** Metal garage - 30x40, No electric - detached

2 acres - allowed 900 SF 1200 SF

**SETBACKS:** **FRONT:** 235' **REAR:** 500' **L-SIDEYARD:** 130' **R-SIDEYARD:** 36'  
**SIZE OF STRUCTURE:** 30' x 40'  
**ESTIMATED COST:** \$28,000.00 **TYPE OF USE:** storage,

**NON-REFUNDABLE APPL. FEE:** 150 **PAID ON:** 6/16/22 **CHECK #** 101 **RECEIPT #:** 2022-01074  
**BALANCE DUE:** \_\_\_\_\_ **PAID ON:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_

**APPROVALS:**  
**ZONING ADMINISTRATOR:**  
☐ Approved ☒ Denied **Date:** 6-21-22  
[Signature]  
Signature of Applicant

**FIRE INSPECTOR:**  
☐ Approved ☐ Denied **Date:** \_\_\_\_\_  
\_\_\_\_\_  
Signature of Building Inspector

TOWN OF WAPPINGER  
PLOT PLAN

Side - 25'  
Rear 50'

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

Date 06/07/2022

Address: 185 OSBORNE HILL RD FISHKILL NY 12524

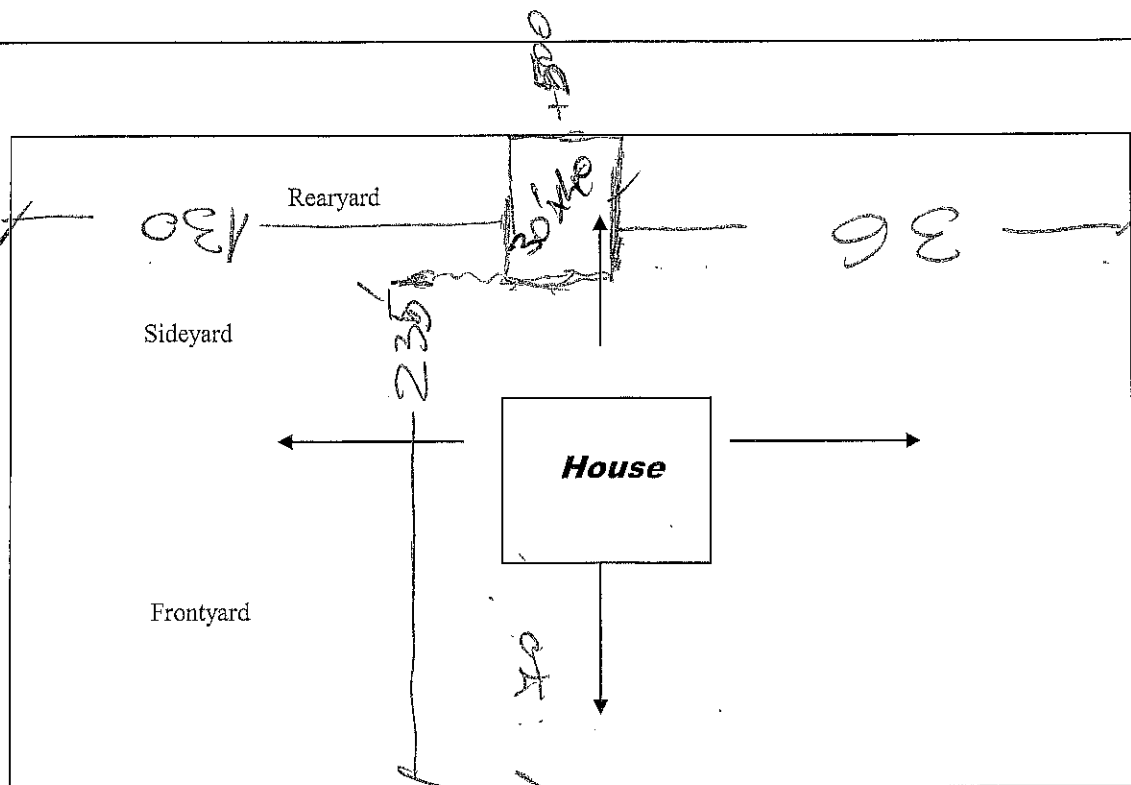
Interior/Corner Lot: circle one

Owner of Land MARIAN LITA

Zone: R-40

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

1. House, pool, shed (to be removed soon)



Draw proposed structure on plot plan.

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

*Marian Lita*

Signature

Approved:/Rejected: 0

*Carolina Roberts*  
Zoning Administrator

Date: 6.21.22