

TOWN OF WAPPINGER

PLANNING BOARD

Architectural Review Only
No Escrow Fees Taken

PROJECT NAME: Lamond Professional Building

MEETING DATE: September 7, 2022

ACCOUNT NUMBER: 22-3461

DATE PREPARED: August 26, 2022

☒ SITE PLAN ☐ SPECIAL USE PERMIT ☐ SUBDIVISION

THE ATTACHED HAS BEEN REFERRED TO YOU FOR YOUR COMMENTS AND RECOMMENDATIONS. PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF WAPPINGER PLANNING BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS, NY 12590 WITHIN FIFTEEN (15) DAYS.

1 TOWN FILE

7 TOWN OF WAPPINGER PLANNING BOARD

1 ENGINEER TO THE TOWN

1 PLANNER TO THE TOWN

1 ATTORNEY TO THE TOWN

____ HIGHWAY SUPERINTENDENT

____ FIRE PREVENTION BUREAU

____ RECREATION

____ TOWN OF WAPPINGER TOWN BOARD

____ DUTCHESS COUNTY DEPT. OF PLANNING

____ NEW YORK STATE DEPT. OF TRANSPORTATION

____ DUTCHESS COUNTY DEPT. OF HEALTH

____ DUTCHESS COUNTY SOIL & WATER

____ NYS DEPT OF D.E.C

____ TOWN OF FISHKILL PLANNING BOARD

____ TOWN OF EAST FISHKILL PLANNING BOARD

____ TOWN OF LAGRANGE PLANNING BOARD

____ VILLAGE OF WAPPINGER PLANNING BOARD

____ BUILDING INSPECTOR

1 ZONING ADMINISTRATOR-BARBARA ROBERTI

***** PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW*****

TOWN OF WAPPINGER PLANNING BOARD

Application No. 22-3461
Date Received: 8-25-22
Fee Received: \$15800

**APPLICATION FOR MINOR ARCHITECTURAL REVIEW
(NO ESCROW TAKEN)**

TITLE OF PROJECT: Lamond Professional Building
Location of Property: 365 Route 82, Hewell Jct

NAME & ADDRESS OF APPLICANT (Corporation or Individual):

6 Rowell Lane, Wappingers Falls NY 12590
Street Town State Zip
Todd Lamond (845) 453-1783
Contact Person Phone Number Fax Number

NAME & ADDRESS OF OWNER (Corporation or Individual):

6 Rowell Ln Wappingers Falls N.Y 12590
Street Town State Zip
Todd Lamond (845) 453-1783
Contact Person Phone Number Fax Number

Grid No. 6357-03-238025

Please specify use or uses of building.

Existing Design: Mixed use: Residential upstairs (2nd floor);
Commercial office space main (ground floor).

Proposed Change to exterior of building or Signage: looking to add the following: 1) single door to double door for two (2) separate offices; 2) Awnings over windows and doors; 3) soffit ridge for architectural appeal; 4) Cultured stone veneer; 5) Freestanding sign; 6) Building sign on NE side only

Materials to be used: _____

Proposed cost of construction: \$ 7,500

Zoning District: HM Acreage: .33

Existing No. of Parking Spaces: 4-5 Proposed No. of Parking Spaces: 7-8

Todd Lamond

Type Name (Corporation, LLC, Individual, etc.)

8/25/22
Date
(845) 453-1783
Owner's Telephone No.

Todd G. Lamond
Owner or representative's signature
Todd G. Lamond
Type Name and Title ***
6 Rowell Ln Wappingers Falls
Owner's Address

TOWN OF WAPPINGER PLANNING BOARD
ARCHITECTURAL REVIEW

Appl. #: _____
Date: _____

PROJECT: _____

LOCATION: _____

DATE OF PLANNING BOARD MEETING: _____

PROJECT CONSISTS OF THE FOLLOWING:

APPROVED: _____ DENIED: _____

MOTION MOVED BY: _____

SECOND BY: _____

CONDITIONS:

BEA OGUNTI, SECRETARY
TOWN OF WAPPINGER PLANNING BOARD SECRETARY

TOWN OF WAPPINGER

ZONING ADMINISTRATOR

Barbara Roberti X128

CODE ENFORCEMENT

Susan Dao X126

FIRE INSPECTOR

Mark Liebermann X127



ZONING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-03
(845) 297-1373
FAX: (845) 297-0579

SUPERVISOR

Dr. RICHARD THURSTON

TOWN COUNCIL

WILLIAM H. BEALE
ANGELA BETTINA
ROBERT JOHNSTON
MICHAEL KUZMICH

OWNER CONSENT FORM

TO BE FILED WHEN THE APPLICANT IS NOT THE BUILDING, SITE OR PROPERTY OWNER

BUILDING PERMIT # _____ APPLICATION

SITE LOCATION: 365 Rte 82, Hopewell Jct, NY 12533

GRID: # 6357-03-238025

Name of APPLICANT: Todd Lamond

(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 the Zoning Administrator.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

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

Date

8/25/22
(845) 453-1783
Owner's Telephone Number

Owner's Signature

Todd Lamond
Print Name

6 Rowell Ln, Wapp Falls, NY 12590
Print Owner's Address