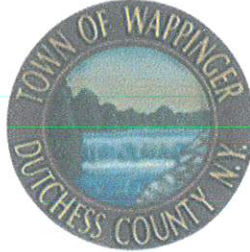


TOWN OF WAPPINGER



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.: 22-7761

Date: June 29, 2022

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

I (We), Farris Ibrahim & Jill Bradsky-Ibrahim residing at 20 Peter Drive  
Wappingers Falls NY 12590, (phone) 845-222-6398, hereby,  
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 9/28/20, and do hereby apply for an area variance(s).

Premises located at: 20 Peter Drive Wappingers Falls NY 12590

Tax Grid No.: 135689-6157-04-963227-0000

Zoning District: R40

1. Record Owner of Property:

Farris Ibrahim & Jill Bradsky-Ibrahim

Address: 20 Peter Drive Wappingers Falls NY 12590

Phone Number: 845-222-6398

Owner Consent dated: 6/29/22

Signature: [Signature]

Print Name: Farris Ibrahim

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: 25 feet to side (right)

Applicant(s) can provide: 12' 11" feet to side

Thus requesting: 12' 1" feet

To allow: Installation of a 18' x 36' In-ground swimming pool

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: \_\_\_\_\_

**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.

There would be no negative change and the neighbors would not be impacted

**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.

After much research following a previous request it has been determined that it is not possible to move the septic system or geothermal coils buried underground. There is no place else to put the pool and we have altered the plan to significantly reduce the variance needed to align with the ZBA's ask.

**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.

It is 12'11" (48%) off from the required setback.  
The variance being requested is significantly reduced from the previous application and is now aligned to previous precedents which had been a concern of the ZBA in prior discussions.

**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, they will not be impacted based on the shape of the neighbor's lot and position of that home. No impact is expected.

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: \_\_\_\_\_

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

It came about because the setbacks are more  
than can be accommodated and no other portion of the yard  
is viable for installing an in-ground pool

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

Given the location of our septic system and soil type (based on  
2022 engineers review and perc test) the septic system and field cannot be  
moved. Additionally our geothermal coils cannot be moved, but we can build closer than previously  
planned to reduce the variance needed.

4. List of attachments (Check applicable information)

- ( ) Survey dated: 11/13/2012, Last revised \_\_\_\_\_ and  
Prepared by: Robert V. Oswald.
- ( ) Plot Plan dated: 6/15/2022.
- ( ) 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: \_\_\_\_\_
- (X) Other (Please list): Letter from septic engineer stating inability to move system

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: 6/29/22

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: \_\_\_\_\_

# 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>			
Name of Action or Project: <i>Farris Ibrahim &amp; Jill Brodsky - Ibrahim</i>			
Project Location (describe, and attach a location map): <i>20 Peter Drive</i>			
Brief Description of Proposed Action: <i>Install 18'x36' in-ground gunite swimming pool</i>			
Name of Applicant or Sponsor: <i>Farris Ibrahim &amp; Jill Brodsky - Ibrahim</i>		Telephone: <i>845-222-6398</i>	
		E-Mail: <i>farris.ibrahim@gmail.com</i>	
Address: <i>20 Peter Drive</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? _____ 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 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: _____ _____	<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)? 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>Farris Ibrahim</u> Date: <u>6/29/22</u>		
Signature: <u>[Signature]</u> Title: <u>Property owner</u>		

Project: Date: 

## *Short Environmental Assessment Form*

### *Part 2 - Impact Assessment*

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Project: Date: 

### Short Environmental Assessment Form

#### Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input checked="" type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
<u>Rainbow Pools</u>	<u>6/29/22</u>
Name of Lead Agency	Date
<u>Mike Todd</u>	<u>President</u>
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
<u>[Signature]</u>	<u>[Signature]</u>
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT FORM

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

To: Ibrahim, Farris  
20 Peter Dr

SBL: 6157-04-963227-0000  
Date of this Notice: 07/28/2022  
Zone:  
Application: 42064

For property located at: 20 Peter Dr

Your application to:

**INGROUND POOL - 18' X 36' INGROUND POOL \*\*CALL 811 PRIOR TO EXCAVATION\*\* \*\*FOUR COPIES OF FINAL AS BUILT REQUIRED TO CLOSE POOL AND GRADING PERMIT\*\* \*\*POOL ALARM ASTM F 2208 REQUIRED\*\* \*\*ALARM AFFIDAVIT REQUIRED\*\* \*\*FINAL INSPECTION BY CERTIFIED ELECTRICAL INSPECTOR\*\* \*\*CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR\*\* \*\*MUST HAVE TEMPORARY BARRIER INSTALLED IMMEDIATELY AFTER COMMENCEMENT OF CONSTRUCTION\*\* \*\*PERMANENT BARRIER MUST BE INSTALLED WITHIN 90 DAYS OF COMMENCEMENT OR 90 DAYS OF PERMIT ISSUANCE\*\* \*\*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.

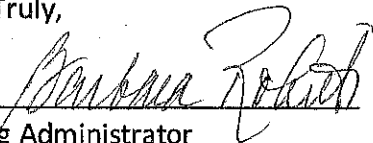
Where 25 ft. to the side property line is required, the applicant can provide 12'11" for a IG pool.

---

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	<u>25</u> ft.	<u>12'11"</u> 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

RECEIVED

JUL 18 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  
☐ New Construction ☐ Commercial  
☐ Renovation/Alteration ☐ Multiple Dwelling

ZONE: 240 DATE: 6/29/22 7/27/2022  
APPL #: 42064 PERMIT # \_\_\_\_\_  
GRID: 135689-6157-04-963227-0000

APPLICANT NAME: Farris Ibrahim

ADDRESS: 20 Peter Drive Wappingers Falls NY 12590

TEL #: \_\_\_\_\_ CELL: 845-222-6398 FAX #: \_\_\_\_\_ E-MAIL: farris.ibrahim@gmail.com

NAME OWNER OF BUILDING/LAND: Farris Ibrahim & Jill Brodsky Ibrahim

\*PROJECT SITE ADDRESS\*: 20 Peter Drive Wappingers Falls NY 12590

MAILING ADDRESS: 20 Peter Drive

TEL #: \_\_\_\_\_ CELL: 845-222-6398 FAX #: \_\_\_\_\_ E-MAIL: farris.ibrahim@gmail.com

**BUILDER/CONTRACTOR DOING WORK:**

COMPANY NAME: Rainbow Pools

ADDRESS: 1807 Route 52 Fishkill

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

**DESIGN PROFESSIONAL NAME:**

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

APPLICATION FOR: installation of a 18' x 36' in-ground gunite  
swimming pool

SETBACKS: FRONT: 132' REAR: 372' L-SIDEYARD: 86.8" R-SIDEYARD: 12.5" 12'11" ff

SIZE OF STRUCTURE: \_\_\_\_\_

ESTIMATED COST: 73,410 TYPE OF USE: residential swimming pool

NON-REFUNDABLE APPL. FEE: 200- PAID ON: 7/27/22 CHECK # 193 RECEIPT #: 2022-01405

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

**APPROVALS:**

ZONING ADMINISTRATOR:

☐ Approved ☒ Denied Date: 7/28/22

[Signature]

Signature of Applicant

FIRE INSPECTOR:

☐ Approved ☐ Denied Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Building Inspector

# TOWN OF WAPPINGER PLOT PLAN

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

Date 6/29/22

Address: 20 Peter Drive

Interior/Corner Lot: *circle one*

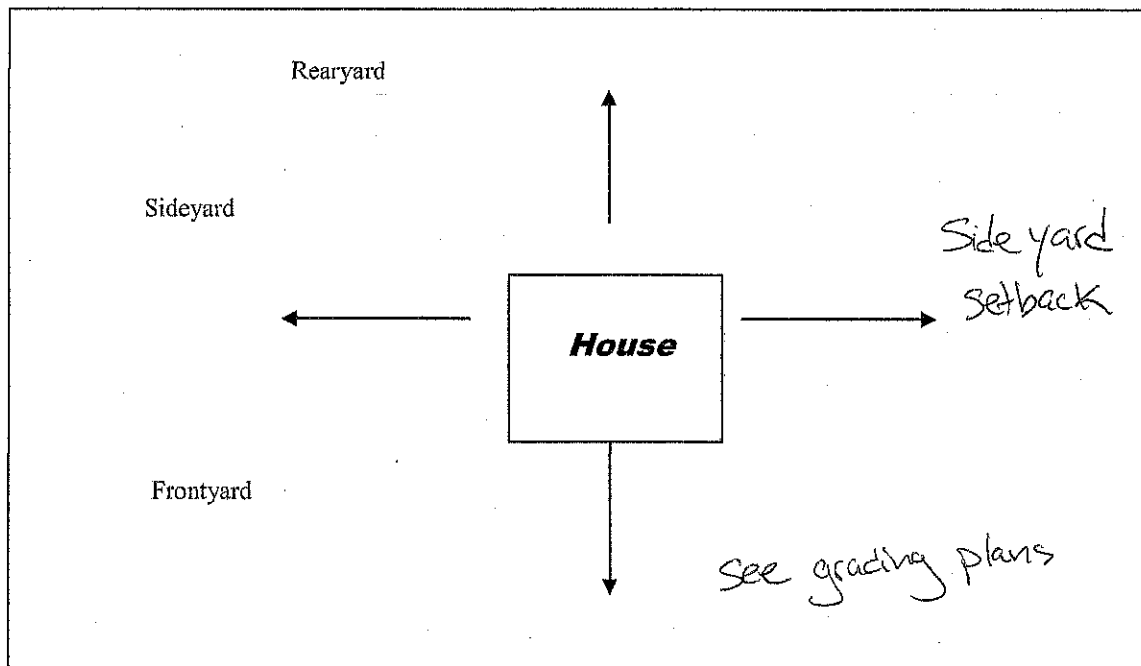
Owner of Land Farris Ibrahim

Zone: R40

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

1. House,

**\*\*STRUCTURE MUST MEET REQUIRED SETBACKS FROM PROPERTY LINES. CHECK WITH OFFICE TO DETERMINE SETBACK REQUIREMENTS\*\***



Draw proposed structure on plot plan.  
Indicate Location Setbacks to both sides and rear property line  
measurement of structure you are applying for.

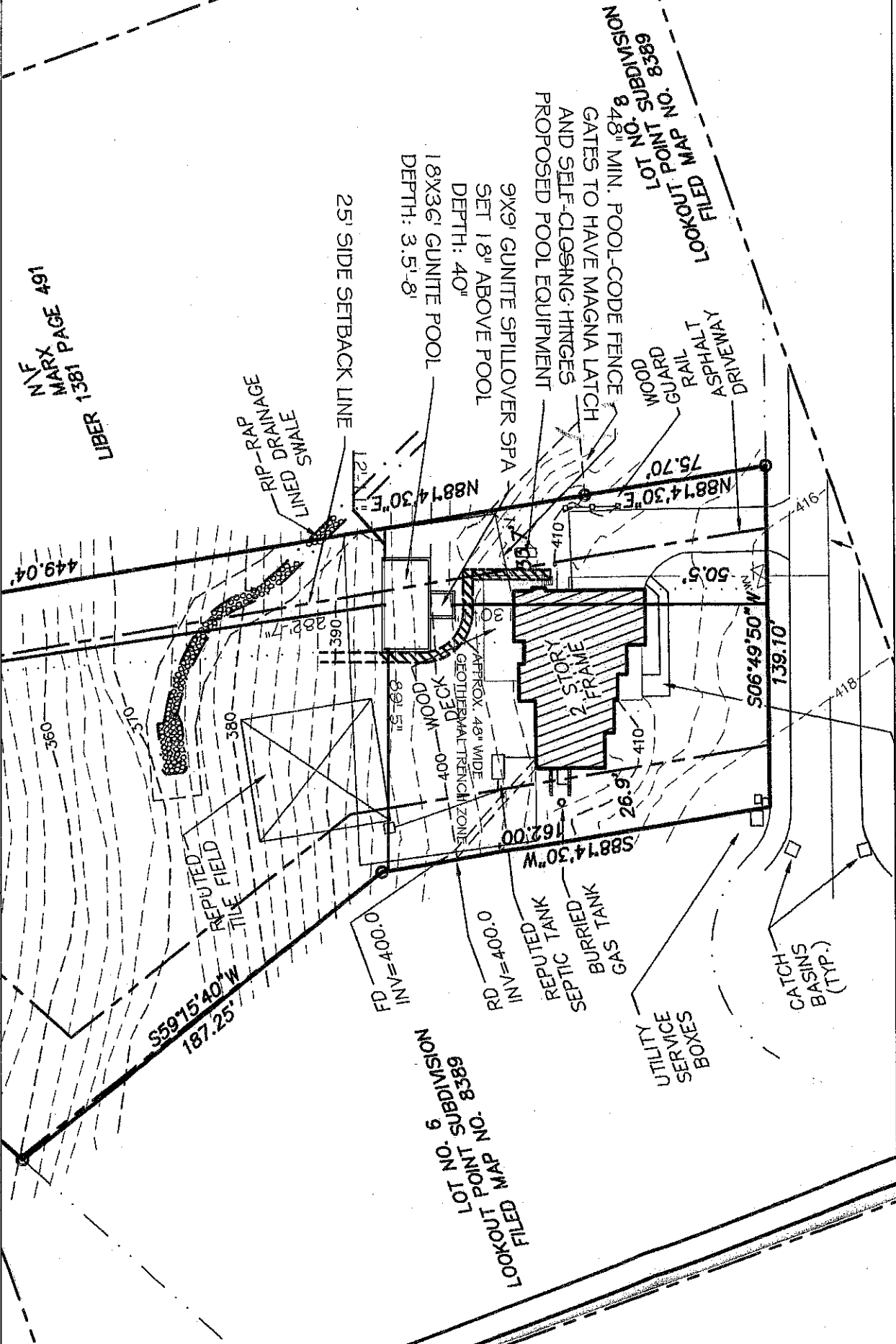
Signature

Approved: (Rejected)

Barbara Roberts  
Zoning Administrator

Date: 7-28-22

N/F  
MARX  
PAGE 491  
LIBER 1381

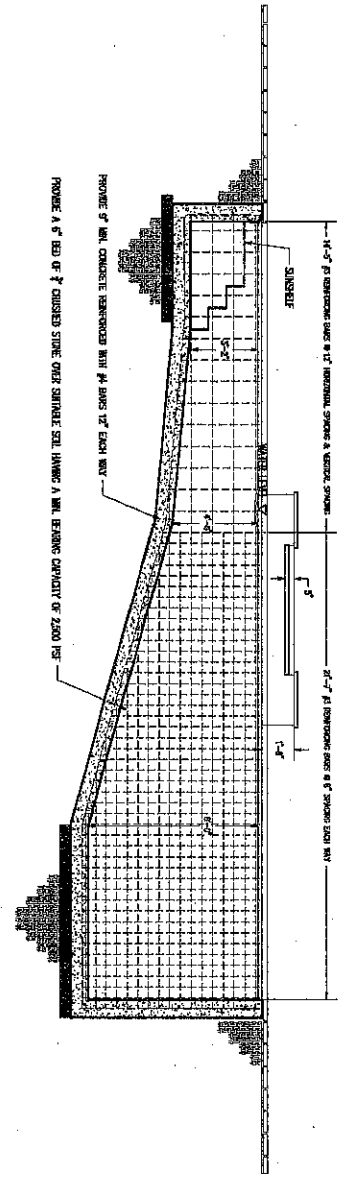
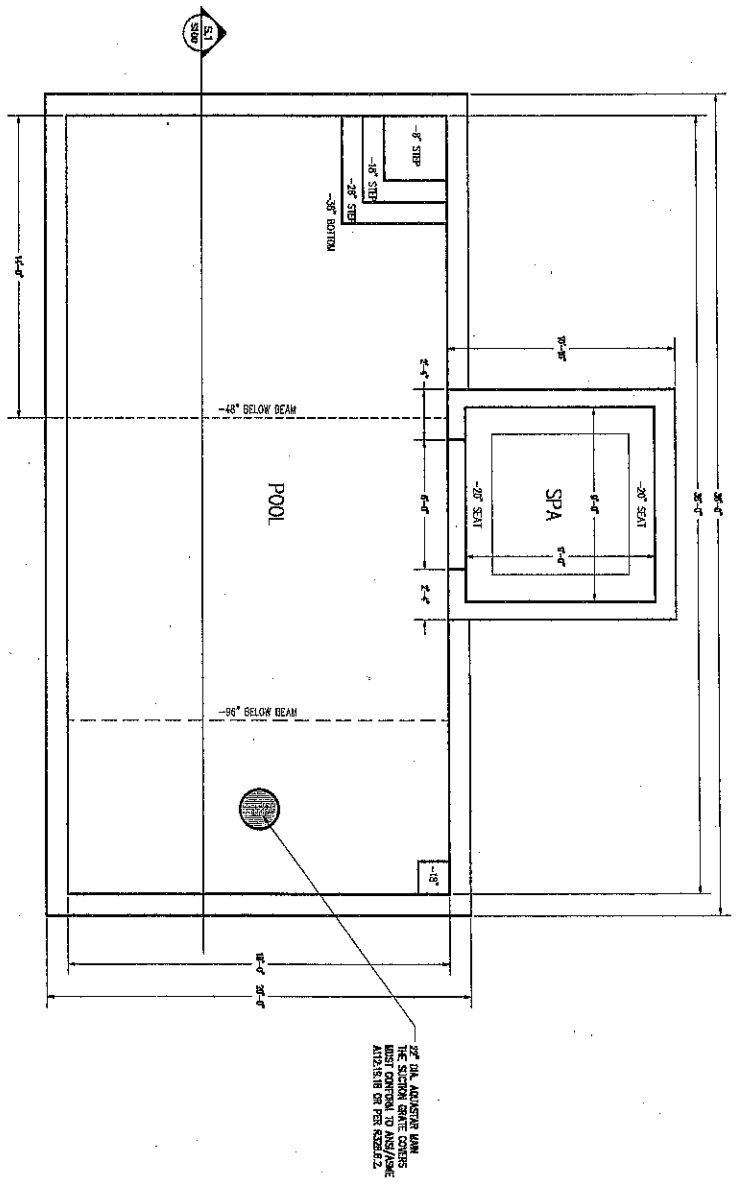


68389 SUBDIVISION NO. 9  
 LOT 101  
 LOOKOUT MAP NO. 8389  
 FILED MAP

IBRAHIM RESIDENCE  
 20 PETER DRIVE  
 WAPPINGERS FALLS, NY 12590

RAINBOW & LIVING ART  
 POOLS & DESIGNS

SCALE: NTS  
 DATE: 6.16.22  
 DESIGNER: D. CIOLOU



SECTION THROUGH POOL  
SCALE 3/8" = 1'-0"

POOL PLAN  
SCALE 3/8" = 1'-0"

GENERAL NOTES:

1. THE POOL HAS BEEN DESIGNED IN CONFORMANCE WITH THE 2000 NYS RESIDENTIAL CODE.
2. THE CONTRACTOR SHALL INSTALL A SAFETY WALL RELEASE SYSTEM CONFORMING TO ASME A17.2.12. SEE NOTE ON PLAN.
3. TEMPORARY BARRIERS SHALL BE INSTALLED FOR SECTION REMOVAL OF THE 2000 NYS RESIDENTIAL CODE.
4. POOL ALARMS SHALL BE PROVIDED IN ACCORDANCE WITH SECTION K002.7 OF THE 2000 NYS RESIDENTIAL CODE. THE POOL ALARM SHALL COMPLY WITH ASTM F2208 AND SHALL BE INSTALLED, USED AND MAINTAINED IN ACCORDANCE WITH THE MANUFACTURER'S INSTRUCTIONS AND THE NYS B.C. POOL ALARMS SHALL ACTIVATE BOTH EXTERIOR BELL AND THE WATER AND SHALL BE INSTALLED IN ACCORDANCE WITH SECTION K002.7 OF THE 2000 NYS RESIDENTIAL CODE.
5. ALL CONCRETE TO HAVE A MIN. COMPRESSIVE STRENGTH OF 4,000 PSI (F<sub>c</sub> = 4,000 PSI).
6. ALL LAP JOINTS TO BE 40 TIMES BAR DIAMETER (40D).
7. ALL REINFORCING STEEL TO BE GRADE 60 (F<sub>y</sub> = 60,000 PSI).
8. ALL LAP JOINTS TO BE 40 TIMES BAR DIAMETER (40D).
9. ALL REINFORCING & PLUMBING REGULATION TO BE ACCORDANCE WITH THE NEW YORK STATE BUILDING CODE.
10. ALL TRADES SHALL COMPLETE THEIR WORK IN ACCORDANCE WITH ALL FEDERAL, STATE AND LOCAL CODES THAT APPLY FOR THE CONSTRUCTION OF SWIMMING POOLS.
11. THE LIGHTS SHALL BE "VENTILATOR ENCLINING" 55" UNDERMOUNT LED POOL LIGHTS OR AN APPROVED EQUAL.

IT IS A VIOLATION OF NEW YORK STATE EDUCATION LAW FOR ANY PERSONS TO LEND THEIR NAME AS AN ARCHITECT OR ENGINEER TO ANY PROJECT ACTING UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER OR LAND SURVEYOR.

DAY STOKOSA  
ENGINEERING P.C.

3 West Wyck  
Lino Stile 2  
1110 West Wyck Ave.  
Brooklyn, New York  
(909) 225-3502

Ibrahim Residence  
30 Parkside Ave.  
Dutchess County, New York

18 x 36 Pool Plan

DATE: 04-15-21

MD

MD

MD

\$100