

TOWN OF WAPPINGER



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OCT 18 2022

Zoning Board of Appeals
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.: 22-7768

Date: 10-18-22

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

I (We), GNS Group, Ltd. residing at 97 N Clinton St.
Poughkeepsie, NY 12601, (phone) 845-471-4366, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 10-17-22, and do hereby apply for an area variance(s).

Premises located at: 1404 Rte 9

Tax Grid No.: 135689-6157-02-707773

Zoning District: SC

1. Record Owner of Property:

DP 123 LLC

Address: 333 N Bedford Rd. Mt. Kisco, NY 10549

Phone Number: 914-773-6264

Owner Consent dated: 10-17-22

Signature: Nancy Forrest

Print Name: Nancy Forrest

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.

240-29 F1

(Indicate Article, Section, Subsection and Paragraph)

Required: Not more than one wall sign per business

Applicant(s) can provide: two wall signs

Thus requesting: a second wall sign

To allow: for a new business

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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.

240-29 F I D

(Indicate Article, Section, Subsection and Paragraph)

Required: no more than 100 sq ft of wall sign

Applicant(s) can provide: 204 sq ft

Thus requesting: additional 104 sq ft.

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.

The 2 signs will not alter the character of the nearby properties. The shopping center sits on a hill a significant distance from the highway and the other stores are of equal size or larger.

- 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.

It is a very large storefront (over 150 linear ft.) with two possible points of entry. The 32 footage of signage requested is necessary for the visibility as well as being scaled to fit the 32 ft. of the storefront and look balanced.

- 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.

We are requesting 2 signs as opposed to 1 allowed by the ordinance as well as additional 32 ft. 80 sq ft more than ordinance allows

- 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, it is an isolated shopping center well off the highway and on a hill. The other tenants in the center are also large stores with big signs.

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

The ordinance in most cases works for storefront signs in the town. It does not work for stores with linear footage exceeding 100' and the possibility of two entrance points.

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

It is unique in its storefront size
150 plus linear ft

4. List of attachments (Check applicable information)

- () Survey dated: _____, Last revised _____ and
Prepared by: _____.
- () Plot Plan dated: _____.
- (✓) Photos
- (✓) Drawings dated: 9/29/22.
- (✓) Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Barbara Roberti Dated: 10-17-22
- () 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: Nancy Forest
(Appellant)

DATED: 10/17/22

SIGNATURE: _____
(If more than one Appellant)

DATED: _____

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: 22-7768 Date: 10/17/22
Grid No.: 0157-02-707773 Zoning District: SC

Location of Project:

ALPINE COMMONS

Name of Applicant: GNS Group, Ltd
Print name and phone number

Description of
Project: Installation of two wall signs
on storefront

I, DIAMOND PROPERTIES, 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.

10/17/22
Date

914-773-6249
Owner's Telephone Number

[Signature] SUP-LEASING
Owner's Signature

TED GOGAN - SUP-LEASING
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.

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.

Part 1 – Project and Sponsor Information			
Hudson Valley Office Furniture / Signs			
Name of Action or Project:			
1404 Rte 9 Wappinger Falls, NY 12590			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Installation of two wall signs on storefront.			
Name of Applicant or Sponsor:		Telephone: 845-471-4366	
GNS Group, Ltd		E-Mail: nforrest@gnsgroutltd.com	
Address:			
97 N Clinton St.			
City/PO:		State:	Zip Code:
Poughkeepsie		NY	12601
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO YES
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.			<input checked="" type="checkbox"/> <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO YES
If Yes, list agency(s) name and permit or approval:			<input checked="" type="checkbox"/> <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0	acres
b. Total acreage to be physically disturbed?		0	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0	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 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 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 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 type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input 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 checked="" type="checkbox"/>	YES <input type="checkbox"/>
If Yes, explain the purpose and size of the impoundment:		
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:		
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Nancy Forrest</u> Date: <u>10-17-22</u> Signature: <u>Nancy Forrest</u> Title: <u>contractor</u>		

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

To: DP 123 LLC
c/o James Diamond

SBL:
Date of this Notice: 10/17/2022

Zone:
Application: 42401

For property located at: 1404 Route 9

Your application to:

SIGN PERMIT- HUDSON VALLEY OFFICE FURNITURE "HVOF-THE WOW GUYS" EXTERIOR SIGNAGE 14'-5" X 7'-3" INTERNALLY ILLUMINATED, SINGLE-FACED, WALL SIGN

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

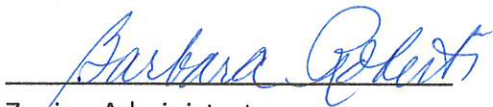
Where only one sign is permitted per commercial business, the applicant is proposing two wall signs.

Where a maximum of 100 sf for business sign is permitted the applicant is proposing two wall signs for a total of 204 sf.

	REQUIRED:	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

Very Truly,



Zoning Administrator
Town of Wappinger