

TOWN OF WAPPINGER



AMENDED AS OF 12-12-22



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.: 22-7765Date: 9-26-22

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

I (We), Samuel V. Dawson residing at 8 Kretch Circle
Wappingers Falls, (phone) 214-606-4387, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 9/23/22, and do hereby apply for an area variance(s).

Premises located at: 8 Kretch Circle
Tax Grid No.: 6156-01-482749
Zoning District: R-15

1. Record Owner of Property:

Samuel V. Dawson
Address: 8 Kretch Circle
Phone Number: 214-606-4387
Owner Consent dated: 9/23/22

Signature: [Signature]
Print Name: SAMUEL V. DAWSON

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: 30' to rear property lineApplicant(s) can provide: 24' 8" to rear property lineThus requesting: 26.6' ~~32'~~ varianceTo allow: existing ground mounted deck

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 or impact on neighborhood or properties. Two neighbors have complimented me on the deck - no objection so far. Ground-level deck in a corner of backyard shielded by trees. In my opinion, no negative effects.

- 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.

I constructed the deck with incorrect info from casual conversations. Presumed ground-level deck may not need a lot of set-backs. There are 47 footings (4x4s in concrete) supporting this deck. Pl. see drawing for details.

- 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.

The variance is substantial in numbers - 30 feet required versus 8 ft constructed. I believe there is virtually no intrinsic characteristic variance to the neighborhood, as stated in A above.

- 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. Ground-level open, free-standing deck sitting in a corner of the backyard. The South side and West side of the deck are shielded (along existing fence line) by shrubs and eight mature tree trunks. In addition, I intend to plant shrubs along the South side of deck in due course, if variance granted.

Town of Wappinger Zoning Board of Appeals
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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.

Incorrectly relied on casual conversations & Google info, and presumed a ground level deck (free-standing) would require minimal set-backs and other stipulations in the backyard. Self-created problem.

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


The entire backyard is a slope from left to right. This deck is the only horizontal surface now for my visiting grand-daughters (3yrs and 5yrs) to enjoy the backyard.

4. List of attachments (Check applicable information)

- () Survey dated: _____, Last revised _____ and
Prepared by: _____.
- () Plot Plan dated: _____.
- () Photos
- () Drawings dated: _____.
- ☒ Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Zoning Administrator Dated: 9/13/22
- () 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: 
(Appellant)

DATED: 9/23/22

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: _____

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: 22-7765 Date: 9/23/22
Grid No.: 6156-01-482749 Zoning District: _____

Location of Project:

8 Kretch Circle, Wappingers Falls.

Name of Applicant:

SAMUEL V. DAWSON 214-606-4387
Print name and phone number

Description of
Project:

Ground-level free-standing deck in SW
corner of sloping back yard.

I Samuel V. Dawson, 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.

9/23/22
Date

214-606-4387
Owner's Telephone Number

[Signature]
Owner's Signature

SAMUEL V. DAWSON
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.

Samuel V Dawson

8 Kretch circle

Wappingers Falls

27 Sep 2022

The Zoning Administrator

Town of Wappinger

Dear Ms. Roberts, SBL: 6156-01-482749- 0000 Zoning Issue 8 Kretch Circle

With reference to the above subject, I have submitted, for your consideration, an application for variance. In case of scheduling a site visit or my needed availability, I request that the following dates be avoided :

4 Oct doctors appointment

25 Oct to 15 Nov out of town.

Thank you

Sincerely,



Samuel v dawson

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			
Ground level detached (free-standing) deck - built by owner.			
Name of Action or Project:			
Ground-level, detached wooden deck in backyard.			
Project Location (describe, and attach a location map):			
8 Kretch Circle, Wappingers Falls			
Brief Description of Proposed Action:			
Ground level detached deck in backyard.			
Name of Applicant or Sponsor:		Telephone:	
Samuel V. Dawson		214-606-4387	
		E-Mail:	
		b7dalphi@yahoo.com	
Address:			
8 Kretch Circle			
City/PO:		State:	Zip Code:
Wappingers Falls		NY	12590
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
			<input checked="" type="checkbox"/>
			<input type="checkbox"/>
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
			<input checked="" type="checkbox"/>
			<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, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO <input checked="" type="checkbox"/> <input type="checkbox"/>	YES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input checked="" type="checkbox"/>	YES <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? 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?	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input 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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

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"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Samuel V. Dawson</u> Date: <u>9/23/22</u>		
Signature: <u>[Signature]</u> Title: <u>Mr.</u>		

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

To: Dawson, Samuel
8 Kretch Cir

SBL: 6156-01-482749-0000
Date of this Notice: 09/13/2022
Zone:
Application: 42244

For property located at: 8 Kretch Cir

Your application to:

DECK- LEGALIZE FREESTANDING 20' X 20' DECK IN REAR YARD **NEED FOOTING VERIFICATION**

****NEED FINAL INSPECTION WITH BUILDING INSPECTOR****

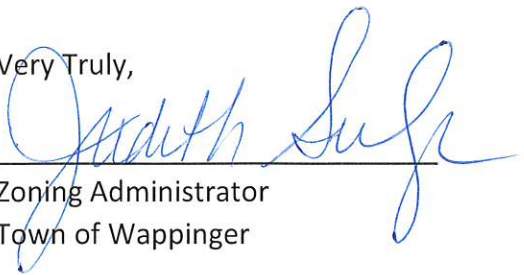
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 30 feet to the rear yard property line is required, the applicant can provide 3.4' feet to the rear property line for an exiting platform deck.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>30</u> ft.	<u>3.4</u> 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

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date _____

Address: 8 Kretch Circle

Interior/Corner Lot: circle one

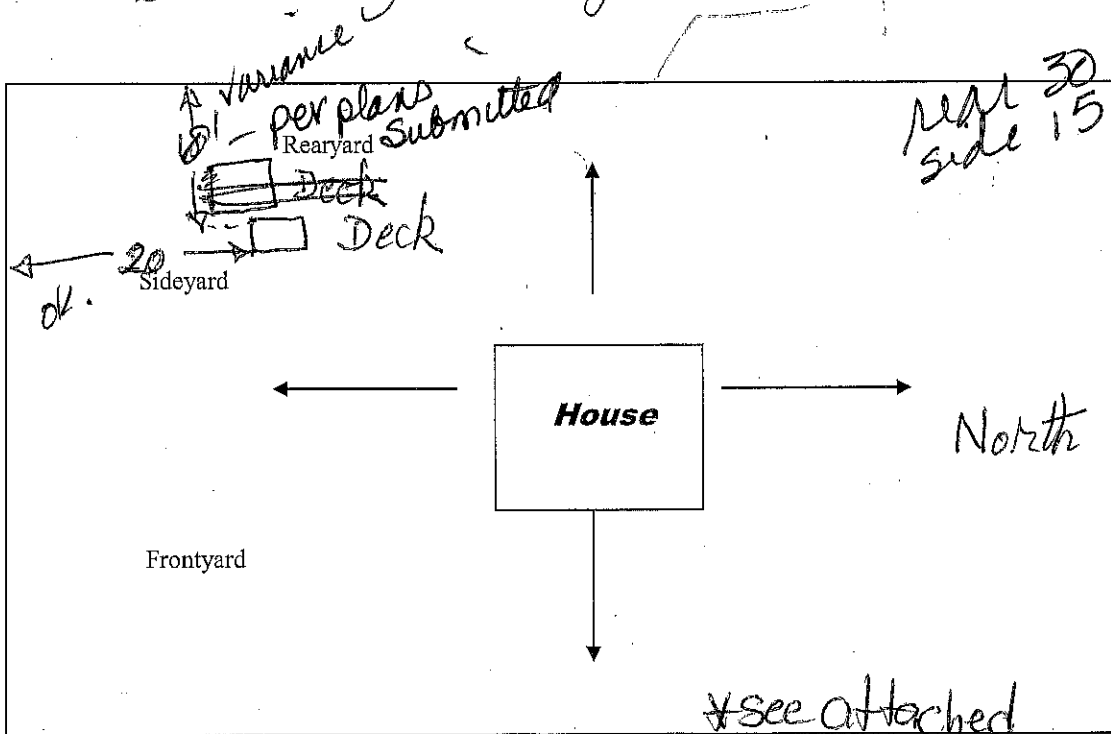
Owner of Land Samuel V. Dawson

Zone: BIS

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

1. House,

2. Detached freestanding deck at ground level.



Draw proposed structure on plot plan.

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

Samuel V. Dawson
Signature

Approved: / Rejected: Barbara Hunt
Zoning Administrator

Date: 9-13-22