

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.: 23-7775

Date: 1/4/23

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

I (We), Jeanette Sotland residing at 9 Bush Creek Lane, Poughquag,
NY 12570, (phone) 914-489-4750, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 1/3/23, and do hereby apply for an area variance(s).

Premises located at: 81 Edgehill Drive, Wappingers Falls, NY 12590
Tax Grid No.: 6358-03-135250
Zoning District: R-20

1. Record Owner of Property:

Jeanette Sotland
Address: 9 Bush Creek Lane, Poughquag NY 12570
Phone Number: 914-489-4750
Owner Consent dated: 1/4/23

Signature: Jeanette Sotland
Print Name: Jeanette Sotland

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: 20 feet Side (Left)

Applicant(s) can provide: 14.8 feet

Thus requesting: 5.2 feet

To allow: for the legalization of an existing 6'x20' 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.

N/A

(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.

Nothing will change. The deck has been there for approximately 50 years.

- 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.

Variance is needed to sell house. My parents are recently deceased and lived there for 50 years. No way to reach same result, as variance is needed for title to pass to a new owner.

- 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 requested variance is not substantial. The side of the house requires a 20 foot offset from the property border, but the deck edge leaves only 14.8 feet. It is not substantial because the 5.2 ft shortfall is minor.

- 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.

Absolutely not - deck has been there for approximately 50 years.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
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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.

Upon listing the house and going into contract with a buyer, the process
toward closing uncovered the deck not having a permit and being too close
to the property border. Difficulty is not self-created.

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

No - the house is similar to and identical to many homes in the
neighborhood. Additionally, most have a similar deck as well.

4. List of attachments (Check applicable information)

- (☒) Survey dated: 12/21/22, Last revised 12/21/22 and
Prepared by: Johnson Surveying.
- () 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: Barbara Roberti Dated: 1/3/23
- () 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: Paul D Sorland
(Appellant)

DATED: 1/4/23

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: 23-7775

Date: 1/4/23

Grid No.: 6358-03-135250

Zoning District: R-20

Location of Project:

81 Edgehill Drive, Wappingers Falls NY 12590

Name of Applicant:

Jeanette Sotland 914-489-4750

Print name and phone number

Description of

Project: Single family house - deck

I, Jeanette Sotland, 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.

1/4/23
Date

Jeanette Sotland
Owner's Signature

914-489-4750
Owner's Telephone Number

Jeanette Sotland, owner
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.

Part 1 – Project and Sponsor Information			
Name of Action or Project: <div style="font-size: 1.2em; font-family: cursive;">Jeanette Sotland</div>			
Project Location (describe, and attach a location map): <div style="font-size: 1.2em; font-family: cursive;">81 Edge Hill Drive, Wappingers Falls NY 12590</div>			
Brief Description of Proposed Action: <div style="font-size: 1.2em; font-family: cursive;">Approval of pre-existing deck</div>			
Name of Applicant or Sponsor: <div style="font-size: 1.2em; font-family: cursive;">Jeanette Sotland</div>		Telephone: 914-489-4750	
		E-Mail: <div style="font-family: cursive;">hjsotland@gmail.com</div>	
Address: <div style="font-size: 1.2em; font-family: cursive;">9 Bush Creek Lane</div>			
City/PO: <div style="font-size: 1.2em; font-family: cursive;">Poughkeepsie</div>		State: <div style="font-size: 1.2em; font-family: cursive;">NY</div>	Zip Code: <div style="font-size: 1.2em; font-family: cursive;">12570</div>
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? <div style="font-family: cursive;">.414</div> 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 type="checkbox"/>	<input checked="" 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	
	<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 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: <u>n/a</u> _____	<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: <u>n/a</u> _____	<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? If Yes,	NO <input checked="" type="checkbox"/>	YES <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)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/>		
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<hr/> <hr/>		
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<hr/> <hr/>		
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<hr/> <hr/>		
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Jeannette Sotland</u> Date: <u>1/11/23</u> Signature: <u><i>Jeannette Sotland</i></u> Title: <u>owner</u>		

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

To: McCarty Trustee, Kathleen
81 Edgehill Dr

SBL: 6358-03-135250-0000
Date of this Notice: 01/03/2023
Zone:
Application: 42647

For property located at: 81 Edgehill Dr

Your application to:

DECK - 6 X 20 DECK WITH STAIRS - EXISTING -

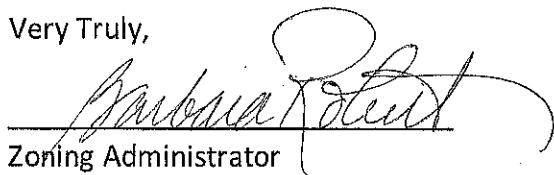
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

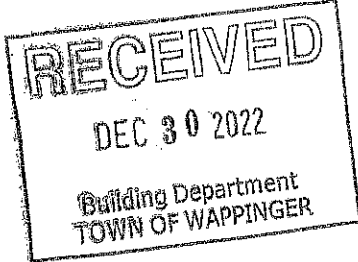
Where 20 feet to the side property line is required, the applicant can provide 14.8 feet for an existing 6' x 20' deck on the left side of the house.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>20</u> ft.	<u>14.8</u> 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 BUILDING DEPARTMENT**

20 Middlebush Road, Wappingers Falls, N.Y. 12590

telephone: 845-297-6256 fax: 845-297-0579

APPLICATION FOR BUILDING PERMIT**APPLICATION TYPE:**☒ ResidentialZONE: R20DATE: 12/30/22☐ New Construction☐ CommercialAPPL #: 42647

PERMIT # _____

☐ Renovation/Alteration☐ Multiple DwellingGRID: 6.358-03-135250**APPLICANT NAME:**Jeanette Sotland**ADDRESS:**9 Bush Creek Lane Poughquag NY 12570**TEL #:**914-489-4750**CELL:**914-489-4750**FAX #:**-**E-MAIL:**hjsotland@gmail.com**NAME OWNER OF BUILDING/LAND:**Jeanette Sotland***PROJECT SITE ADDRESS*:**81 Edgewood Drive, Wappingers Falls NY 12590**MAILING ADDRESS:**same as above (applicant)**TEL #:****CELL:****FAX #:****E-MAIL:****BUILDER/CONTRACTOR DOING WORK:****COMPANY NAME:**N/A.**ADDRESS:****TEL #:****CELL:****FAX #:****E-MAIL:****DESIGN PROFESSIONAL NAME:****TEL #:****CELL:****FAX #:****E-MAIL:****APPLICATION FOR:**approval of pre-existing deck - 6 x 20 w/ stairs.* Legalization ***SETBACKS: FRONT:****REAR:****L-SIDEYARD:****R-SIDEYARD:****SIZE OF STRUCTURE:**6 ft x 20 ft.**ESTIMATED COST:**2,000.00**TYPE OF USE:**Deck**NON-REFUNDABLE APPL. FEE:**150**PAID ON:**12/30/22**CHECK #**1332**RECEIPT #:**2022-02433**BALANCE DUE:****PAID ON:****CHECK #****RECEIPT #:****APPROVALS:****ZONING ADMINISTRATOR:**☐ Approved ☒ Denied**Date:**1-3-23**FIRE INSPECTOR:**☐ Approved ☐ Denied**Date:**

Signature of Applicant

Jeanette SotlandJeanette Sotland

Print Name or Company Name(if applicable)

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 12/30/22

Address: 81 Edgemoor Drive, Wappingers Falls, NY
Seamless Sotland

Interior Corner Lot: circle one

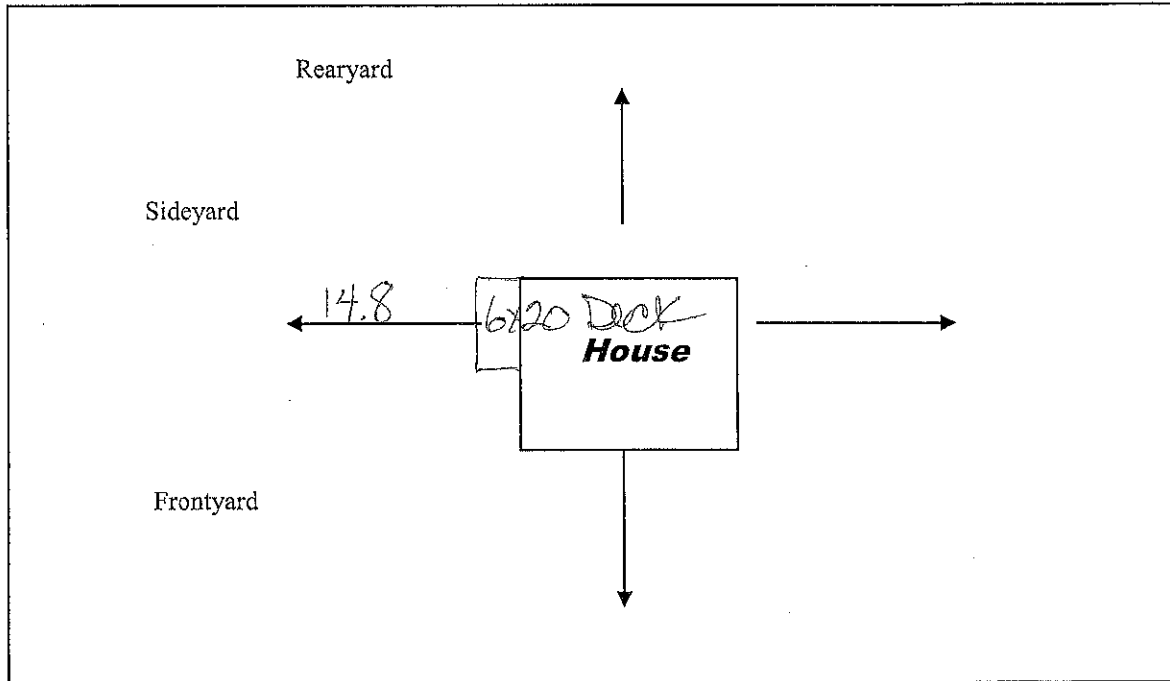
Owner of Land _____

Zone: R20

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

1. House, _____

Please attached survey



Draw proposed structure on plot plan.

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

Seamless Sotland
Signature

Approved: Barbara R. [Signature] / Rejected:

Zoning Administrator

Date: 1-3-23