

UPDATED AS OF 1-12-23

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.: 23-7777

Date: 1/6/23

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

I (We), FRANK VERDI residing at 16 DANIEL SABIA DR  
WAPPINGERS FALLS NY, (phone) 631 827-6006, hereby, (OR)  
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 1/6/23, and do hereby apply for an area variance(s). 631 8352887

Premises located at: 16 Daniel Sabia Drive

Tax Grid No.: 6359-02-507643

Zoning District: R40

1. Record Owner of Property:

FRANK VERDI  
Address: 16 DANIEL SABIA DR  
Phone Number: 631-827-6006  
Owner Consent dated: 1-6-23

Signature: Frank Verdi  
Print Name: FRANK VERDI

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: No More than two accessory Structures permitted on single family Parcel

Applicant(s) can provide: is proposing a third Structure on the property

Thus requesting: a third Structure

To allow: for a 16' x 24' pre-fab Shed

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: 23-777

**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.

Will not affect or be visible to neighbors

- 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.

This shed is the third structure on the property, because there is a house and gazebo.

- 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.

A third small structure on the property, not visible to neighbors. - not substantial

- 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, this shed will not be visible to the neighbors.



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.

The property had a small gazebo as second structure when it was purchased. Shed is needed for personal storage and hobby use. The existing gazebo has no sides.

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

The property is very large, so it supports an additional shed structure without impacting the neighbors. The existing gazebo is open air, no sides.

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: Barbara Roberti Dated: 1-5-23
- ( ) 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: Frank Velen  
(Appellant)

DATED: 1/6/23

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.**

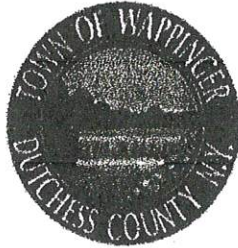
**DATED:** \_\_\_\_\_

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 12580

PH: 845-297-6256

Fax: 845-297-0579

Owner Consent Form

Project No: 23-7777  
Grid No.: 6359-02-507643

Date: 1/6/23  
Zoning District: R40

Location of Project:

16 Daniel Sabia Drive

Name of Applicant: FRANK VERDI 631 827-6006  
Print name and phone number

Description of Project: SHED -

I, FRANK VERDI, 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.

1/6/23  
Date

631-827-6006  
Owner's Telephone Number

Frank Verdi  
Owner's Signature  
FRANK VERDI  
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 dead.

# 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: <b>16 DANIEL SABIN DR - WAPPING FALLS</b>			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: <b>SHED - 16 X 24 -</b>			
Name of Applicant or Sponsor: <b>FRANK VERDI</b>		Telephone: <b>827 631-8700</b>	
		E-Mail: <b>JANART1@AOL.COM</b>	
Address: <b>16 DANIEL SABIN DR. WAPPING FALLS</b>			
City/PO: <b>WAPPING FALLS</b>		State: <b>NY</b>	Zip Code: <b>12590</b>
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? If Yes, list agency(s) name and permit or approval:		NO	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,	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	
	<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 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 checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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, <div style="margin-left: 20px;">           a. Will storm water discharges flow to adjacent properties?            b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?         </div> If Yes, briefly describe:	NO YES <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <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:	
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>FRANK CERNO</u> Date: <u>1/6/23</u> Signature: <u>[Signature]</u> Title: <u>(MR) OWNER</u>	



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

To: Verdi, Frank  
16 Daniel Sabia Dr

SBL: 6359-02-507643-0000  
Date of this Notice: 01/05/2023  
Zone: R40  
Application: 42628

For property located at: 16 Daniel Sabia Dr

Your application to:

**SHED - 16' X 24' PRE-FABRICATED STORAGE SHED. NO ELECTRIC. \*\*SHED MUST BE ON GRAVEL, CONCRETE SLAB OR PAVERS\*\* \*\*CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR\*\***

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

Where a maximum of two accessory structures are permitted on a single family parcel, the applicant is seeking a variance to allow a third accessory structure.


The applicant is looking to add a 16' x 24' pre-fab shed, no electric.

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	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](http://www.townofwappingerny.gov)

Very Truly,

  
\_\_\_\_\_  
Zoning Administrator  
Town of Wappinger

RECEIVED

NOV 15 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

ZONE: R-3-A<sup>R40</sup>

DATE: 12/27/2022

☐ New Construction ☐ Commercial

APPL #: 42628

PERMIT # \_\_\_\_\_

☐ Renovation/Alteration ☐ Multiple Dwelling

GRID: 135684-6359-02-507643-0000

APPLICANT NAME: Breanna Couturier-Tuff Shed

ADDRESS: 15 Industrial Rd. Fairfield, NY 07004

TEL #: 973 435 0274 CELL: 862 666 2041 FAX #: \_\_\_\_\_ E-MAIL: bcouturier@tuffshed.com

NAME OWNER OF BUILDING/LAND: Frank Verdi - Doc. #: 02 2021 5227

\*PROJECT SITE ADDRESS\*: 16 Daniel Sibia Dr.

MAILING ADDRESS: 16 Daniel Sibia Dr. Wappingers Falls, NY 12590

TEL #: 631 669 1240 CELL: 845 874 7987 FAX #: \_\_\_\_\_ E-MAIL: janart1@aol.com

631-827-6006 Franks Cell

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: Tuff Shed Inc.

ADDRESS: 15 Industrial Rd. Fairfield, NY 07004

TEL #: 862 666 2041 CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: bcouturier@tuffshed.com

DESIGN PROFESSIONAL NAME:

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

APPLICATION FOR: Build a prefabricated 16' x 24' prefabricated storage shed - no electric

has 3 bay barn > 2 structures 384 SF  
has gazebo

SETBACKS: FRONT: ~360' REAR: ~303' L-SIDEYARD: ~395' R-SIDEYARD: ~510'

SIZE OF STRUCTURE: 18' x 24' (432 sq. ft.)

ESTIMATED COST: 21,334 TYPE OF USE: Residential - storage

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 12/27/22 CHECK # 232246 RECEIPT #: 2022-02403

BALANCE DUE: 103.60 PAID ON: 12/27/22 CHECK # 232350 RECEIPT #: 2022-02402

APPROVALS:

ZONING ADMINISTRATOR:

☒ Approved ☐ Denied Date: 12-27-22

Breanna Couturier

[Signature]

Signature of Applicant

FIRE INSPECTOR:

☐ Approved ☐ Denied Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Building Inspector

# TOWN OF WAPPINGER PLOT PLAN

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

Date 7/13/22

Address: 16 Daniel Sibia Dr.

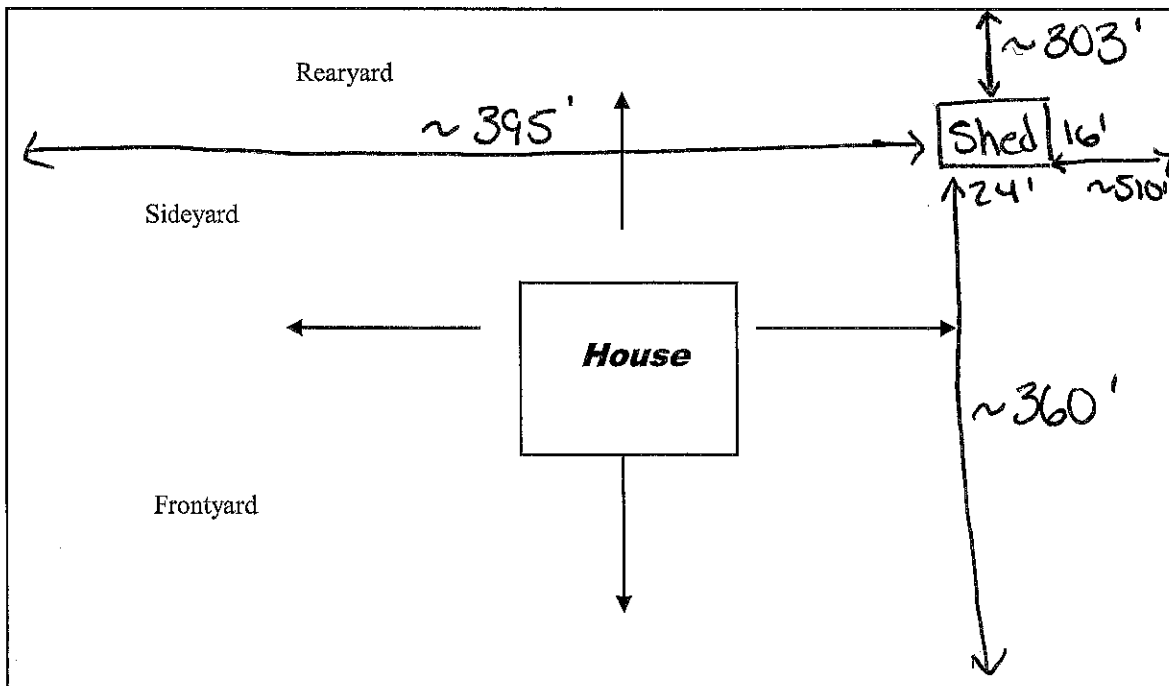
Interior/Corner Lot: circle one

Owner of Land Frank Verdi

Zone: ~~R-3-A~~ R40

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

1. House, pool, + barn



Draw proposed structure on plot plan.

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

Must show  
barn & garden  
-Shed will be 3rd  
structure

[Signature]  
Signature






Approved: / Rejected: [Signature]

Zoning Administrator


Date: 12.27.22

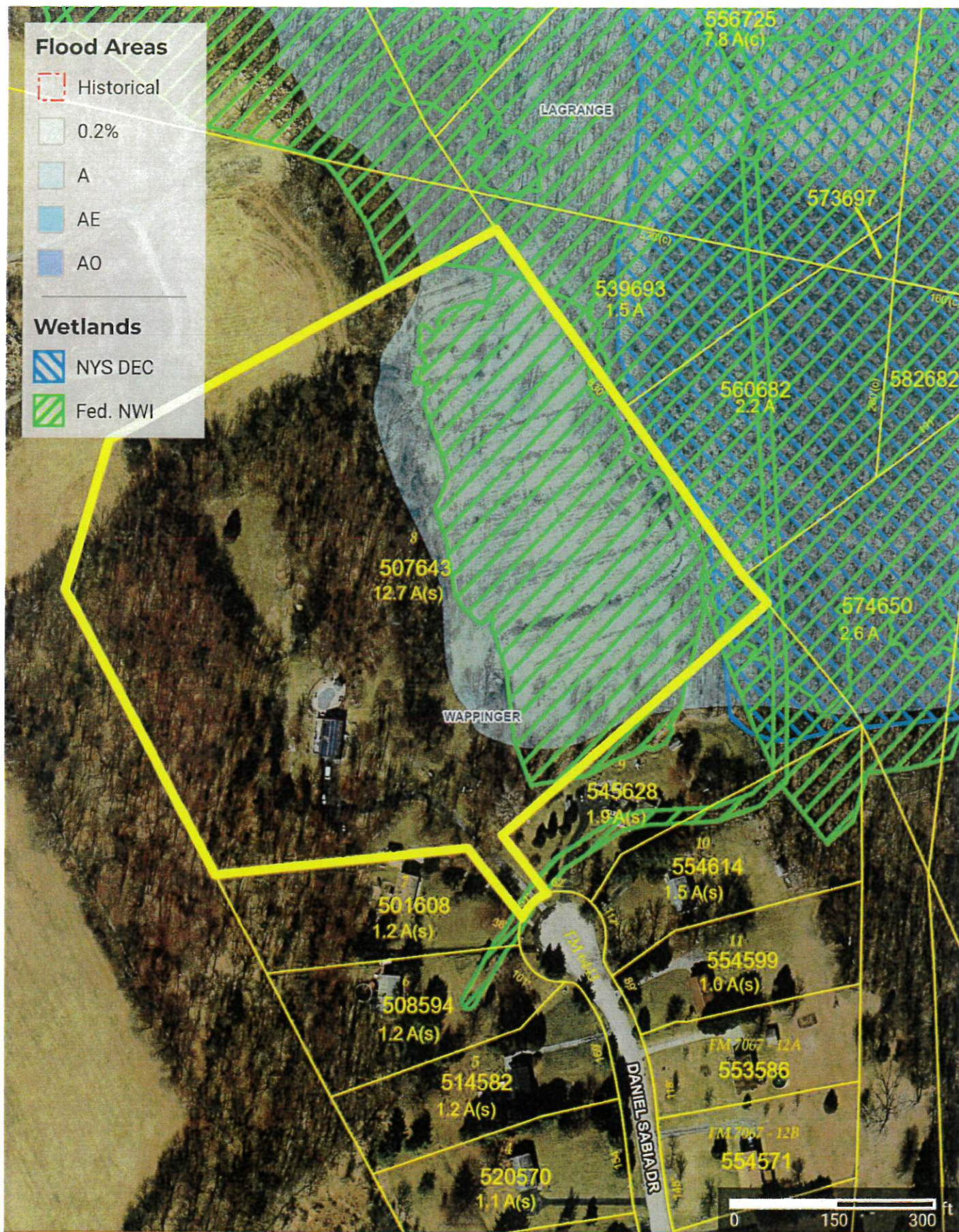


# Flood Areas

-  Historical
-  0.2%
-  A
-  AE
-  AO

# Wetlands

-  NYS DEC
-  Fed. NWI



Dutchess County  
New York

**Parcel Lines**  
Dutchess County, NY

Printed By:  
**ParcelAccess**



ParcelAccess  
1/5/2023