

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.: 23-7781

Date: 2/15/2023

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

I (We), Kevin White + Melissa Roe residing at 39 Sherwood Forest Apt E
Wappingers Falls, NY 12590, (phone) (315) 289-2759, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 2/15/2023, and do hereby apply for an area variance(s).

Premises located at: "67" Forest View Wappingers Falls, NY 12590
Tax Grid No.: 6256-02-800965 135689-6256-02-800965-0000
Zoning District: R-40

1. Record Owner of Property:

Melissa Roe + Kevin White
Address: 39 Sherwood Forest Apt E Wappingers Falls, NY 12590
Phone Number: (315) 289-2759
Owner Consent dated: 2/15/2023
Signature: [Signature] / Kevin White
Print Name: Melissa Roe / Kevin White

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 and 240.20

(Indicate Article, Section, Subsection and Paragraph)

Required: Access over existing frontage of a street or highway

Applicant(s) can provide: wants access off of a paper road

Thus requesting: Variance to

To allow: to allow access off of Forest View

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.

The character of neighborhood + nearby properties will not be affected.

- 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.

The originally mapped placement of the driveway from Pine Ridge is not possible because the grade would be too steep and would be placed over the only acceptable location for septic on the property. The proposed move to Forest View is the only way to prevent this.

- 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 proposed change is a small one, moving access from one side of the property to the other, as adjacent/neighborhood properties have previously done as well.

- 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.

The physical environmental conditions will not be impacted.

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 original driveway was zoned prior to the building of neighboring properties. Septic and well placements from these properties necessitate that the driveway be moved to allow for septic placement and appropriate grade.

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


No, it is not unique - 2 other neighboring properties have applied for, and been granted the same type of variance

4. List of attachments (Check applicable information)


- () Survey dated: 8/17/2019, Last revised 12/21/2020 and
Prepared by: J. Charles Boolukas P.L.S.
- () Plot Plan dated: 9/16/2022
- () Photos
- () Drawings dated: 9/16/2022
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Barbara Roberti Dated: 2/15/2023
- () 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: 2/15/23

SIGNATURE: 
(If more than one Appellant)

DATED: 2/15/23

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: 23-7781

Date: 2/15/23

Grid No.: 6256-02-800965

Zoning District: R-40

Location of Project:

"67" Forest View Wappingers Falls, NY 12590

135689-6256-02-
800965-0000

Name of Applicant:

Melissa Roe (315) 289-2759 and Kevin White

Print name and phone number

Description of

Project: New Home Construction and appeal for driveway variance

I Melissa Roe + Kevin White, 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.

2/15/2023
Date

Melissa Roe / Kevin White
Owner's Signature

(315) 289-2759
Owner's Telephone Number

Melissa Roe / Kevin White - owners
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:			
Project Location (describe, and attach a location map): "67" Forest View Wappingers Falls, NY 12590 135689-6256-02-800 965-0000			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor: Melissa Roe		Telephone: (315) 289-2759 E-Mail: mroe589@gmail.com	
Address: 39 Sherwood Forest Apt E			
City/PO: Wappingers Falls		State: NY	Zip Code: 12590
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 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 type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		1.16 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?		1.16 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 checked="" type="checkbox"/>	<input 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	
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	
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" 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)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Melissa Roe / Kevin White</u> Date: <u>2/15/23</u> Signature: <u>[Signature]</u> Title: <u>owners</u>		

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

To: Christman, Denis
65 Forest View Rd

SBL: 6256-02-800965-0000
Date of this Notice: 02/15/2023

Zone:
Application: 42739

For property located at: Forest View

Your application to:

NEW ONE FAMILY RES - COLONIAL 2 STORY - 2 BEDROOMS, 1 LIVING ROOM, 1 BONUS ROOM, 3 BATHROOMS, 39 SQ FT FINISHED BASEMENT, NO GARAGE, CENTRAL AIR, ELECTRIC HEAT, 1 WOOD FIREPLACE, 455 SQ FT OPEN REAR DECK, 161 SQ FT COVERED FRONT PORCH WELL & SEPTIC

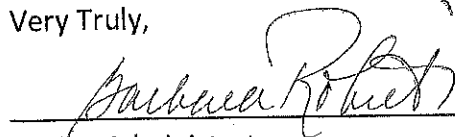
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

This application is denied as the Filed Map 7089, Lot 3 is shown gaining access from Pine Ridge Drive.

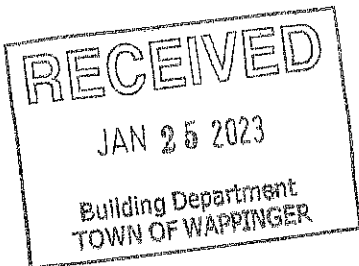
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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



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: R40 **DATE:** 2/2/2023
APPL #: 42739 **PERMIT #:** _____
GRID: 6256-02-800965

APPLICANT NAME: Kevin White + Melissa Roe
ADDRESS: _____
TEL #: _____ **CELL:** 315-289-2759 **FAX #:** _____ **E-MAIL:** _____

*

NAME OWNER OF BUILDING/LAND: Kevin White & Melissa Rowe Roe
***PROJECT SITE ADDRESS*:** 67 Forest View Wappingers Falls 15290 NY
MAILING ADDRESS: 39 Sherwood Forest Apt E Wappingers Falls NY 12590
TEL #: 845.853.3310 **CELL:** 315 289-2759 **FAX #:** _____ **E-MAIL:** kevwhite86@gmail.com

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: Garage Self-Melissa Roe
ADDRESS: 39 Sherwood Forest Apt E Wappingers Falls NY 12590
TEL #: 315 289-2759 **CELL:** 315 289-2759 **FAX #:** _____ **E-MAIL:** garage@wappingersfallsny.com

DESIGN PROFESSIONAL NAME:

TEL #: 917.929.9573 **CELL:** _____ **FAX #:** _____ **E-MAIL:** philip@datumdesign.co
MR0589@gmail.com

APPLICATION FOR: Construction of a new 2 story home over basement on vacant block of land, parcel
135689-6256-02-800965-0000

SETBACKS: FRONT: 89.89' REAR: 120' L-SIDEYARD: 30' R-SIDEYARD: 119.28'
SIZE OF STRUCTURE: 1214sf gross at unconditioned basement - 2035 sf conditioned above
ESTIMATED COST: 350,000 **TYPE OF USE:** Single Family

NON-REFUNDABLE APPL. FEE: 150 **PAID ON:** 2/2/23 **CHECK #:** 223 **RECEIPT #:** 2023-00166

BALANCE DUE: _____ **PAID ON:** _____ **CHECK #:** _____ **RECEIPT #:** _____

APPROVALS:

ZONING ADMINISTRATOR:

☒ Approved ☐ Denied **Date:** 2-15-23

Subana Phat
Kevin White
Signature of Applicant

Kevin White | Melissa Roe
Print Name or Company Name(if applicable)

FIRE INSPECTOR:

☐ Approved ☐ Denied **Date:** _____

Signature of Building Inspector