

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.: 22-7770

Date: 10/28/22

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

I (We), Joseph and Dena White residing at 63 Gold Road,
Wappingers Falls, NY 12590, (phone) 845-705-7266, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 1/17/2023, and do hereby apply for an area variance(s).

Premises located at: 63 Gold Road, Wappingers Falls, NY 12590

Tax Grid No.: 135689-6358-03-003388-0000

Zoning District: R-40

1. Record Owner of Property:

Joseph and Dena White

Address: 63 Gold Road, Wappingers Falls, NY 12590

Phone Number: 845-705-7266

Owner Consent dated: 1/17/23

Signature: [Signature]
Print Name: Joseph 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.

240-53 Accessory Apartments - Subsection B - Paragraph 4

(Indicate Article, Section, Subsection and Paragraph)

Required: Accessory Apartment shall not exceed 1,000 Sqft.

Applicant(s) can provide: Design of apartment totals

Thus requesting: A square footage variance

To allow: additional 427 sqft.

orig. Hsc = 3037
ADDITION = 1427

SF. Total 4464

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 23-7770

Variance No. 2 N/A

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 addition will match the existing architecture of the dwelling and character of the neighborhood

- 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 addition exceeds the allowable square footage for an accessory apartment.

- 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 exceeded square footage of 427 sqft. is not a substantial amount that the applicant is requesting for 2 occupants.

- 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, the addition will not impact or disturb environmental conditions and will only disturb 0.48 A.C. within the property

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.

Yes, the difficulty is self created. Additional home space is needed for the family.

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

The addition will meet all setbacks. ZBA approval is requested due to the additional square footage above 1,000 sqft.

4. List of attachments (*Check applicable information*)

- (☒) Survey dated: July 23, 1992, Last revised N/A and
Prepared by: Richard G. Barger, L.S. & P.E.
- (☒) Plot Plan dated: 1-10-2023 1-18-2023
- () Photos
- (☒) Drawings dated: 1-10-2023
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: _____ Dated: _____
- () 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: 1/17/23

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: 22-7770

Date: 1-30-23

Grid No.: 135689-6358-03-003388-0000

Zoning District: R-40

Location of Project:

63 Gold Road, Wappingers Falls, NY 12590

Name of Applicant:

Joseph and Dena White

Print name and phone number

Description of

Project: Variance for accessory apartment over the allowable square footage

I, Joseph 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.

Date

1/17/2023

Owner's Signature

845-705-7266

Owner's Telephone Number

Joseph White - Owner/Applicant
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

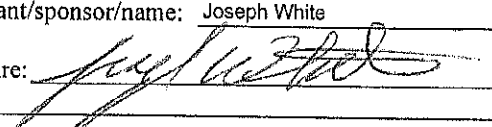
Instructions for Completing

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.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Raphael Subdivision Lot #2 - Accessory Apartment Addition to Existing Dwelling & OWTS Modification			
Project Location (describe, and attach a location map):			
63 Gold Road, Wappingers Falls, NY 12590			
Brief Description of Proposed Action:			
Applicant/Owner wishes to construct a new accessory apartment addition attached to the existing dwelling. The proposed apartment will total 1 bedroom, 1 bath. The addition has been designed to meet all setbacks, but will exceed allowable square footage by 427 sqft. The total disturbance for the addition will be 0.48 A.C. Due to the additional bedroom, a septic modification is proposed to the Dutchess County Board of Health.			
Name of Applicant or Sponsor:		Telephone:	
Joseph and Dena White			
		E-Mail: joewillysrestaurant@yahoo.com	
Address:			
63 Gold Road			
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 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: Permit and Approval from Town of Wappingers & Health Department			<input type="checkbox"/> <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		1.00 acres	
b. Total acreage to be physically disturbed?		0.48 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.00 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <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	
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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ Septic redesign is proposed for board of health approval _____	<input type="checkbox"/>	<input checked="" 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 checked="" 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? Indiana Bat	NO	YES
	<input type="checkbox"/>	<input checked="" 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
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	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>Joseph White</u> Date: <u>1/17/23</u> Signature: <u></u> Title: <u>Owner/Applicant</u>		

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

To: White, Joseph
63 Gold Rd

SBL: 6358-03-003388-0000
Date of this Notice: 01/19/2023
Zone:
Application: 42641

For property located at: 63 Gold Rd

Your application to:

Acc. Apt in a single family residence for a family member only.

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

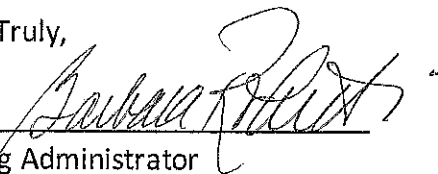
WHERE AN ACCESSORY APARTMENT CANNOT EXCEED

35% or 1,000 SF MAXIMUM, THE APPLICANT IS PROPOSING TO ADD AN ACCESSORY APARTMENT ADDITION OF 1427 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



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: 10/26/2022
APPL #: 42434 PERMIT #
GRID: 6358-03-003388

APPLICANT NAME: Joseph and Dena White

ADDRESS: 63 Gold Road, Wappingers Falls, NY 12590

TEL #: CELL: FAX #: E-MAIL: joewillysrestaurant@yahoo.com

NAME OWNER OF BUILDING/LAND: Joseph and Dena White

PROJECT SITE ADDRESS: 63 Gold Road, Wappingers Falls, NY 12590

MAILING ADDRESS: 63 Gold Road, Wappingers Falls, NY 12590

TEL #: CELL: FAX #: E-MAIL: joewillysrestaurant@yahoo.com

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: To Be Determined

ADDRESS:

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

DESIGN PROFESSIONAL NAME: Day and Stokosa Engineering

TEL #: 845-223-3202 CELL: FAX #: E-MAIL: bstokosa@daystokosaeng.com

APPLICATION FOR:

Applicant wishes to construct a new accessory apartment addition to the right-hand side of the home.

The attached 1 bedroom, 1 bathroom apartment will total 1,410 square feet.

Office, Kitchen, loft, laundry

SETBACKS: FRONT: >50' REAR: >50' L-SIDEYARD: R-SIDEYARD: >25'

SIZE OF STRUCTURE: 32' X 38' - 1,410 SQFT.

ESTIMATED COST: TYPE OF USE: Residential

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 10/26/22 CHECK # 2047 RECEIPT #: 2022-02046

BALANCE DUE: PAID ON: CHECK # RECEIPT #

APPROVALS:

ZONING ADMINISTRATOR:

O Approved O Denied Date:

FIRE INSPECTOR:

O Approved O Denied Date:

Signature of Applicant

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date _____

Address: 63 Gold Road

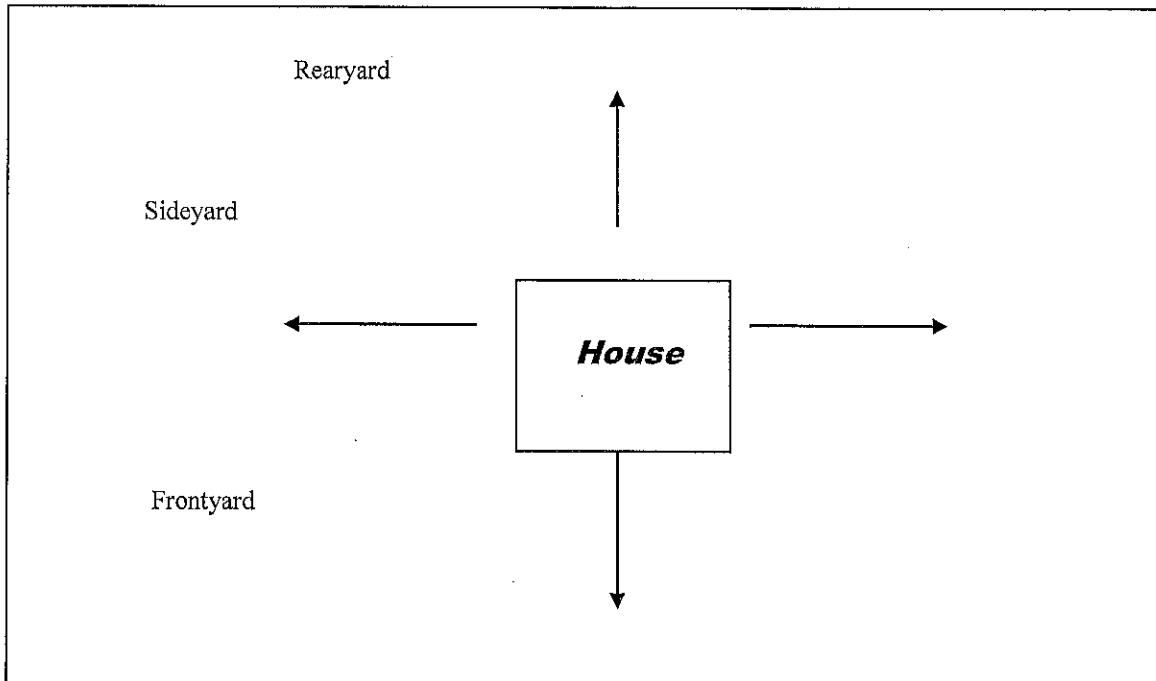
Interior/Corner Lot: *circle one*

Owner of Land Joseph & Dena White

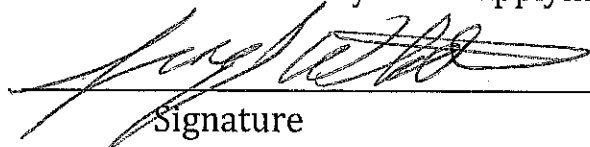
Zone: R-40

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

1. House, Shed, Pool, Porch



Draw proposed structure on plot plan.
Indicate Location Setbacks to both sides and rear property line
measurement of structure you are applying for.



Signature

Approved:/Rejected: _____

Date: _____

Zoning Administrator

N/E
"FRIESE"
L. 1487 P. 674

N/E
"DORLER"
L. 1356 P. 360

N/E
"JOHNS"
L. 1026 P. 98

LOT No. 1
LANDS OF RAPHAEL
FM # 8691

N/E
"ABDULLAH"
L. 1883 P. 874

FINAL PLOT PLAN FOR RAPHAEL - LOT NO. 2
SITE NOT FIELD VERIFIED 07/28/92 - REJECTED:

1. Swales on east and west side of property are not installed as per original approved plot plan.
2. The Highway Superintendent must waive the pavement of driveway of certain areas that exceed the allowable.
3. The Highway Superintendent must approve the site distance work near the end of the driveway.
4. All newly disturbed areas must be topsoiled and seeded. This should be verified by the Building Inspector.
5. All gutters and leaders should be discharged toward the road if they have been installed.
6. The Zoning Administrator should verify the side yard offset to the structure noted as "Shed" to the east side of the main house.

GARAGE FLOOR ELEV. = 108.11
FIRST FLOOR ELEV. = 116.80

PAGGI & MARTIN
CONSULTING ENGINEERS & LAND SURVEYORS
54-56 MANHATTAN

8/11/92 HIGHWAY DEPT. FINAL PLOT PLAN
FOR RAPHAEL, LOT #2 REJECTED.
1. DRIVEWAY MUST BE PAVED WHERE IT
EXCEEDS 6%.

ONLY COPIES FROM THE ORIGINAL TRACING
OF THIS SURVEY MAP, MARKED WITH THE
LAND SURVEYORS EMBOSSED SEAL SHALL
BE CONSIDERED TO BE VALID, TRUE COPIES

UNAUTHORIZED ALTERATION OR ADDITION
TO A SURVEY MAP BEARING A LICENSED
LAND SURVEYOR'S EMBOSSED SEAL IS A
VIOLATION OF SECTION 7209 SUBDIVISION
2, OF THE NEW YORK STATE EDUCATION
LAW

APPROVED

AUG 13 1992

Zoning Administrator

RECEIVED

JUL 24 1992

Building Inspector

CERTIFIED TO:

1. JOSEPH & DENA WHITE
2. UNITED NORTHERN FEDERAL SAVINGS BANK, ITS SUCCESSORS
AND/OR ASSIGNS
3. NEW TITLE INSURANCE OF NEW YORK, INC.
4. TOWN OF WAPPINGER

NOTE:

1. BEING THE SAME PARCEL AS DESCRIBED IN THE LIBER _____ OF DEEDS, AT PAGE _____ AND SUBJECT TO RESTRICTIONS AND CONDITIONS THEREIN.
 2. TOGETHER WITH ANY RIGHT, TITLE OR INTEREST IN AND TO THE CENTER OF THE PUBLIC ROADS SHOWN HEREON.
 3. BEING LOT #2 AS SHOWN ON FILED MAP #8691
- CERTIFICATIONS INDICATED HEREON SHALL RUN ONLY TO THE PERSON(S) FOR WHOM THE SURVEY WAS PREPARED AND ON HIS BEHALF ONLY TO THE TITLE CO, LENDING INSTITUTION OR AGENCY LISTED HEREON. CERTIFICATIONS ARE NOT TRANSFERABLE OR ON BEHALF OF SUBSEQUENT OWNERS.

FILE NO. 91115

SURVEY FOR

LOT No. 2

LANDS OF RAPHAEL

TOWN OF WAPPINGER
SCALE: 1" = 40'

DUTCHESS CO. N.Y.
JULY 23, 1992

RICHARD G. BARGER L.S. & P.E.
894 J ROUTE 52
BEACON NEW YORK 12508
(914) 838-2020

Richard G. Barger

LICENCE NO. 37245