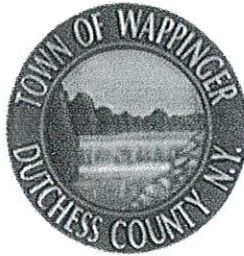


TOWN OF WAPPINGER



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.: 23-7783

Date: 3-6-23

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

I (We), Michael Simms residing at 30 Kent Rd
Wappingers Falls NY 12590, (phone) 845-546-8473, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 3/1/23, and do hereby apply for an area variance(s).

Premises located at: 30 Kent Road Wappinger
Tax Grid No.: 6258-03-310026
Zoning District: B20

1. Record Owner of Property:

Michael Simms
Address: 30 Kent Rd Wappingers
Phone Number: 845-546-8473
Owner Consent dated: 3/01/23

Signature: [Signature]
Print Name: Michael Simms

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: 35 feet to front yard

Applicant(s) can provide: 30.9 feet

Thus requesting: 4.1 feet

To allow: for the addition of a 14x20 bedroom with electric and bathroom

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.

It will not. Nothing will change

- 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.

We need to add to ^{the} kitchen and add additional
Bedrooms there is no other way

- 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 change is 4.3 feet. It is not
substantial because im continuing my house into the backyard

- 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 it will not because Im going
into my backyard and im far enough to the setback

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 23-7783

E. How did your need for an area variance(s) come about? Is your difficulty self-created?
Please explain your answer in detail.

applied for a building permit and due to where
the set backs are. part of my house is already beyond
those points

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

Yes, we are on a corner lot and are existing part of
the house is 4 feet over the set backs already

4. List of attachments (Check applicable information)

- () Survey dated: 5/6/14, Last revised _____ and
Prepared by: Barger Miller Land Surveying, PC
- () Plot Plan dated: _____.
- () Photos
- () Drawings dated: 11/25/22.
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Barbara Roberti Dated: 3/1/23
- () 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: [Signature]

(Appellant)

DATED: 3/1/23

SIGNATURE: [Signature]

(If more than one Appellant)

DATED: 3/1/23

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: 23-7783

Date: 3-6-23

Grid No.: 6258-03-310026

Zoning District: R20

Location of Project: 30 Kent Rd

Name of Applicant:

Michael Simms 845-546-8473

Print name and phone number

Description of

Project:

adding a bedroom

I Michael Simms, 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.

3/01/23
Date

[Signature]
Owner's Signature

845-546-8473
Owner's Telephone Number

Michael Simms 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="text-align: center; font-size: 1.2em;">addition</div>				
Project Location (describe, and attach a location map): <div style="text-align: center; font-size: 1.2em;">30 Kent Rd</div>				
Brief Description of Proposed Action: <div style="text-align: center; font-size: 1.2em;">adding a bedroom</div>				
Name of Applicant or Sponsor: <div style="text-align: center; font-size: 1.2em;">Michael Simms</div>		Telephone: 845-546-8473 E-Mail: msimms79@yahoo		
Address: <div style="text-align: center; font-size: 1.2em;">30 Kent Rd</div>				
City/PO: <div style="text-align: center; font-size: 1.2em;">Wappingers</div>		State: <div style="text-align: center; font-size: 1.2em;">NY</div>	Zip Code: <div style="text-align: center; font-size: 1.2em;">12590</div>	
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 checked="" 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 checked="" type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<div style="text-align: right;">1.5 acres</div>		
b. Total acreage to be physically disturbed?		<div style="text-align: right;">_____ acres</div>		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<div style="text-align: right;">_____ acres</div>		
4. Check all land uses that occur on, are adjoining or near the proposed action: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Urban</div> <div style="width: 50%;"><input type="checkbox"/> Rural (non-agriculture)</div> <div style="width: 50%;"><input type="checkbox"/> Industrial</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Residential (suburban)</div> <div style="width: 50%;"><input type="checkbox"/> Forest</div> <div style="width: 50%;"><input type="checkbox"/> Agriculture</div> <div style="width: 50%;"><input type="checkbox"/> Aquatic</div> <div style="width: 50%;"><input type="checkbox"/> Other(Specify):</div> <div style="width: 50%;"><input type="checkbox"/> Parkland</div> </div>				

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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 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 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>Michael Simms</u> Date: <u>3/1/23</u>		
Signature: <u>[Signature]</u> Title: <u>owner</u>		

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

To: Gallant, Kristen
30 Kent Rd

SBL: 6258-03-310026-0000
Date of this Notice: 03/01/2023
Zone:
Application: 42820

For property located at: 30 Kent Rd

Your application to:

ADDITION - 19 x 20 BEDROOM ADDITION WITH ELECTRIC AND FULL BATHROOM

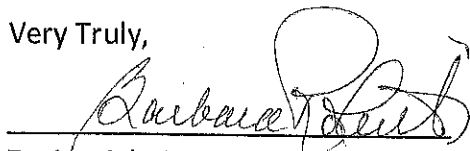
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 35 feet to the front yard property line is required, the applicant can provide 30.9 feet.

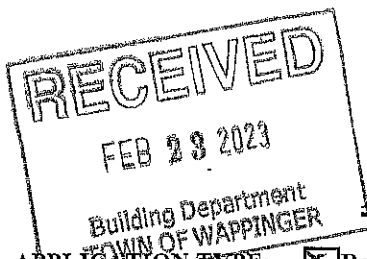
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	<u>35</u> ft.	<u>30.9</u> ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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: R20 DATE: 2/28/2023
APPL #: 42820 PERMIT # _____
GRID: 6258-03-310026

APPLICANT NAME: Michael Simms
ADDRESS: 30 Kent Road Wappingers Falls NY 12590
TEL #: 845-546-8473 CELL: _____ FAX #: _____ E-MAIL: MKG home inspections@gmail

NAME OWNER OF BUILDING/LAND: Michael Simms
PROJECT SITE ADDRESS: 30 Kent Road
MAILING ADDRESS: 30 Kent Road
TEL #: _____ CELL: 845-546-8473 FAX #: _____ E-MAIL: _____

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: Advanced Construction
ADDRESS: 50 wildwood dr Wappingers
TEL #: 297-0822 CELL: 464 3707 FAX #: _____ E-MAIL: _____

DESIGN PROFESSIONAL NAME:
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

APPLICATION FOR: Bedroom addition - 19x20 w/electric
and bathroom - full bathroom.

SETBACKS: FRONT: 35 REAR: 40 L-SIDEYARD: _____ R-SIDEYARD: 20
SIZE OF STRUCTURE: 19 x 20
ESTIMATED COST: \$70,000 TYPE OF USE: _____

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 2/28/23 CHECK # 108 RECEIPT #: 2023-00312
BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS: Front yard Setback
ZONING ADMINISTRATOR:
O Approved O Denied Date: 3-1-23
[Signature]
Signature of Applicant

FIRE INSPECTOR:
O Approved O Denied Date: _____

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 12-17-22

Address: 30 Kent Rd

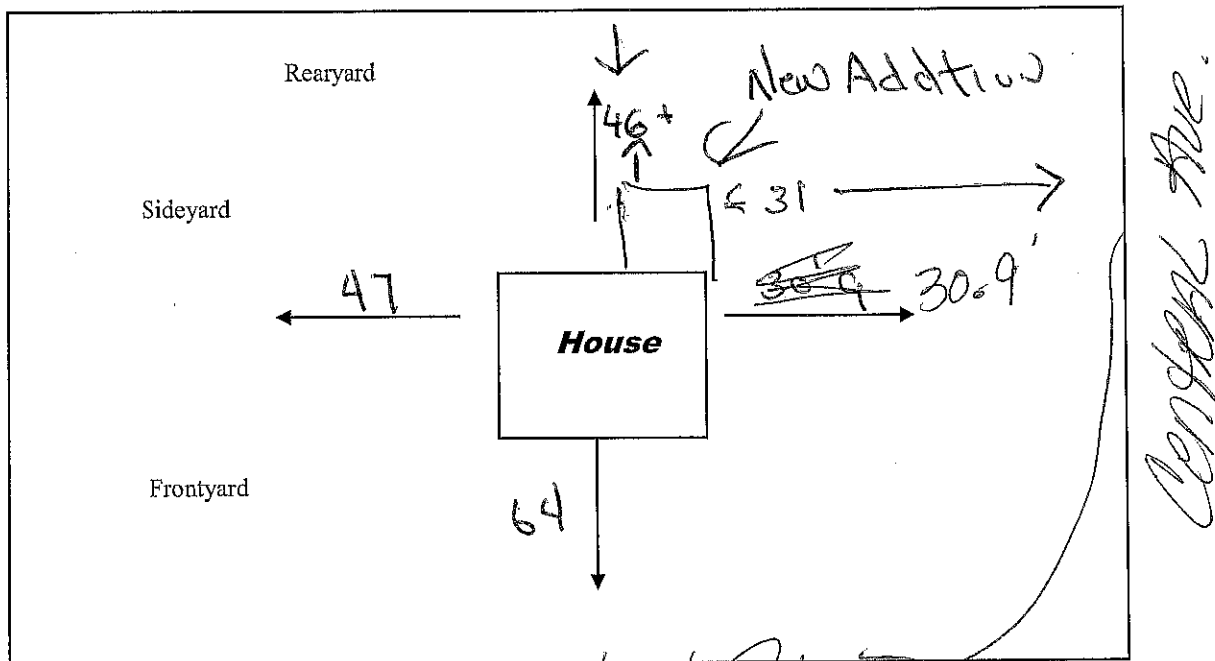
Interior/Corner Lot: circle one

Owner of Land Michael Simms

Zone: R-20

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

I. House,



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