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.: Date: TO THE ZONING BOARD OF APPEALS, TOWN OF WAPPINGER, NEW YORK: aughter 06 t , (phone) appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator, dated 9 and do hereby apply for an area variance(s). Premises located at: / Tax Grid No.: 6258 01 325728 Zoning District: 12 1. Record Owner of Property: Phone Number: 845 2062372 Owner Consent dated. .. Signature: Print Name: Ch 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 (Indicate Article, Section, Subsection and Paragraph) Structures are Permitted on a residential Required: 2 accessory Applicant(s) can provide:

| | Town of Wappinger Zoning Board of Appeals Application for an Area Variance Appeal No.: |
|--|--|
| Variance No. 2 | |
| I (We) hereby apply to the Zoning Board of A | oppeals for a variance(s) of the following |
| requirements of the Zoning Code. | The same of a second of the following |
| 240-37 | |
| (Indicate Article, Section | n, Subsection and Paragraph) |
| Required: Where two accessory structu | cres are permitted on a residential lat |
| Applicant(s) can provide: \(\frac{1}{165} \) \(\frac{1}{165} \) \(\frac{1}{165} \) \(\frac{1}{165} \) | 5 Struttures |
| To allow: for Shed 20x10 run in Shed w/ 3 sma Tchickens, play house/convert to chick | shed us/3 small rooms for feed & Chickens, flayhouse will rooms for feed & T Convert to Chicken coop? Then to Remain |
| Variance No. 3 | |
| | |
| I (We) hereby apply to the Zoning Board of A requirements of the Zoning Code. | Appeals for a variance(s) of the following |
| (Indicate A tisk 2 " | |
| Required: Where two Accessory structures are per | on, Subsection and Paragraph) rowtte o on residential lat |
| Applicant(s) can provide: Nas a total of 3 - | structures |
| Thus requesting: Existing artist studio-press. To allow: for artist studio-pressor is levested to the studio of th | busly livestock & converted from horse born |
| To allow: for artist studio-Previously Kvesto barn with Electric, Slop stuk & to | 164. Converted from horse with stop sink & toller |
| | e request by answering the following questions in |
| detail. Use extra sheet, if necessary): | , as y assessment g queesene m |
| negative? Please explain your a | es change? Will any of those changes be nswer in detail. |
| for our comeinly + environed + that | Shedio & good fleapy |
| B. Please explain why you need the the same result without a variance | e(s)? Please be specific in your answer. |
| we have plenty of from as to | not outles anyones |
| boundaries. We have more | Han enough Setbacks |
| | |
| | tandards set out in the zoning law? Is the |
| | antial? If not, please explain in detail why |
| it is not substantial. | . 1 |
| I don't beleve it is substantial | |
| | Shretures seems to be |
| 7/ | a neel area without any |
| Sort of Gowdung or overstep D. If your variance(s) is (are) granted | pury onyone elses rights of perf |
| | district be impacted? Please explain in |
| detail why or why not. | The state of the s |
| none Lamin is heathy, | art Sherapy is healthy + |
| reeded Ofer Some inductees | els, and the pool 15 |
| hot without the overhang. | 1 |
| U | |

| Please explain your ar While in the ag Sell eggs + lease horse blen in ag de | an area variance(s) come about? Is your difference in detail. Aspiral we had a plan to a spot for a horse alor shat we would be able to a celed and make 10,000/yeer to have a form Steeters. Inique in the neighborhood that it needs | Sam + y w/ow-day onstruct Struct in Sales to |
|--|--|--|
| | explain your answer in detail. | tino typo oi |
| | is so spacious, the proper | y is able |
| 4. List of attachments (Che | eck applicable information) | |
| Prepared by: | , Last revised | and |
| () Photos | | |
| () Drawings dated: | | |
| (e.g., recommendate Letter from: | cation which resulted in application to the tion from the Planning Board/Zoning December 2015 Dated: | |
| 5. Signature and Verificat | tion | |
| | no application can be deemed complete reby states that all information given is | |
| SIGNATURE: | DATED: // Appellant) DATED: // DATED: than one Appellant) | Morch 10 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 EFFECTOR IMPACT ON THE PHYSICAL OR ENVIRONMENTAL CONDITIONS IN THE NEIGHBORHOOD OR DISTRICT. |
| 6. | THE ALLEGED DIFFICULTY () IS NOT SELF-CREATED. |
| CC | ONCLUSION: THEREFORE, IT WAS DETERMINED THE REQUESTED VARIANCE IS () GRANTED () DENIED |
| | ONDITIONS / STIPULATIONS: The following conditions and/or stipulations were adopted the resolution of the Board as part of the action stated above: |
| () | FINDINGS & FACTS ATTACHED. |
| DΑ | ZONING BOARD OF APPEALS TOWN OF WAPPINGER, NEW YORK |
| | BY: |

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: <u>23-7787</u> Grid No.: <u>4258-01-325728</u> | Date: $3-10-23$ Zoning District: 820 |
|--|--|
| Location of Project: | |
| 180 Widner Rd | |
| Name of Applicant: Gasmen + Chris Slad | egntr 2063728 2063727 |
| Print name and p | okone number |
| Description of Overhang + deeh Artist Shideo from Runin Shed | by Pool daughtes horse born |
| hereby give permission for the Town of Wappinge accordance with local and state codes and ordinal mach 10 23 | er to approve or deny the above application in |
| Date | Owner's Signature |
| 845 206 3727 | Christopher Sleight owner |
| Owner's Telephone Number | 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.

| 5. Is the proposed action, | NO | YES | N/A |
|---|----|----------|------|
| a. A permitted use under the zoning regulations? | | | |
| b. Consistent with the adopted comprehensive plan? | | OV | |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape? | | NO | YES |
| | | 0 | |
| 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: | | O/ | П |
| | | | |
| 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? | | | H |
| c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed | | | 님 |
| action? 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: | | | |
| | | | |
| | | | |
| 10. Will the proposed action connect to an existing public/private water supply? | | NO | YES |
| | | NO | 11.5 |
| If No, describe method for providing potable water: | | | |
| | | | |
| 11. Will the proposed action connect to existing wastewater utilities? | | NO | YES |
| If No, describe method for providing wastewater treatment: | | , | |
| | | | |
| | | | |
| 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 | t | NO | YES |
| Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the | | 0 | |
| State Register of Historic Places? | | | |
| b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for | | 0 | |
| archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | | | |
| 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 |
| | | 0 | Ш |
| b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? | | 4 | |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: | | | |
| | | | |
| | | | |
| | | 14 74 75 | |

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: 180 Will War of Wasp Fls Project Location (describe, and attach a location map): | | |
| Brief Description of Proposed Action: Brief Description of Proposed Action: | | |
| | | |
| Christoph Slought | | |
| Name of Applicant or Sponsor: Telephone: F45 20. E-Mail: Mana Pere | 6 37 | 27 001.00 |
| Address: So widner od | | |
| City/PO: State: Zip C | ode: 7 | 0 |
| 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. | | Ш |
| 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 |
| 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: | | |
| ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify): | | |
| Parkland | | |
| | | |

| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: | | |
|---|---------------|-----|
| Shoreline Forest Agricultural/grasslands Early mid-successional | | |
| ☐ Wetland ☐ Urban ☐ Suburban | | |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or | NO | YES |
| Federal government as threatened or endangered? | | |
| 16. Is the project site located in the 100-year flood plan? | NO | YES |
| , | | |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources? | NO | YES |
| If Yes, | | |
| a. Will storm water discharges flow to adjacent properties? | V | |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: | 0 | |
| | | |
| | A 1 4 A 1 4 A | |
| 18. Does the proposed action include construction or other activities that would result in the impoundment of water | NO | YES |
| or other liquids (e.g., retention pond, waste lagoon, dam)? | NO | TES |
| If Yes, explain the purpose and size of the impoundment: | | П |
| | 1 | ш |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste | NO | YES |
| management facility? | | |
| If Yes, describe: | | П |
| | | |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or | NO | YES |
| completed) for hazardous waste? If Yes, describe: | | |
| it ites, describe. | Y | П |
| | | |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BE | ST OF | |
| MY KNOWLEDGE | - 44 | 27 |
| Applicant/sponsor/name: MVS+GhVS lought Date: MOCh | 10 | 23 |
| Signature: | | |
| | | |

Town of Wappinger

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

To: Slaughter, Christopher

SBL: 6258-01-325728-0000

Date of this Notice: 09/22/2022

Zone:

Application: 42236

180 Widmer Rd

For property located at: 180 Widmer Rd

Your application to:

DECK - POOL DECK & OVERHANG (Gazebo) WITH ELECTRIC LIGHTS, METAL ROOF AND CEDAR DECK

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

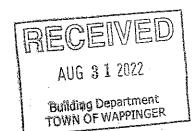
Where two accessory structures are permitted on a residential lot, the applicant has a total of 5 accessory structures.

| | REQUIRED: | WHAT YOU CAN PROVIDE: | |
|--------------------|---|-----------------------|----|
| REAR YARD: | Į. | ft. | |
| SIDE YARD (LEFT): | ft. | ft. | * |
| SIDE YARD (RIGHT): | ft. | ft. | |
| FRONT YARD: | ft. | ft. | a. |
| SIDE YARD (LEFT): | ft. | <u> </u> | ŕ |
| SIDE YARD (RIGHT): | fi. | ft. | 5 |
| · • | 22.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | - |

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 ZONE: Residential |
|---|
| New Construction Commercial APPL#: 40036 PERMIT# |
| Renovation/Alteration Multiple Dwelling GRID: 6258-01-325728 |
| APPLICANT NAME: Chris + Vasmine Slaughter |
| |
| ADDRESS: 180 Widner Rd Wappinges Falls 12590 |
| TEL#Q45 297-9107 CELL: 845 206-3718 FAX #: E-MAIL: Mango for est (a) 845 206-372 8 aol 10979 |
| |
| NAME OWNER OF BUILDING/LAND: Slaughter Chris + Yasmine |
| *PROJECT SITE ADDRESS*: 180 Widner Rd Wappinges Falls No 1890 |
| MAILING ADDRESS: Saml. |
| TEL#: 845 DE CELL: 845 206 3728 FAX #: E-MAIL: Mangoforest@ 001-com |
| 297-9107 845 206 3727 |
| COMPANY NAME: Chas Slaceghte |
| ADDRESS: 180 Widner Rd Wappinges Falls |
| TEL #:84(297-907 CELL: 206-3728 FAX#: E-MAIL: mango foresta ao (10n |
| DESIGN PROFESSIONAL NAME 206-3727 TEL#: |
| motal roof and cedar tock |
| |
| 16 12/2001 21/2 |
| ** ** Legalization do |
| SETBACKS: FRONT: 600 REAR: 240 L-SIDEYARD: 1230 R-SIDEYARD: 580 |
| SIZE OF STRUCTURE: 12 × 16 1 200 Sq. feet |
| ESTIMATED COST: 1500 00 TYPE OF USE: pleasure |
| NON-REFUNDABLE APPL. FEE: 15 PAID ON: 9822 CHECK # 2157 RECEIPT #: 2022-01697 |
| LOGALIZATION BALANCE DUE: 20 PAID ON: 9/100 CHECK # 2/57 RECEIPT #: 2002-01696 |
| APPROVALS: ZONING ADMINISTRATOR: O Approved Denied Date: 9.22-27 O Approved O Denied Date: |
| Signature of Applicant Signature of Building Inspector |

TOWN OF WAPPINGER PLOT PLAN

| Building Permit # Date Date 27 22 |
|---|
| Address: 180 Widner Rd Interior/Corner Lot: circle one |
| Owner of Land Slaughter Christyasmin Zone: R20 |
| LIST ALL EXISTING STRUCTURES ON PROPERTY: (ie: Pool, shed, decks, detached garage) |
| 1. House, run in shed, facuzzi hot tub, Pool & Pool overhangul deck, |
| artist studio, |
| Andre on this sumt |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| 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: 9.22.22 Zoning Administrator |

Town of Wappinger

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

To: Slaughter, Christopher

SBL: 6258-01-325728-0000

Date of this Notice: 09/22/2022

Zone:

Application: 42238

180 Widmer Rd

For property located at: 180 Widmer Rd

Your application to:

1.)SHED - 20 X 10 RUN IN SHED WITH 3 SMALL ROOMS FOR FEED & CHICKENS 2.) PLAYHOUSE / **CONVERT TO CHICKEN COOP**

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

Where two accessory structures are permitted on a residential lot, the applicant has a total of 5 accessory structures.

| | REQUIRED: | WHAT YOU CAN PROVIDE: | |
|--------------------|-------------|-----------------------|-------------|
| REAR YARD: | ft. | ft. | |
| SIDE YARD (LEFT): | ft. | ft. | |
| SIDE YARD (RIGHT): | <u></u> ft. | ft. | |
| FRONT YARD: | ft: | ft | |
| SIDE YARD (LEFT): | Í. | ft_ | |
| SIDE YARD (RIGHT): | ft. | ft. | <i>(</i> *) |

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,

Town of Wappinger



AUG 31 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: 120 DATE: 129 29 983033 |
| New Construction Commercial APPL#: 4038 PERMIT# |
| Renovation/Alteration Multiple Dwelling GRID: 638-01-325728 |
| APPLICANT NAME: Slaughter Chris + Yasmine ADDRESS: 180Widmer Rd Wapp. Fls. NY 125-90 TEL #805 292 S107CELL-345 200-372 DEAX# EMAIL: Manga forest@ |
| TEL#848 297-9107 CELL:845 206 3728 FAX#: E-MAIL: Mango for est@ 845 206 3727 ao 1 109m |
| NAME OWNER OF BUILDING/LAND: Chiris + Vasmine Slaughter |
| *PROJECT SITE ADDRESS*: 180 Widner Rd Wappinged Falls NP 12550 |
| MAILING ADDRESS. SO MA |
| TEL# 845 297 907 CELL: 297 FAX#: E-MAIL: Mangoforest@ acl com |
| BUILDER/CONTRACTOR DOING WORK: |
| ADDRESS: 180 Wid over Rd Waspingers Falls |
| TEL#: 84526637067L: FAX#: E-MAIL: |
| DESIGN PROFESSIONAL NAME: |
| TEL#: CELL: FAX#: E-MAIL: E-MAIL: |
| APPLICATION FOR: RUNIN Sted STOOM |
| Thomas and run in sted opening and run in sted opening |
| (D) DI MINOUA (Connext to checken) COOP |
| 600 080 |
| SETBACKS: FRONT: 590 REAR: 280 L-SIDEYARD: 1050 R-SIDEYARD: 500 |
| SIZE OF STRUCTURE: 20 × 10 = 200 Squ Feel ESTIMATED COST: 2200 = Type of use: 1/Vestode |
| |
| NON-REFUNDABLE APPL. FEE: 100 PAID ON: 9100 CHECK # 2159 RECEIPT #: $2020 - 01699$ |
| BALANCE DUE:PAID ON: CHECK #RECEIPT #: |
| APPROVALS: ZONING ADMINISTRATOR) O Approved (Denied Date: 1.72-72 O Approved O Denied Date: |
| Signature of Applicant Signature of Building Inspector |

RECEIVED SEP 2 0 2022

TOWN OF WAPPINGER PLOT PLAN

1901 - 42238 NGER

Date:

Building Department TOWN OF WAPPINGER

Approved:/Rejected:

| Building Permit # | Date Clug & 1 12 |
|---|---|
| Address: 180 widmerRd | Interior/Corner Lot: circle one |
| Owner of Land Slaughter Christ yasmine | Zone: <u>A R 20</u> |
| LIST ALL EXISTING STRUCTURES ON PROPERTY: (i | e: Pool, shed, decks, detached garage) |
| 1. House, hot tub, pool pod d. | ecle w/overhang, |
| artist Studio; Punin shed- | |
| STRUCTURE MUST MEET REQUIRED SETBACKS. PLE OUT HOW FAR YOU NEED TO BE FROM | EASE CONTACT OUR OFFICE TO FIND YOUR PROPERTY LINES. |
| 1280' Rear yard 1280' Rear yard 1230' 1240' 1050' Side yard 1320' 1320' 1260 1380' 1200 House 1080' Front yard 570' 525' 1200 1200 1500 525' 1200 1200 1500 1200 1200 1500 1200 1200 1500 1200 1200 1500 1200 1200 1500 1200 1200 1500 1200 1200 1500 1200 1200 1500 1200 1200 1500 1200 1200 1200 1200 1200 | 580' 1360 Art 470 Studio -> |
| INSTRUCTIONS: - Draw proposed location of structure on plot plan. - Indicate location setbacks to both sides and rear prostructure from all property lines, measure in feet) Structurements. **Please contact our office to verify your set | icture must meet setback |

Zoning Administrator

Town of Wappinger

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

To: Slaughter, Christopher

SBL: 6258-01-325728-0000

Date of this Notice: 09/22/2022

Zone:

Application: 42237

180 Widmer Rd

For property located at: 180 Widmer Rd

Your application to:

ARTIST STUDIO - PREVIOUSLY LIVESTOCK & CONVERTED FROM HORSE BARN. WITH ELECTRIC, SLOP SINK & TOILET.

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

Where two accessory structures are permitted on a residential lot, the applicant has a total of 5 accessory structures.

| | REQUIRED: | WHAT YOU CAN PROVIDE: | |
|--------------------|------------|---|---|
| REAR YARD; | 1 . | ft. | |
| SIDE YARD (LEFT): | ft. | ft. | |
| SIDE YARD (RIGHT): | t. | Age and Table 12 To Spanning to the Control of Control | |
| FRONT YARD: | ft. | <u>f</u> t. | s |
| 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

AUG 3 1 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 TYPE: KResidential New Construction **Commercial** Renovation/Alteration Multiple Dwelling ADDRESS: TEL#X45207 9107 CELL: 845 206 3727FAX#: *PROJECT SITE ADDRESS*: / XO (1), dry ex MAILING ADDRESS: Same E-MAIL: Mango for estado lom TEL#: 845 297-9/07 CELL: 145 2063728 FAX#: 845 206 3727 COMPANY NAME: Wappinges Fal ADDRESS: /8() TEL#: FAX#: E-MAIL: **DESIGN PROFESSIONAL NAME:** FAX #: TEL#: L-SIDEYARD: 1360 R-SIDEYARD: 470 SETBACKS: FRONT: 610 REAR: SIZE OF STRUCTURE: TYPE OF USE: ESTIMATED COST: NON-REFUNDABLE APPL. FEE: 150 PAID ON: 918122 CHECK # 2158 RECEIPT #: 2002 - 101698 BALANCE DUE: ___ PAID ON: __ CHECK# RECEIPT #: APPROVALS: FIRE INSPECTOR: ZONING ADMINISTRATO O Approved O Denied Date: __ Signature of Building Inspector Signature of Applicant

TOWN OF WAPPINGER PLOT PLAN

| Building Permit # Date <u>lug-29 22</u> |
|--|
| Address: 180 Wilmer Rol Wappinges Interior/Corner Lot: circle one |
| Owner of Land Slaughter Chris Vasmine Zone: R-20 |
| LIST ALL EXISTING STRUCTURES ON PROPERTY: (ie: Pool, shed, decks, detached garage) |
| 1. House, hot fub pool + pool decle, run in Sted |
| _ artist studio |
| STRUCTURE MUST MEET REQUIRED SETBACKS. PLEASE CONTACT OUR OFFICE TO FIN OUT HOW FAR YOU NEED TO BE FROM YOUR PROPERTY LINES. |
| Rear yard $ \begin{array}{cccccccccccccccccccccccccccccccccc$ |
| INSTRUCTIONS: - Draw proposed location of structure on plot plan. - Indicate location setbacks to both sides and rear property line (How far away is the structure from all property lines, measure in feet) Structure must meet setback requirements. **Please contact our office to verify your setback requirements. ** Signature Approved: /Rejected: |
| Approved:/Rejected: |

Zpning Administrator