

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.: 23-7808

Date: 10/2/23

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

I (We), Eric & Kelley Bender residing at 18 Vorndran Drive
, (phone) 845-787-8243, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 9/25/2023, and do hereby apply for an area variance(s).

Premises located at: 18 Vorndran Drive
Tax Grid No.: 6357-01-040897
Zoning District: R40

1. Record Owner of Property:

Eric & Kelley Bender
Address: 18 Vorndran Drive
Phone Number: 845-787-8243 / 845-549-4904
Owner Consent dated: 10/2/23

Signature: Kelley L Bender
Print Name: Kelley L. Bender

Eric Bender
Eric Bender

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: 50 feet

Applicant(s) can provide: 32 feet

Thus requesting: 18 feet

To allow: for the construction of a 6' x 21' extension of front steps
including landing and additional stairs.

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.

No 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.

original Our current front entrance steps are very steep and during the snow season water drips from the roof onto the steps creating a very dangerous ice sheet. Current steps are in desperate need of repair.

- 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.

current steps Proposed steps will extend 16 feet beyond the existing steps - 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

Town of Wappinger Zoning Board of Appeals

Application for an Area Variance

Appeal No.: 23-7808

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

Please explain your answer in detail.

Original / Current front entrance steps are in need
of repair. Ice develops on top of current
steps due to water dripping from the gutter

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

no

4. List of attachments (Check applicable information)

- ☒ Survey dated: 12-7-95, Last revised _____ and
Prepared by: J. William Komisar, L.L.S.
- ☒ Plot Plan dated: 9-18-23
- ☐ 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: 9-25-23
- ☐ 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: Eric Bender DATED: 10/2/23
(Appellant)

SIGNATURE: Kelley Bender DATED: 10/2/23
(If more than one Appellant)

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.**

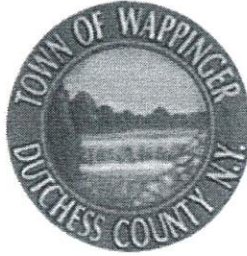
DATED: _____

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: 23-7808

Date: 10/2/23

Grid No.: 6357-01-040897

Zoning District: R40

Location of Project:

18 Vorndran Drive

Name of Applicant: Eric & Kelley Bender

Print name and phone number

Description of Project: Front entrance stairs-extension/
replacement

I, Eric & Kelley Bender, 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.

10/2/23
Date

Eric Bender / Kelley Bender
Owner's Signature

845-787-8243 / 845-549-4904
Owner's Telephone Number

Mr. Eric Bender / Mrs. Kelley Bender
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: Extension of front Steps			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: Replace and extend front steps			
Name of Applicant or Sponsor:		Telephone: 845-787-8243	
Eric & Kelley Bender		E-Mail: kelleybender91@gmail.com	
Address: 18 Vorndran Dr.			
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?			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:			<input checked="" type="checkbox"/> <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		.97 acres	
b. Total acreage to be physically disturbed?		.97 acres 100 sq. ft.	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.97 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 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)?	<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>Eric Bender/ Kelley Bender</u> Date: _____ Signature: <u><i>Eric Bender</i></u> <u><i>Kelley Bender</i></u> Title: _____		

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

To: Bender, Eric
18 Vorndran Dr

SBL: 6357-01-040897-0000
Date of this Notice: 09/25/2023

Zone:
Application: 43619

For property located at: 18 Vorndran Dr

Your application to:

**FRONT ENTRANCE STAIRS - EXTENSION OF FRONT STEPS 6'X21', INCLUDING LANDINGS AND
ADDITIONAL STAIRS**

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

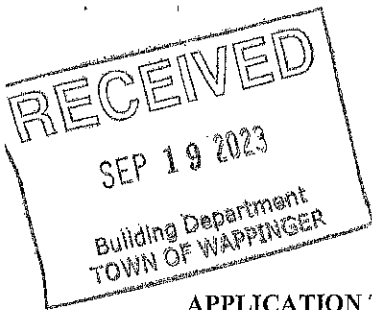
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	<u>50</u> ft.	<u>32</u> ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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: R40 DATE: 9/22/2023

APPL #: 43619 PERMIT #

GRID: 6357-01-040897

APPLICANT NAME: Eric Bender

ADDRESS: 18 Vorndran Drive Wapp. Falls, NY

TEL #: 845-787-8243 CELL: FAX #: E-MAIL: kellybender91@gmail.com

NAME OWNER OF BUILDING/LAND: Eric & Kelley Bender

PROJECT SITE ADDRESS: 18 Vorndran Drive

MAILING ADDRESS: same

TEL #: 845-218-8721 CELL: 845-787-8243 FAX #: E-MAIL:

BUILDER/CONTRACTOR DOING WORK: Self

COMPANY NAME:

ADDRESS:

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

DESIGN PROFESSIONAL NAME:

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

APPLICATION FOR: front entrance stairs, extension of front steps, 6'-21', including landing and additional stairs

SETBACKS: FRONT: ✓ REAR: L-SIDEYARD: R-SIDEYARD:

SIZE OF STRUCTURE: 6'-21' addition

ESTIMATED COST: \$500 TYPE OF USE: entrance

NON-REFUNDABLE APPL. FEE: 150⁰⁰ PAID ON: 9/22/23 CHECK # 3719 RECEIPT #: 2023-01820

BALANCE DUE: PAID ON: CHECK # RECEIPT #:

APPROVALS:

ZONING ADMINISTRATOR:

O Approved O Denied Date: 9-25-23

[Signature]

[Signature]

Signature of Applicant

Eric Bender (owner)

Print Name or Company Name(if applicable)

FIRE INSPECTOR:

O Approved O Denied Date:

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 9/18/2023

Address: 18 Vornaran Drive

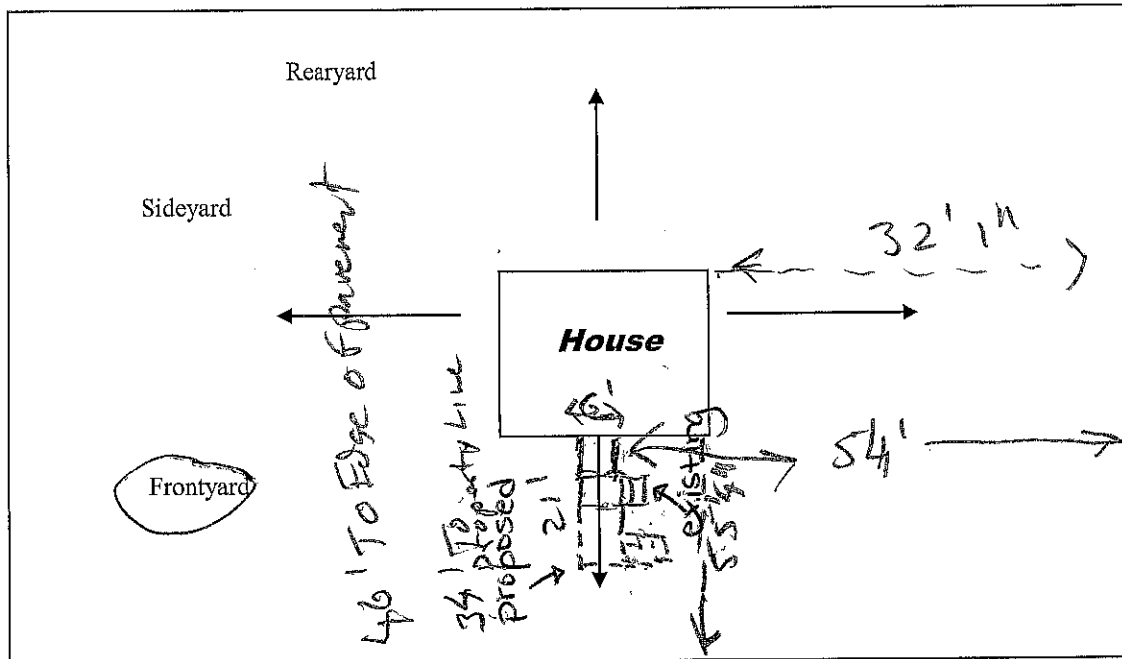
Interior Corner Lot: circle one

Owner of Land Eric & Kelley Bender

Zone: _____

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

1. House, pool, shed, backdeck



Draw proposed structure on plot plan.

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

Eric Bender

Signature

Approved: / Rejected:

Barbara G. Pelt
Zoning Administrator

Date: 9-25-23

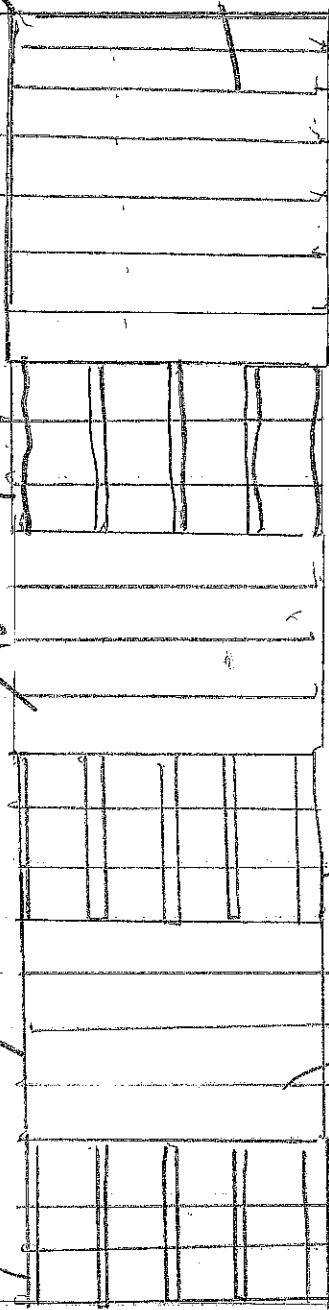
11" PT
2x12

2x12 2x8 1" Box
2x12 2x8

wood
Landing
2x6 12'00"

2x11 12'00" 7' stringers

TOP
LANDING



6'
2x12 PT
12'00"

2x12 12'00" stringers

2x12 12'00"

Bender Residence
18 Norndan
Drive

Wapp. Falls
N.H. 12540

Edgemoor Pt
Post 50'

Border Residence
18 Normden
Drive
Maappi Falls
MA 02540

11' 12" x 12" Box
2' 12" x 12" oc

2' 12" x 12" oc
2' 12" x 12" oc
Springs
12 oc

middle
Landing
2' 12" x 12" oc
12 oc

TOP
Landing
2' 12" x 12" oc
12 oc

6' x 12" oc

5' 4" 9" Property Line

