

TOWN OF WAPPINGER



RECEIVED

SEP 29 2023

Zoning Board of Appeals
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.: 23-7807

Date: 9/29/2023

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

I (We), NICOLAS MARTUCCI residing at 1849 South RD

WAPPINGERS FALLS, (phone) 917-439-1429, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,

dated 9-19-23, and do hereby apply for an area variance(s).

Premises located at: 221 STONY KILL ROAD WAPPINGERS FALLS NY 12590

Tax Grid No.: 6156-01-037510

Zoning District: R-40

1. Record Owner of Property:

NICKS FLIPS LLC

Address: 6 SENECA DR Middletown NJ 07748

Phone Number: 917-439-1429

Owner Consent dated: 9/29/22

Signature: [Signature] Owner Rep.

Print Name: NICOLAS MARTUCCI

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- 240-31

(Indicate Article, Section, Subsection and Paragraph)

Required: 1200 Sf.

Applicant(s) can provide: 536.5

Thus requesting: 663.5 Sf.

To allow: for the renovation and expansion of a structure

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.

N/A
(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 the neighborhood will be enhanced with a Beautiful home instead of a Block Building. all Positive to the area since the Block Building which is Existing is Un finished.

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.

I was told the zoning Requires the existing structure to be a minimum of 1250 SF to get a permit. I can not since DEC has Requirements NOT to go outside the Foot Print of the Existing Building.

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.

New plans are more then Half of the required 1250 SF Required. We have DEC approvals on Survey and Dept of Health to Replace Septic TANK.

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 There was and is an existing House that had Electric, water, Boiler and septic tank existing.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: _____

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

We requested an electrical permit and we were advised that we needed to fix the roof before electric was turned on. We received a permit to go the work then it was rejected saying we need plans from an architect which we provided.

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

Yes it is unique due to the adjacent wetland on the property. We cannot go out the footprint or go higher due to Building and DEC restrictions.

4. List of attachments (Check applicable information)

☒ Survey dated: 1-18-23, Last revised _____ and

Prepared by: Larry L. LYNK, L.S.

☒ Plot Plan dated: 1-8-23

☐ 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 Koberti Dated: 9-19-23

☐ 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: 
(Appellant)

DATED: 9/29/23

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: 23-7807
Grid No.: 6156-01-037510

Date: 9-29-23
Zoning District: R-40

Location of Project:

221 STONYKILL RD WAPPINGER FALLS NY

Name of Applicant:

RICHARD MARTUCCI 917-439-1429
Print name and phone number

Description of

Project: EXISTING House with Water, Boiler, Window, Roof
EXISTING SEPTIC TANK ON 1 ACRE OF LAND
WE HAVE DEC APPROVALS ON SURVEY

I, RICHARD MARTUCCI, 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.

9/29/2023
Date

917-439-1429
Owner's Telephone Number

Owner's Signature

RICHARD MARTUCCI owner Re PLLC
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 | | | |
| 221 STONYKILL RD. WAPPINGERS FALLS | | | |
| Name of Action or Project: | | | |
| 221 STONYKILL RD WAPPINGERS FALLS "Survey included" | | | |
| Project Location (describe, and attach a location map): | | | |
| Brief Description of Proposed Action: | | | |
| Repair to Existing House to enhance neighborhood. | | | |
| Nicks Flips LLC RICHARD MARTUCCI | | | |
| Name of Applicant or Sponsor: | | Telephone: 917-439-1429 | |
| 6 SENECA DRIVE | | E-Mail: Richm@A Plus Development USA .COM | |
| Address: | | | |
| MIDDLE TOWN NJ | | | |
| City/PO: | | State: NJ | Zip Code: 07748 |
| 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? | | _____ 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: | | | |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input 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 | |
| | <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 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>Richard Martucci</u> Date: <u>9/29/23</u> Signature: <u>[Signature]</u> Title: <u>owner</u> | | |

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

To: Nicks Flips Limited Liability Co.
6 Seneca Drive
Middletown, NY 07748

SBL: 6156-01-037510-0000
Date of this Notice: 09/19/2023
Zone: R-40
Application: 43517

For property located at: 221 Stonykill Rd

Your application to:
RENOVATIONS TO EXISTING STRUCTURE

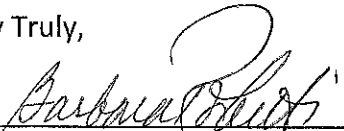
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 1200 sf minimum size dwelling unit is required, the applicant can provide 536.5 sf.
Section 240-31 Minimum Dwelling Size

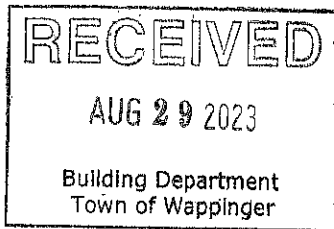
| | RE QUI R E D: | WHAT YOU CAN PROVIDE: |
|--------------------|---------------|-----------------------|
| REAR YARD: | _____ ft. | _____ ft. |
| SIDE YARD (LEFT): | _____ ft. | _____ ft. |
| SIDE YARD (RIGHT): | _____ ft. | _____ ft. |
| FRONT YARD: | _____ ft. | _____ ft. |
| SIDE YARD (LEFT): | _____ 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: 8/29/23

APPL #: 43517 PERMIT #

GRID: 6156-01-037510

✓ APPLICANT NAME: Nicks Flips Limited Liability CO

ADDRESS: 6 Seneca Dr Middletown NY 07743

TEL #: CELL: 347-937-4974 FAX #: E-MAIL: Nicolas@Martuccirealty.com

✓ NAME OWNER OF BUILDING/LAND: Nicks Flips LLC

PROJECT SITE ADDRESS: 221 Stonykill Road, Wappingers Falls, NY 12590

MAILING ADDRESS: 221 Stonykill Rd

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

✓ BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: same as applicant

ADDRESS:

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

DESIGN PROFESSIONAL NAME: Chris Cetola, RA

TEL #: (845) 764-1769 CELL: FAX #: E-MAIL: chriscetola@gmail.com

✓ APPLICATION FOR: Renovation to existing structure as per plans & specs.

536.5

Minimum Size in R-40 = 1200 SF

SETBACKS: FRONT: 62'-2" REAR: 319'-6" L-SIDEYARD: 25'-4" R-SIDEYARD: 35'-8"

SIZE OF STRUCTURE: +/- 325 SF T

✓ ESTIMATED COST: 50,000 TYPE OF USE: Residential

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 8/29/23 CHECK # CC RECEIPT #: 2023-01592

BALANCE DUE: PAID ON: CHECK # RECEIPT #:

APPROVALS:**ZONING ADMINISTRATOR:**O Approved ☒ Denied Date: 9-19-23

Barbara White

FIRE INSPECTOR:

O Approved O Denied Date:

Signature of Applicant

Signature of Building Inspector

Nicks Flips Limited Liability CO

Print Name or Company Name(if applicable)

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date _____

Address: _____

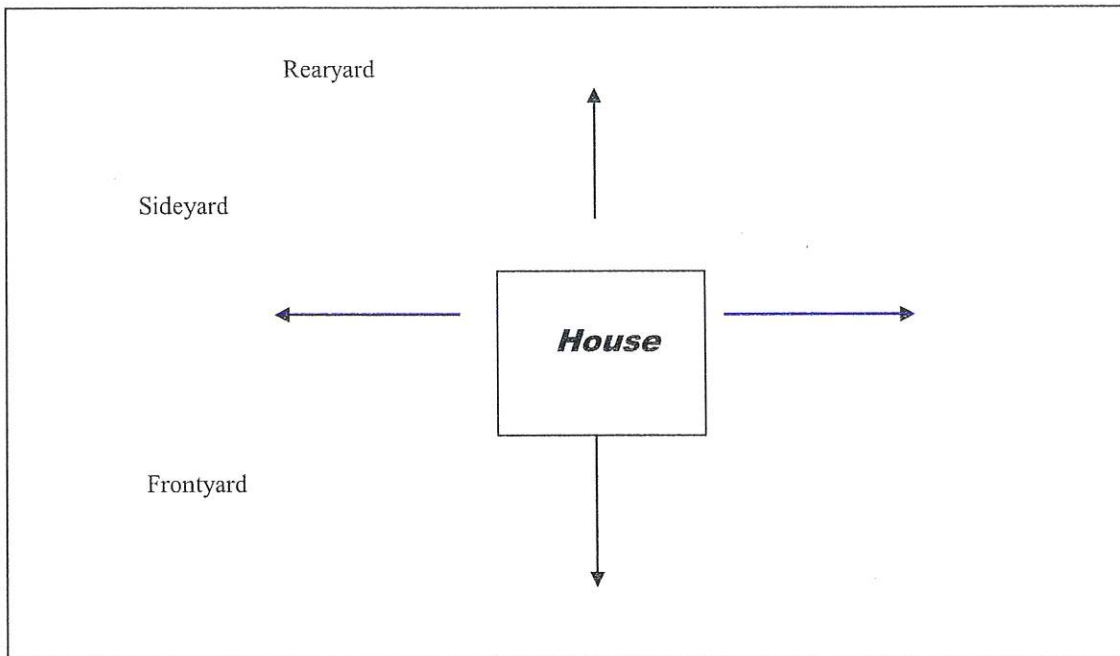
Interior/Corner Lot: *circle one*

Owner of Land _____

Zone: _____

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

1. House, See Survey



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