

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.: 23-7809

Date: 10-18-23

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

I (We), Sally Boyce residing at 10 Card Rd
Wappingers, (phone) 845 453 5776, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 9/29/23, and do hereby apply for an area variance(s).

Premises located at: 10 Card Rd Wappingers NY 12590

Tax Grid No.: 6157-04-510274

Zoning District: R46

1. Record Owner of Property:

Sally Boyce
Address: 1283 Route 376 Wappingers NY 12590
Phone Number: 914 391 3089
Owner Consent dated: 10/14/23

Signature: Sally Boyce
Print Name: Sally Boyce

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: 10 feet rear yard

Applicant(s) can provide: 2 feet

Thus requesting: 8 feet

To allow: for the legalization of a 9'8" x 9'5" Shed

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.

240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 25 feet side yard (right)
Applicant(s) can provide: 15 feet
Thus requesting: 10 feet
To allow: for the legalization of a car port

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 negative change as both these structures, car port and shed are existing and have been there for 15 years

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.

Need the Variance for 2 Existing Structures that I now need permits for that are too close to property lines.

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.

Both are small structures and therefore 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.

Nothing will be impacted these structures are existing and have been for 15 years.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 23-7809

Variance No. 3

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 front yard

Applicant(s) can provide: 25 feet

Thus requesting: 25 feet

To allow: for the legalization of car port

Variance No. 4

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: _____

Variance No. 5

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: _____

Variance No. 6

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: _____

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 23-7809

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

I was told years ago that I did not need a
permit. But now after 15 years am being told otherwise.

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

no property is pretty standard to the rest around it.

4. List of attachments (Check applicable information)

- ☒ Survey dated: may 9, 2008, Last revised may 3, 2008 and
Prepared by: J Charles Groolokas
- ☐ Plot Plan dated: _____
- ☒ 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: 9/29/23
- ☐ 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: 10/14/23

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: 23-7809

Date: 10/14/23

Grid No.: 6157-04-520274

Zoning District: R40

Location of Project:

10 card rd wappingers NY

Name of Applicant: Joe Boyce 845 453 5776

Print name and phone number

Description of

Project: 12x20 car port + 9.8x9.5 shed
That are Existing

I Sally Boyce, 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.

10/14/23
Date

914 391 3089
Owner's Telephone Number

Sally Boyce
Owner's Signature

Sally Boyce
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: <i>Sally Boyce</i>			
Project Location (describe, and attach a location map): <i>10 card rd Leppings NY 12590</i>			
Brief Description of Proposed Action: <i>Need Variance for Existing car port + shed</i>			
Name of Applicant or Sponsor: <i>Sally Boyce</i>		Telephone: <i>845 453 5776</i>	
Address: <i>10 card rd</i>		E-Mail: <i>Boyce18@Hotmail.com</i>	
City/PO: <i>Leppings</i>		State: <i>NY</i>	Zip Code: <i>12590</i>
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?		<i>.35</i> acres	
b. Total acreage to be physically disturbed?		<i>0</i> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>.35</i> 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 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
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>Joe Rosa</u> Date: <u>10/14/23</u> Signature: <u>[Signature]</u> Title: <u>resident</u>		

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

To: Boyce, Sally
10 Card Rd

SBL: 6157-04-520274-0000
Date of this Notice: 09/29/2023

Zone:
Application: 43644

For property located at: 10 Card Rd

Your application to:

CARPORT / SHED - EXISTING 12x20 CARPORT AND 9.8"x9'5" SHED **SHED MUST BE ON GRAVEL, CONCRETE SLAB OR PAVERS **CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR****

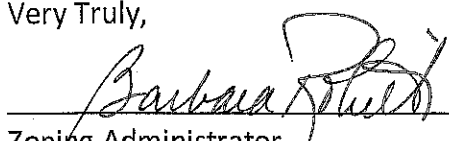
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 10 feet from the rear property line is required, the applicant can provide 2 feet for an existing 9'8" x 9'5" shed.
Where 25 feet to the side property line is required, the applicant can provide 15 feet for an existing car port.
Where 50 to the front property line is required, the applicant can provide 25 feet to the front property line for an existing car port.
Where only two accessory structures are permitted, the applicant is seeking a variance for three accessory structures.

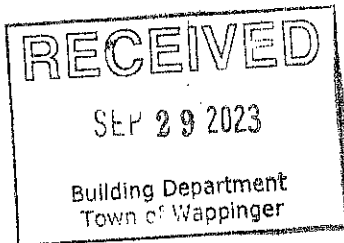
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>10</u> ft.	<u>2</u> ft. <i>Shed</i>
SIDE YARD (LEFT):	<u> </u> ft.	<u> </u> ft.
SIDE YARD (RIGHT):	<u>25</u> ft.	<u>15</u> ft. <i>} car port</i>
FRONT YARD:	<u>50</u> ft.	<u>25</u> ft.
SIDE YARD (LEFT):	<u> </u> ft.	<u> </u> ft.
SIDE YARD (RIGHT):	<u> </u> ft.	<u> </u> 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: R-40DATE: 9/29/2023APPL #: 43644

PERMIT # _____

GRID: 6157-04-520274**APPLICANT NAME:**Joe BoyceADDRESS: 10 card rd wappingers N.Y. 12590TEL #: 845 453 5776 CELL: ← FAX #: _____ E-MAIL: Boyce18@Hdman1.com**NAME OWNER OF BUILDING/LAND:**Sally Boyce*PROJECT SITE ADDRESS*: 10 card rd wappingers N.Y. 12590MAILING ADDRESS: ↑ sameTEL #: _____ CELL: 914 391 3089 FAX #: _____ E-MAIL: Boyce18@Hdman1.com**BUILDER/CONTRACTOR DOING WORK:**

COMPANY NAME: _____

ADDRESS: 10 card rdTEL #: _____ CELL: 845 453 5776 FAX #: _____ E-MAIL: Boyce18@Hdman1.com**DESIGN PROFESSIONAL NAME:**

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

APPLICATION FOR:Existing car port 12x20
Existing shed 9'8" x 9'5"4 Legalization

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

SIZE OF STRUCTURE: 12x20ESTIMATED COST: cost \$1,500 - 15 years ago TYPE OF USE: car portNON-REFUNDABLE APPL. FEE: 196- PAID ON: 9/29/23 CHECK # CASH RECEIPT #: 2023-01894Legalization BALANCE DUE: 20- PAID ON: 9/29/23 CHECK # CASH RECEIPT #: 2023-01893**APPROVALS:****ZONING ADMINISTRATOR:**☒ Approved ☐ Denied Date: 9.29.23Barbara J. Smith**FIRE INSPECTOR:**☐ Approved ☐ Denied Date: _____

Signature of Applicant

Signature of Building Inspector

Print Name or Company Name(if applicable)

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 9.29.23

Address: 10 card rd wappinger

Interior/Corner Lot: circle one

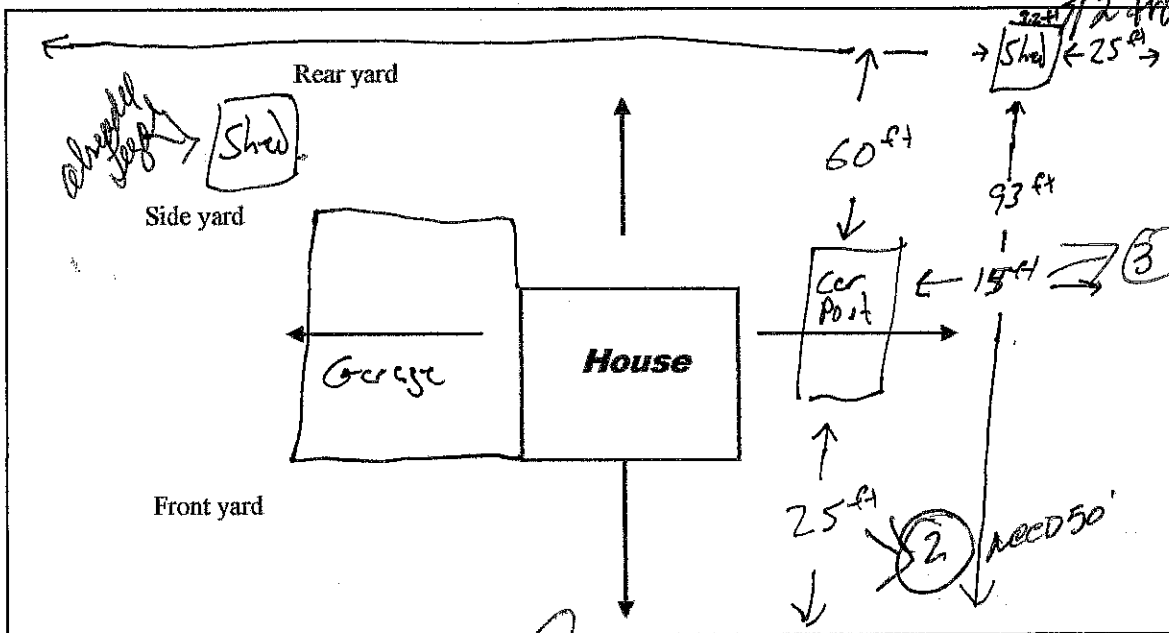
Owner of Land Sally Boyer

Zone: R-40

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

1. House, pool, 2 sheds, car port

STRUCTURE MUST MEET REQUIRED SETBACKS. PLEASE CONTACT OUR OFFICE TO FIND OUT HOW FAR YOU NEED TO BE FROM YOUR PROPERTY LINES.



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: _____

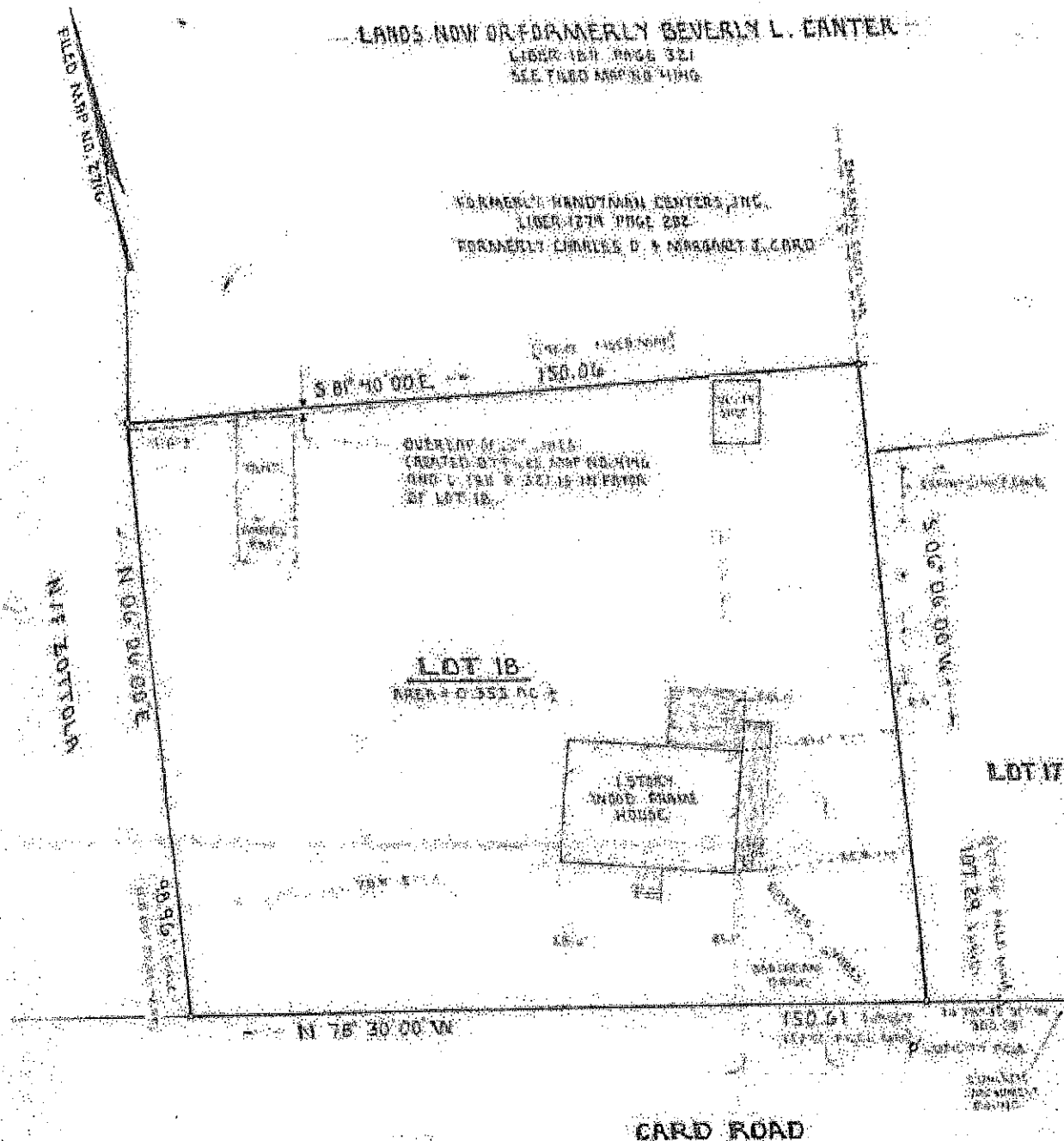
Zoning Administrator

Date: 9.29.23

LANDS NOW OR FORMERLY BEVERLY L. CANTER

LINER 181 PAGE 321
SEE FILED MAP NO. 2716

FORMERLY HANDMAID CENTERS, INC.
LINER 1274 PAGE 282
FORMERLY CHARLES D. & MARGARET J. CARD



REFERENCE TO TAX MAP NO. 6157-D-520274
AND LOT 18 ON FILED MAP NO. 2716

THIS MAP WAS PREPARED FOR THE EXCLUSIVE
USE OF AND IS CERTIFIED ONLY TO
SERVE & BOYCE



LAND SURVEY MAP
PREPARED FOR
BOYCE
SITUATE IN THE
TOWN OF WAPPINGER
DUTCHESS COUNTY
NEW YORK

SCALE 1 INCH = 20 FEET MAY 9, 2008

SURVEYED BY
J. CHARLES DOOLUKOS, P.L.S.
NEW YORK STATE LICENSE NO. 074444
161 EAST MARKET ST. ARDENHILLS, NY
TEL: 845-870-1123 FAX: 845-870-1124



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