

TOWN OF WAPPINGER



RECEIVED

DEC 05 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.: 23-7811

Date: 12-5-2023

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

I (We), Peter T Ball residing at 13 Orange Ct.
Wappinger Falls, N.Y. 12590, (phone) 845-249-6695, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 11-13-2023, and do hereby apply for an area variance(s).

Premises located at: 13 Orange Ct.

Tax Grid No.: 6157-02-900890

Zoning District: R-20

1. Record Owner of Property:

Address: 13 Orange Ct.

Phone Number: 845-249-6695

Owner Consent dated: 12-5-2023

Signature: P.T. Ball

Print Name: Peter T Ball

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: Section 240-37- Where an Accessory Structure is allowed up to 800 sq. ft. on an acre.

Applicant(s) can provide: 1,464 sq. ft.

Thus requesting: 664 sq. ft.

To allow: Construction of a detached garage

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 23-7811

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.

Positively by allowing concealed storage of automobiles and related activities
out of and away from street view, at the front of my residence.

- 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 am requesting this variance in support of my lifelong interest in automotive
enthusiast activities and mechanical repair of assets. The only option for this
property to reach the same result is to store vehicles outside as well as conduct activities

- 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 request for this change is just over 75% of a size increase above current
zoning. This is a substantial variance request.

- 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, not substantially. Some trees will need to be removed and grading of land at
the build site. Driveway will be item four with pea gravel to minimize storm water
run off. Post construction will include planting of privacy screening and landscaping

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

My ownership of 8 vehicles and hobby related tools and equipment are a self-created need for this variance. Two (2) vehicles will be parked inside the existing attached garage after tools and equipment are removed. An enclosed car trailer will store one vehicle

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

The unique shape and wooded property will suit the placement of this structure so it is aesthetically pleasing. The topography helps dictate its placement to minimize negative impacts to adjacent properties

4. List of attachments (Check applicable information)

- () Survey dated: _____, Last revised _____ and
Prepared by: _____
- (✓) Plot Plan dated: 9-1-2023
- () 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: 11-13-2023
- (✓) Other (Please list): Proposed garage corners w/ 10' offsets - drawing - 8-24-2023

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: P.T. Ball
(Appellant)

DATED: 12-5-2023

SIGNATURE: _____
(If more than one Appellant)

DATED: _____

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

To: Ball, Peter
13 Orange Ct

SBL: 6157-02-900890-0000
Date of this Notice: 11/13/2023
Zone:
Application: 43740

For property located at: 13 Orange Ct

Your application to:

GARAGE - 1464 SQ FT DETACHED GARAGE WITH HEAT, A/C, 1/2 BATHROOM, & ELECTRIC FOR VEHICLE STORAGE, MAINTENANCE AND AUTOMOTIVE HOBBYIST ACTIVITIES

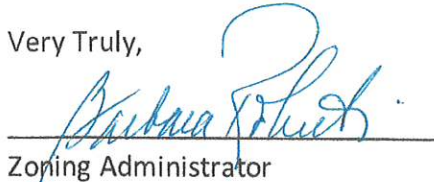
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where an Accessory Structure is allowed up 800 sf on an acre, the applicant is proposing a garage of 1,464 sf, thus requesting a variance of 664 sf.

	RE Q U I 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

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.**

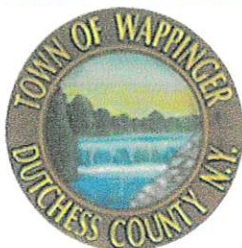
DATED: _____

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: 23-7811

Date: 12-5-2023

Grid No.: 6157-02-900 850

Zoning District: R20

Location of Project:

13 Orange Ct. Wappinger Falls, N.Y. 12590

Name of Applicant:

Peter T Ball 845-245-6695

Print name and phone number

Description of

Project: Construction of a detached garage that will be single level and 1,464 sq. ft. Garage will be electrified and have water, sewer, heat and air conditioned. Structure will be wood framed with asphalt roof and concrete floor and foundation

I Peter T Ball, 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.

12-5-2023
Date

P.T. Ball
Owner's Signature

845-245-6695
Owner's Telephone Number

Peter T Ball
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>Construction of a detached garage</i>			
Project Location (describe, and attach a location map): <i>13 Orange Ct., Wappinger Falls, N.Y. 12590</i>			
Brief Description of Proposed Action: <i>Construction of a detached garage for the purpose of vehicle storage and support of automotive enthusiast activities.</i>			
Name of Applicant or Sponsor: <i>Peter T Ball</i>		Telephone: <i>845-244-6695</i>	
		E-Mail: <i>timball3964@aol.com</i>	
Address: <i>13 Orange Ct.</i>			
City/PO: <i>Wappinger Falls</i>		State: <i>N.Y.</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
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.			YES
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
3. a. Total acreage of the site of the proposed action?			
b. Total acreage to be physically disturbed?			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			
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 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 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 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 (SEPO) 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>Peter T Ball</u> Date: <u>12-5-2023</u>		
Signature: <u>P.T. Ball</u> Title: <u>Owner</u>		

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

To: Ball, Peter
13 Orange Ct

SBL: 6157-02-900890-0000
Date of this Notice: 11/13/2023
Zone:
Application: 43740

For property located at: 13 Orange Ct

Your application to:

GARAGE - 1464 SQ FT DETACHED GARAGE WITH HEAT, A/C, 1/2 BATHROOM, & ELECTRIC FOR VEHICLE STORAGE, MAINTENANCE AND AUTOMOTIVE HOBBYIST ACTIVITIES

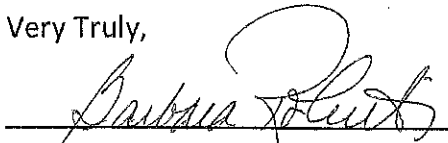
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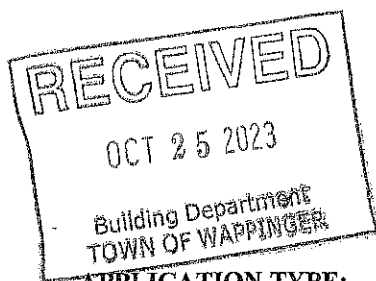
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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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
☐ Renovation/Alteration

☐ Commercial
☐ Multiple Dwelling

ZONE: R20DATE: 10-25-2023 11/3/2023APPL #: 43740

PERMIT # _____

GRID: 6157-02-900890**APPLICANT NAME:** Peter & Debra BallADDRESS: 13 Orange Ct.TEL #: 845-297-6941 CELL: 845-249-6695 FAX #: _____ E-MAIL: timball3964@aol**NAME OWNER OF BUILDING/LAND:** Peter and Debra Ball*PROJECT SITE ADDRESS*: 13 Orange Ct.MAILING ADDRESS: 13 Orange Ct.TEL #: 845-297-6941 CELL: 845-249-6695 FAX #: _____ E-MAIL: timball3964@aol**BUILDER/CONTRACTOR DOING WORK:**COMPANY NAME: A.D.M. ContractingADDRESS: P.O. Box 265 Platekill N.Y. 12568TEL #: 845-883-9241 CELL: 914-213-0443 FAX #: _____ E-MAIL: _____**DESIGN PROFESSIONAL NAME:**

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

APPLICATION FOR: A detached garage that will be heated and air conditioned with hot and cold running water and a half bathroom. Foundation and floor will be poured concreted. Structure will be stick built with windows, doors and asphalt roof. Electricity, water and waste line will be supported by house. Garage will support family vehicle storage, family vehicle maintenance and automotive hobbyist activities. Sq. Ft. = 1,464

SETBACKS: FRONT: 100' + REAR: 40', 5" L-SIDEYARD: 100' + R-SIDEYARD: 40' 5" 20.5**SIZE OF STRUCTURE:** 36' x 30' x 24' x 16' 1,464 square feet**ESTIMATED COST:** \$120,000.00**TYPE OF USE:** Automotive Hobbyist / Vehicle Storage**NON-REFUNDABLE APPL. FEE:** 150 PAID ON: 11/3/23 CHECK # 1279 RECEIPT #: 2023-02167

BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:**ZONING ADMINISTRATOR:**O Approved ☒ Denied Date: 11-23-23[Signature]P. Ball Debra S. Ball
Signature of Applicant**FIRE INSPECTOR:**

O Approved O Denied Date: _____

Signature of Building Inspector

Print Name or Company Name(if applicable)

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 7-10-2023

Address: 13 Orange Ct.

Interior/Corner Lot: *circle one*

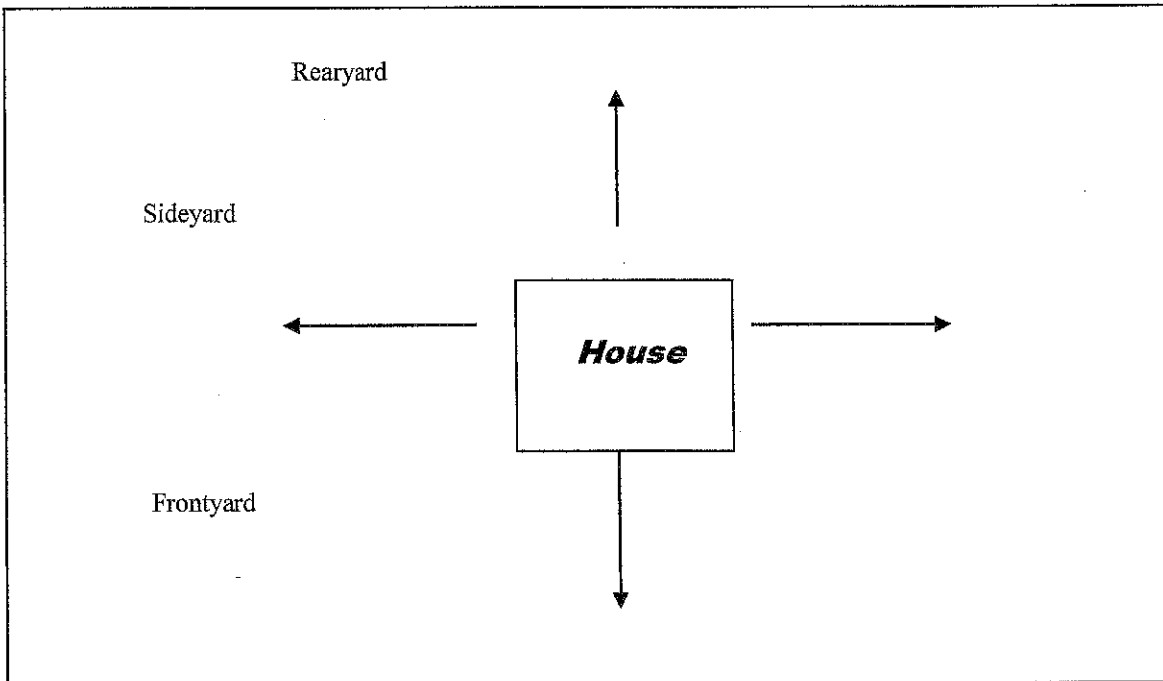
Owner of Land Peter & Debra Ball

Zone: R20

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

1. House, with attached screened in porch, attached 2 car garage, and shed.

Please see plot plan in attached documents



Draw proposed structure on plot plan.

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

P.T. Ball 10-25-2023
Signature

Approved:/Rejected: _____

Date: _____

Zoning Administrator