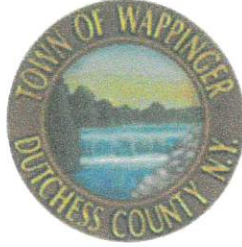


TOWN OF WAPPINGER



RECEIVED

DEC 01 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.: 23-7812

Date: Dec 1, 2023

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

I (We), Kayla Weise residing at 52 Helen Dr.
Wappinger Falls, NY 12590, (phone) 845-489-0669, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 11/27/2023, and do hereby apply for an area variance(s).

Premises located at: 52 Helen Dr. Wappinger Falls, NY 12590
Tax Grid No.: 135689-6158-02-786871-0000
Zoning District: R20

1. Record Owner of Property:

Kayla Weise
Address: 52 Helen Dr. Wappinger Falls, NY 12590
Phone Number: 845-489-0669
Owner Consent dated: Dec. 1, 2023

Signature: Kayla Weise
Print Name: Kayla Weise

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.

Section 240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 20 feet to side yard property line

Applicant(s) can provide: 10.6'

Thus requesting: 9.4'

To allow: for the installation of an Inground pool.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 23-7812

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: 40 feet to rear yard

Applicant(s) can provide: 9' 3"

Thus requesting: 30' 4"

To allow: for the installation of an inground pool

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.

it will NOT change character of the neighborhood
No negative changes

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.

Back yard is not large enough. No result can not be
reached without variance.

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.

IG Pool Rear 30.7' Side 9.4'
Shed Rear 34.1' Side 14.8'
Area variance is not substantial, not requesting to go outside
my own property.

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.

Physical environmental conditions of the neighborhood or
district will not be impacted. It's within the boundaries
of my property

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 23-7812

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: 20 feet to side yard property line

Applicant(s) can provide: 5' 2"

Thus requesting: 14' 8"

To allow: for the construction of a shed

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.

240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 40 feet to rear property line

Applicant(s) can provide: 5' 9"

Thus requesting: 34' 1"

To allow: for the construction of a shed

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.: 23-7812

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

Backyard is not large enough to place IG Pool and shed without variance. Property has more front yard than backyard.

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

Property is not unique in the neighborhood and not different than what other properties have in the neighborhood.

4. List of attachments (Check applicable information)

- (✓) Survey dated: May 13, 2021, Last revised October 31, 2022 and
Prepared by: Burns Engineering Services, P.C.
(✓) Plot Plan dated: Nov 14, 2023 w/ Application
() 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: 11/27/23
() 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: 12/1/23

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.**

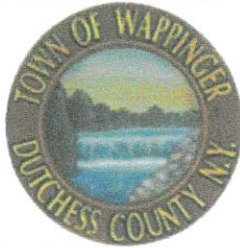
DATED: _____

**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: 23-7812

Date: Dec 1, 2023

Grid No.: 6158-02-786871-0000

Zoning District: R20

Location of Project:

52 Helen Dr. Wappinger Falls, N.Y. 12590

Name of Applicant:

Kayla Weise 845-489-0669

Print name and phone number

Description of

Project: Install shed and InGround Pool in backyard of property.

I Kayla Weise, 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.

Dec. 1, 2023
Date

Kayla Weise
Owner's Signature

845-489-0669
Owner's Telephone Number

Kayla Weise - owner
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

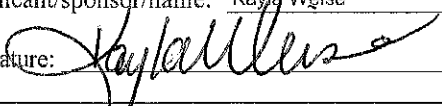
Instructions for Completing

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: 52 Helen Dr			
Project Location (describe, and attach a location map): 52 Helen Dr. Wappingers Falls, NY 12590			
Brief Description of Proposed Action: install In ground pool and shed on property.			
Name of Applicant or Sponsor: Kayla Weise		Telephone: 845-489-0669 E-Mail: kay71490@gmail.com	
Address: 52 Helen 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? 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.			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
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: Building Permit			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.36 acres	
b. Total acreage to be physically disturbed?		0.09 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.36 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <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 type="checkbox"/>	<input checked="" 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 (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Pied-billed Grebe, Indiana Bat	NO	YES
	<input type="checkbox"/>	<input checked="" 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>Kayla Weise</u> Date: <u>Dec 1, 2023</u>		
Signature: <u></u> Title: <u>Owner</u>		



- | | | | |
|--|--|---|--|
| <p>The location of any subsurface adjustments, right of way, easements and/or other items thereof.</p> | <p>Any alterations or additions to this survey to be a subdivision of Section 2229 of the town of State Survey-Graden 2.</p> | <p>All measurements herein are valid for this map and copies thereof and map of copies bear the same force and effect as the original. Where signatures appears hereon.</p> | <p>John A. Paul, Jr., Land Surveyor
P.O. Box 8274, Stone Ridge, N.Y.</p> |
|--|--|---|--|

SCALE: 1in=40ft May 13, 2021

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

To: Weise, Kayla
96 Wilkes St

SBL: 6158-02-786871-0000
Date of this Notice: 11/27/2023
Zone:
Application: 43793

For property located at: 52 Helen Dr

Your application to:

INGROUND POOL / SHED - INSTALLATION OF 16x40 FREE FORM INGROUND POOL WITH PROPANE SOURCED POOL HEATER AND 10x16 SHED WITH NO ELECTRIC **WORK SHOULD NOT BEGIN UNTIL INSPECTIONS ARE COORDINATED WITH BUILDING DEPARTMENT **CALL 811 PRIOR TO EXCAVATION** **SHED MUST BE ON GRAVEL, CONCRETE SLAB OR PAVERS** **FOUR COPIES OF FINAL AS BUILT REQUIRED TO CLOSE POOL AND GRADING PERMIT** **POOL ALARM ASTM F 2208 REQUIRED** **ALARM AFFIDAVIT REQUIRED** **FINAL INSPECTION BY CERTIFIED ELECTRICAL INSPECTOR** **CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR** **MUST HAVE TEMPORARY BARRIER INSTALLED IMMEDIATELY AFTER COMMENCEMENT OF CONSTRUCTION** **PERMANENT BARRIER MUST BE INSTALLED WITHIN 90 DAYS OF COMMENCEMENT OR 90 DAYS OF PERMIT ISSUANCE** **POOL NOT TO BE USED WITHOUT CERTIFICATE OF COMPLIANCE****

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

Where 20 feet to the side yard is required, the applicant can provide 10.6'.

Where 40 feet to the rear yard is required, the applicant can provide 9'3'.

SHED:

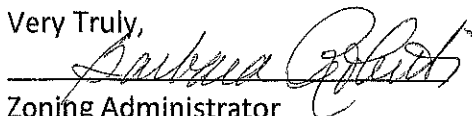
Where 20 feet to the side yard is required, the applicant can provide 5.2'.

Where 40 feet to the rear yard is required, the applicant can provide 5.9'.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>40</u> ft.	<u>9'3"</u> ft. - Pool
SIDE YARD (LEFT):	<u>20</u> ft.	<u>5.2</u> ft. - Shed
SIDE YARD (RIGHT):	<u>20</u> ft.	<u>10.6'</u> ft. 16 Pool
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

Building Department
TOWN OF WAPPINGER

telephone: 845-297-6256 fax: 845-297-0579

Kaula Weise (owner)
Print Name or Company Name(if applicable)

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 11/14/2023

Address: 52 Helen Dr

Interior/Corner Lot: circle one

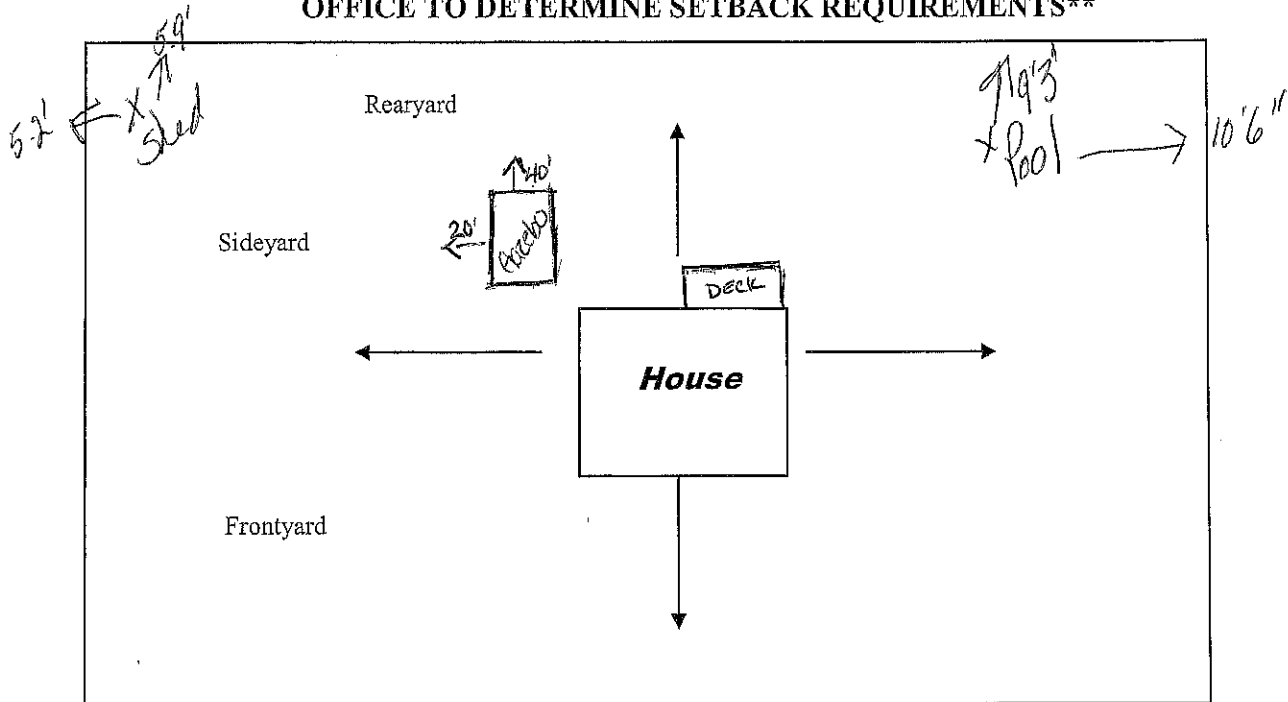
Owner of Land Kayla Weise

Zone: R20

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

1. House, Deck, Concrete pad w/ Gazebo

****STRUCTURE MUST MEET REQUIRED SETBACKS FROM PROPERTY LINES. CHECK WITH OFFICE TO DETERMINE SETBACK REQUIREMENTS****



Draw proposed structure on plot plan.

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

Kayla Weise
Signature

Approved:/Rejected: _____

Andrew Blech
Zoning Administrator

Date: 11/27/23