

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-6256
Fax: 845-297-0579

RECEIVED

MAR 04 2024

Zoning Board of Appeals
Town of Wappinger

Application for an Area Variance

Appeal No.: 24-7816

Date: 3-4-24

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

I (We), JUSTIN R. KACUR, ARCHITECT residing at HIGHLANDS ARCHITECTURE
3212 ROUTE 9 COLD SPRING, NY, (phone) 845-809-5976, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 2/22/2024, and do hereby apply for an area variance(s).

Premises located at: 10 LIBERTY ST. CHELSEA, NY 12512

Tax Grid No.: 0056-09-014563-0000

Zoning District: R-10

1. Record Owner of Property:

SAM KUSNETZ and ALANA JACOBY

Address: 10 LIBERTY ST.

Phone Number: 503-201-2591

Owner Consent dated: 2/12/2024

Signature: [Signature]

Print Name: JUSTIN R. KACUR, ARCHITECT

2. Variance(s) Request:

SEE ATTACHED OWNER CONSENT FORM

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: FRONT YARD : 25 FT.

Applicant(s) can provide: 7'-6 1/4" FROM FRONT PROPERTY LINE.

Thus requesting: 17'-5 3/4" PROJECTION INTO FRONT YARD SETBACK AREA.

To allow: RESIDENTIAL ADDITION FOR OFFICE SPACE, LOUNGE AND BATHROOM.

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.

OVERALL ARCHITECTURAL DESIGN, IMPROVEMENT AND
EXPANSION OF THE EXISTING STRUCTURE WILL PROVIDE A
POSITIVE EFFECT ON THE NEIGHBORHOOD AND STREETScape.

- 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.

IN OUR PROFESSIONAL OPINION, THIS IS THE BEST LOCATION
FOR THE ADDITION w/ REGARD TO EXISTING LAYOUT OF THE INTERIOR
AS WELL AS OTHER ARCHITECTURAL AND SITE RELATED CONDITIONS.

- 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.

IT IS SUBSTANTIAL w/ REGARD TO THE FRONT YARD SETBACK.
HOWEVER, THE EXISTING STRUCTURE WAS BUILT RELATIVELY CLOSE TO
THE STREET. OUR DESIGN (SCALE, PROPORTION, DETAILS) IS RESPECTFUL OF
THE CONSTRAINTS.

- 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.

WHILE THERE WILL BE A CHANGE, WE BELIEVE IT TO BE A
POSITIVE ONE. SIZE AND MASSING OF THE NEW PROPOSED
ADDITION IS APPROPRIATE AND IS NOT IMPOSING. IT WILL ENHANCE
THE NEIGHBORHOOD ARCHITECTURALLY AND SHOULD BE CONSIDERED A
WELCOME ADDITION TO THE STREETScape.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 24-7816

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

Please explain your answer in detail.

BASED ON WHAT WE COLLECTIVELY CONSIDER TO BE THE BEST LOCATION FOR THE ADDITION, THE DIFFICULTY IS SELF-CREATED. OUR "HARDSHIP" IS THE LOCATION ON THE SITE OF THE EXISTING STRUCTURE.

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

THERE ARE OTHER BUILDINGS IN THE NEIGHBORHOOD WHICH ARE ALSO LOCATED RELATIVELY CLOSE TO THE STREET (E.g., THE POST OFFICE ACROSS THE STREET). WHICH MAY ALSO BE PRE-EXISTING / NON-CONFORMING.

4. List of attachments (Check applicable information)

- (✓) Survey dated: 2/6/2016, Last revised 2/6/2016 and Prepared by: BERNER ENGINEERING AND SURVEYING.
- (✓) Plot Plan dated: 2/15/2024
- (✓) Photos (VIEW OF EXISTING BUILDING FROM LIBERTY ST.)
- (✓) Drawings dated: 1/26/2024
- (✓) Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: BARBARA ROBERTI ZONING ADMIN. Dated: 2/22/2024
- () 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: _____

2/29/2024

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



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # _____

SITE LOCATION: 10 Liberty Street, Chelsea, NY 12512

GRID: # _____

Name of APPLICANT/OWNER: Highlands Architecture representing Sam Kusnetz (Owner)

~ CERTIFICATION ~

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and/or Zoning Administrator.

I, Sam Kusnetz, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the attached application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

12 February 2024

Date

503-201-2591

Owner's Telephone Number


Owner's Signature

Sam Kusnetz

Print Name

10 Liberty Street, Chelsea, NY 12512

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

SAVE COMPLETED FORM

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			
PROPOSED NEW ADDITION TO AN EXISTING RESIDENCE (SFR)			
Name of Action or Project: 10 LIBERTY ST., CHELSEA, NY 12512			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: AREA VARIANCE FOR FRONT YARD SETBACK OF A NEW PROPOSED ADDITION TO A SINGLE FAMILY RESIDENCE. IN AN R-10 ZONING DISTRICT.			
Name of Applicant or Sponsor: HIGHLANDS ARCHITECTURE JUSTIN R. KACUR, RA		Telephone: 845-809-5976 E-Mail: jkacur@highlandsarchitecture.com	
Address: 3212 RT. 9.			
City/PO: COLD SPRING		State: NY	Zip Code: 10516
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:		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.3 acres	
b. Total acreage to be physically disturbed?		0.02 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.3 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: <i>PROPOSED NEW INSULATION, AIR SEALING, FENESTRATION & CONSTRUCTION ASSEMBLIES WILL EXCEED CODE MIN. REQUIREMENTS.</i>	<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 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"/> 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?		<table border="1"> <tr><th>NO</th><th>YES</th></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
16. Is the project site located in the 100-year flood plan?		<table border="1"> <tr><th>NO</th><th>YES</th></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?		<table border="1"> <tr><th>NO</th><th>YES</th></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
If Yes,						
a. Will storm water discharges flow to adjacent properties?		<table border="1"> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?		<table border="1"> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<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)?		<table border="1"> <tr><th>NO</th><th>YES</th></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
If Yes, explain the purpose and size of the impoundment:						
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?		<table border="1"> <tr><th>NO</th><th>YES</th></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
If Yes, describe:						
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?		<table border="1"> <tr><th>NO</th><th>YES</th></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
If Yes, describe:						
<p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: <u>JUSTIN R. KACUR, HIGHLANDS ARCHITECTURE</u> Date: <u>2/29/2024</u></p> <p>Signature: <u>[Signature]</u> Title: <u>ARCHITECT</u></p>						

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

To: Kusnetz, Sam Joseph
360 Court St Apt 25

SBL: 6056-09-014563-0000
Date of this Notice: 02/22/2024
Zone:
Application: 44029

For property located at: 10 Liberty St

Your application to:

ADDITION - NEW 575 SQ FT SINGLE STORY WOOD FRAME ADDITION FOR (2) OFFICE SPACES, LOUNGE AND BATHROOM LOCATED ON NORTH SIDE OF EXISTING STRUCTURE AND SOUTH SIDE OF DRIVEWAY

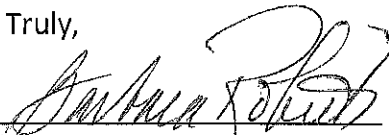
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 25 feet to the front property line is required, the new addition can provide 7' 6.25" to the front property line.

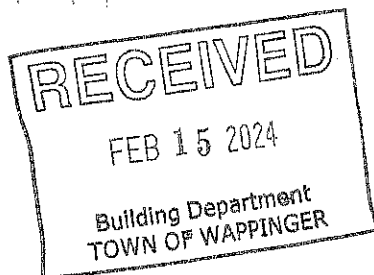
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	25 _____ ft.	7' 6 1/4" _____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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: R-10 DATE: 42 February 2024 2/10/2024

APPL #: 44039 PERMIT #

GRID: 19-6056-09-014563

APPLICANT NAME: Highlands Architecture

ADDRESS: 3212 Route 9, Cold Spring, NY 10516

TEL #: 845-809-5976 CELL: 845-797-5313 FAX #: NA E-MAIL: jkacur@highlandsarchitecture.com

NAME OWNER OF BUILDING/LAND: Sam Kusnetz and Alana Jacoby

PROJECT SITE ADDRESS: 10 Liberty Street, Chelsea, NY 12512

MAILING ADDRESS: 10 Liberty Street, Cold Spring, NY 10516

TEL #: NA CELL: 503-201-2591 FAX #: NA E-MAIL: sam@notquite.net

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: Faust Design-Build

ADDRESS: 99 Dutchess Terrace, Beacon, NY 12508

TEL #: 845-320-6702 CELL: 845-264-9547 FAX #: NA E-MAIL: jacklyn@faustdesignbuild.com

DESIGN PROFESSIONAL NAME:

TEL #: 845-809-5976 CELL: 845-797-5313 FAX #: NA E-MAIL: jkacur@highlandsarchitecture.com

APPLICATION FOR:

A new single story, wood frame, residential addition incorporating the following:

Two Office spaces, a Lounge and a Bathroom

Located on the North side of the existing structure (former church) and the South side.

of the existing driveway.

SETBACKS: FRONT: 8'-6" +/- REAR: 57'-0" +/- L-SIDEYARD: 33'-0" +/- R-SIDEYARD: 25'-0" +/-

SIZE OF STRUCTURE: 575 sq. ft.

ESTIMATED COST: \$ 172,500

TYPE OF USE: Residential

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 2/10/24 CHECK # 10355 RECEIPT #: 2024-00258

BALANCE DUE: PAID ON: CHECK # RECEIPT #

APPROVALS:

ZONING ADMINISTRATOR:

O. Approved ☒ Denied ☐ Date: 2-22-24

Justin R. Kacur

Signature of Applicant

JUSTIN R. KACUR (ARCHITECT)

Print Name or Company Name(if applicable)

FIRE INSPECTOR:

O. Approved ☐ O. Denied ☐ Date: _____

Signature of Building Inspector