

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.: 24-7818

Date: 3/18/24

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

I (We), Kayla & Chris Morales residing at 23 Dose Rd, Wappingers Falls, NY 12590, (phone) (914) 420-0656, hereby, appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator, dated 3/15/24, and do hereby apply for an area variance(s).

Premises located at: 23 Dose Rd, Wappingers Falls, NY 12590  
Tax Grid No.: 6358-03-011336  
Zoning District: R40

1. Record Owner of Property:

Kayla & Chris Morales  
Address: 23 Dose Rd, Wappingers Falls, NY 12590  
Phone Number: (914) 420-0656  
Owner Consent dated: 3/18/24

Signature: Kayla Morales / Chris Morales  
Print Name: Kayla Morales / Chris Morales

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: 25' to the Side (left)

Applicant(s) can provide: 13' 9"

Thus requesting: 11' 11"

To allow: for the construction of an 8x15 pool deck with stairs on the left side of property.

**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.

There will be no change to the character of the neighborhood or nearby properties if the variance is granted.

- 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.

Our property is a pie shape, with our backyard becoming very narrow. Unfortunately there is no other location that will work, anything will need a 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.

No the requested area is not substantial. We can reach just under half the required setback.

- 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.

The variance will not impact any physical environmental conditions. We are not removing any trees in order to build the decks.



Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
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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.

Last year we put a pool in that met setback requirements,  
however due to the shape of our yard any pool deck would  
require a variance.

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

Our property is unique. Though our neighbors do not have  
rectangular shape properties, our yard is the narrowest, with  
a distinct pie shape in the backyard and more space in the front.

4. List of attachments (Check applicable information)

- (☒) Survey dated: 3/27/17, Last revised        and  
Prepared by: Robert F. Dickle, PLS
- ( ) 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:        Dated:
- ( ) 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: Rayle Moals

(Appellant)

DATED: 3/18/24

SIGNATURE: Chris Dickle

(If more than one Appellant)

DATED: 3/18/24

**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: 24-7818 Date: 3/18/24  
Grid No.: 6358-03-011336 Zoning District: R40

Location of Project:

23 Dose Rd, Wappingers Falls, NY 12590

Name of Applicant: Kayla & Chris Morales (914) 420-0656  
Print name and phone number

Description of

Project: 8x12 pool deck with 3' landing.  
17.5' x 21.5' platform deck that will be cut into two  
pieces to meet code requirements.

I Kayla & Chris Morales, 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.

3/18/24  
Date

(914) 420-0656  
Owner's Telephone Number

Kayla Morales / Chris Morales  
Owner's Signature

Kayla Morales - Owner / CHRIS MORALES  
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.

<b>Part 1 – Project and Sponsor Information</b>							
Name of Action or Project: <div style="font-size: 1.2em; font-family: cursive;">Pool Decks</div>							
Project Location (describe, and attach a location map): <div style="font-size: 1.2em; font-family: cursive;">23 Dose Rd, Wappingers Falls, NY 12590</div>							
Brief Description of Proposed Action: <div style="font-size: 1.2em; font-family: cursive;">8x12 pool deck with 3' landing on side of pool. 17.5' x 21.5' platform deck cut into 2 decks to meet code requirements in back side of pool.</div>							
Name of Applicant or Sponsor: <div style="font-size: 1.2em; font-family: cursive;">Kayla &amp; Chris Morales</div>		Telephone: <div style="font-size: 1.2em; font-family: cursive;">(914) 420-0656</div> E-Mail: <div style="font-size: 1.2em; font-family: cursive;">Kmartin731@gmail.com</div>					
Address: <div style="font-size: 1.2em; font-family: cursive;">23 Dose Rd</div>							
City/PO: <div style="font-size: 1.2em; font-family: cursive;">Wappingers Falls</div>		State: <div style="font-size: 1.2em; font-family: cursive;">NY</div>	Zip Code: <div style="font-size: 1.2em; font-family: cursive;">12590</div>				
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<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:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input 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 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 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
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"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor/name: <u>Kayla &amp; Chris Morales</u> Date: <u>3/18/24</u> Signature: <u>Kayla Morales / Chris Morales</u> Title: <u>owners</u>		



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

To: Morales, Christopher  
23 Dose Rd

SBL: 6358-03-011336-0000  
Date of this Notice: 03/15/2024

Zone:

Application: 43368

For property located at: 23 Dose Rd

Your application to:

**POOL DECKS 8' X 15' POOL DECK WITH STAIRS AND 21' X 17' PLATFORM DECK \*\*GROUND LEVEL DECK TO BE SEPERATED INTO 2 DECKS\*\* \*\*NEED FOOTING, FRAMING AND FINAL INSPECTIONS BY TOWN BUILDING INSPECTOR\***

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

Where 25' side set back is required the applicant can only provide 13' 9" for the 8 x 15 deck with stairs on the left side of property.

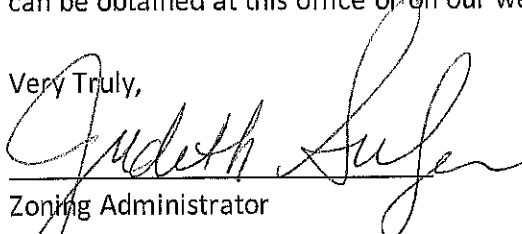
Shed over property line will be removed.

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	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>25'</u> ft.	<u>13' 9"</u> 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](http://www.townofwappingerny.gov)

Very Truly,

  
\_\_\_\_\_  
Zoning Administrator  
Town of Wappinger

RECEIVED

JUL 10 2023

Building Department  
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: 7/10/23  
APPL #: 43368 PERMIT # 2023-0858  
GRID: 6358-03-01336

APPLICANT NAME: CHRISTOPHER MORALES  
ADDRESS: 23 DOSE ROAD WAPPINGERS FALLS NY 12590  
TEL #: \_\_\_\_\_ CELL: 914-447-1030 FAX #: \_\_\_\_\_ E-MAIL: CMORALES3286@GMAIL

NAME OWNER OF BUILDING/LAND: CHRISTOPHER MORALES  
\*PROJECT SITE ADDRESS\*: 23 DOSE ROAD WAPPINGERS FALLS NY 12590  
MAILING ADDRESS: \_\_\_\_\_  
TEL #: \_\_\_\_\_ CELL: 914-447-1030 FAX #: \_\_\_\_\_ E-MAIL: CMORALES3286@GMAIL  
Kmartin731@gmail.com

BUILDER/CONTRACTOR DOING WORK:  
COMPANY NAME: Homeowner + Michael Mecca  
ADDRESS: 26 Balfour Dr Wappingers Falls, NY  
TEL #: 914-227-8208 CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DESIGN PROFESSIONAL NAME:  
TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICATION FOR: 2 Pool DECKS - 8x15 w/stairs and  
21'x17' platform deck.

Shed to be removed that is on other property  
and/or moved to property

SETBACKS: FRONT: 40' REAR: 90' L-SIDEYARD: 25' R-SIDEYARD: 25' 13' 9"  
SIZE OF STRUCTURE: 8' x 15', 21' x 17'  
ESTIMATED COST: \$ 4500 TYPE OF USE: PERSONAL

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 7/21/23 CHECK # 119 RECEIPT #: 2023-01326  
BALANCE DUE: 250 PAID ON: 7/21/23 CHECK # 118 RECEIPT #: 2023-01325  
APPROVALS: 250 7/21/23 118 2023-01324

ZONING ADMINISTRATOR: Barbara J. Sullivan FIRE INSPECTOR:  
O Approved ☒ Denied Date: 3/7/24 O Approved O Denied Date: \_\_\_\_\_

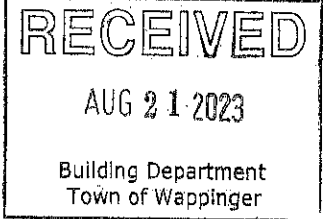
Christopher Morales  
Signature of Applicant

[Signature]  
Signature of Building Inspector

CHRISTOPHER MORALES  
Print Name or Company Name(if applicable)

*\*Revised\**

# TOWN OF WAPPINGER PLOT PLAN



Building Permit # \_\_\_\_\_

Date 8/21/23

Address: 23 DOSE ROAD

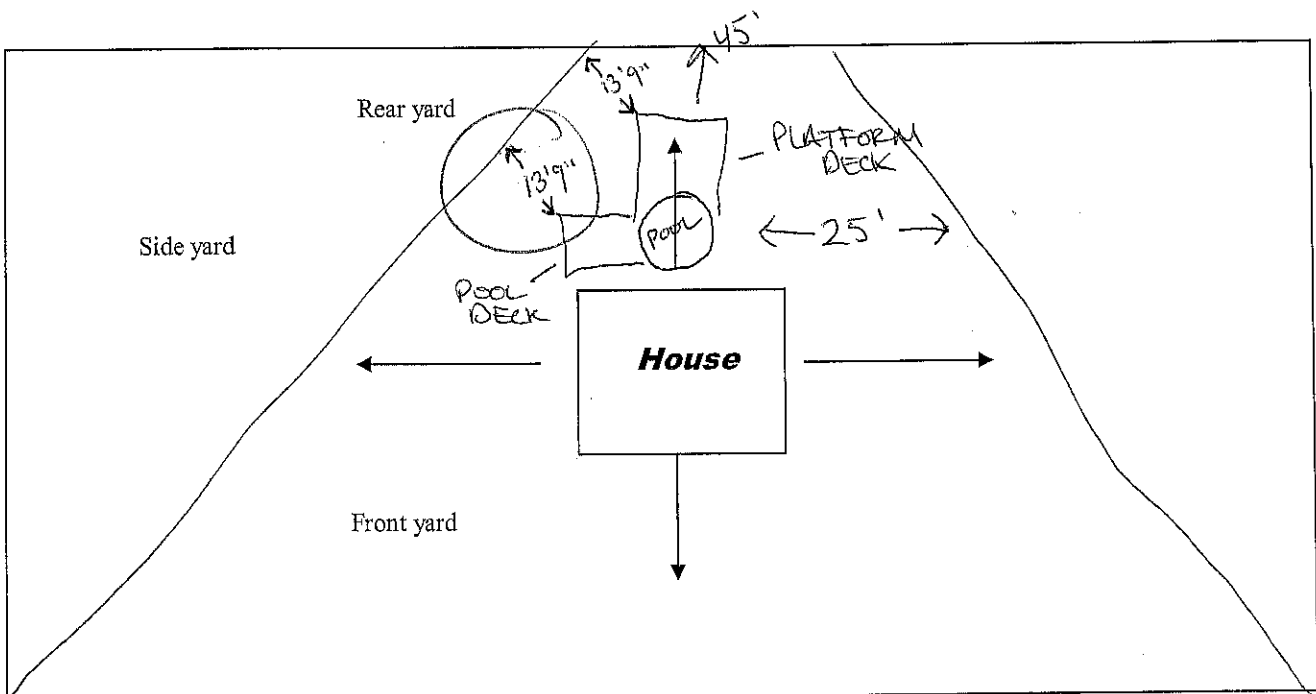
Interior/Corner Lot: circle one

Owner of Land CHRISTOPHER MORALES

Zone: \_\_\_\_\_

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

1. House, POOL, SHED



- Draw proposed structure/pool on plot plan
  - Indicate location with setbacks to both sides and rear property line
  - Show dimensions of structure/pool you are applying for
  - If property is corner lot, show both streets
  - Show utility, well and sewage systems (Call 811 before you dig - [www.digsafelynewyork.com](http://www.digsafelynewyork.com))
- \*\*Most front yard property lines begin approximately 12 feet from the pavement\*\***

Christopher Morales  
Signature of Applicant

Approved: Rejected:

[Signature]  
Zoning Administrator

Date: 9.20.23