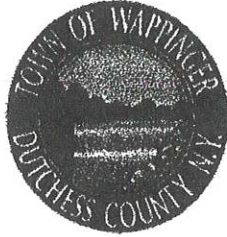


TOWN OF WAPPINGER



RECEIVED

MAR 12 2024

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.: 24-7817

Date: 3/8/24

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

I (We), Chris + Nicole Sawicki residing at 105 Edgehill Dr  
Wappingers Falls, NY 12590, (phone) 845 392 6887, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,

dated 3/8/24, and do hereby apply for an area variance(s).

Premises located at: 105 Edgehill Dr.

Tax Grid No.: 6358-03-141136-0000

Zoning District: R-20

1. Record Owner of Property:

Chris + Nicole Sawicki

Address: 105 Edgehill Dr. Wappingers Falls, NY 12590

Phone Number: 845 392 6887

Owner Consent dated: 3/8/24

Signature: N. Sawicki

Print Name: Nicole Sawicki

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' to Side (left)

Applicant(s) can provide: 14.5'

Thus requesting: 5.5'

To allow: A side deck with staircase

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: 24-7817

**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.

N/A

(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.

Nothing will change

- 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.

Existing deck - only expanding the footprint to accomodate the stairs + railings

- 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 not substantial from what is requesting by the zoning code + the existing conditions

- 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.

It will not

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: 24-7817

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

Deck was existing, is in disrepair & is needed  
for egress from the home

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

It is a corner lot

4. List of attachments (*Check applicable information*)

- ( ) Survey dated: \_\_\_\_\_, Last revised \_\_\_\_\_ and  
Prepared by: \_\_\_\_\_.
- ( ) 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: N. Jancic  
(Appellant)

DATED: 3/8/24

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: 24-7817

Date: 3/8/24

Grid No.: 6358-03-141136-0606

Zoning District: R-20

Location of Project:

105 Edgemoor Dr. Wappingers Falls NY 12590

Name of Applicant:

Chris & Nicole Sawicki 845 392 6887

Print name and phone number

Description of

Project: Side Deck

I, Nicole Sawicki, 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.

3/8/24  
Date

N. Sawicki  
Owner's Signature

845 392 6887  
Owner's Telephone Number

Nicole Sawicki  
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>			
Sawicki Side Deck Project			
Name of Action or Project: Side deck			
Project Location (describe, and attach a location map): Side yard of property attached to house			
Brief Description of Proposed Action:  Small deck, landing + stair case to grade			
Name of Applicant or Sponsor: Chris + Nicole Sawicki		Telephone: 845 392 6887	
		E-Mail: nsawicki0720@yahoo.com	
Address: 105 Edgehill 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? <i>zoning change - attached paperwork</i>		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 type="checkbox"/>	<input checked="" 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?		1.52 acres	
b. Total acreage to be physically disturbed?		.01 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.52 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: <u>It meets the requirements</u>	<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: <u>N/A</u>	<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: <u>N/A</u>	<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 plain?	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 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 type="checkbox"/>	<input type="checkbox"/>
N/A		
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
N/A	<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
N/A	<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>Nicole Sawicki</u> Date: <u>3/8/24</u> Signature: <u>N. Sawicki</u> Title: <u>Homeowner</u>		

**PRINT FORM**



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

To: Sawicki, Christopher  
105 Edgehill Dr

SBL: 6358-03-141136-0000  
Date of this Notice: 03/08/2024  
*R20* Zone:  
Application: 44074

**For property located at:** 105 Edgehill Dr

Your application to:

**DECK - 4.5 x 4.5 SQ FT DECK WITH STAIRS Replacement of existing - 18" larger**

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

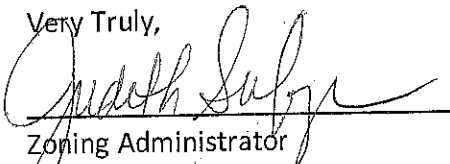
Where 20 Feet is required for the side yard setback the applicant can only provide 14.5 for the deck replacement with stairs

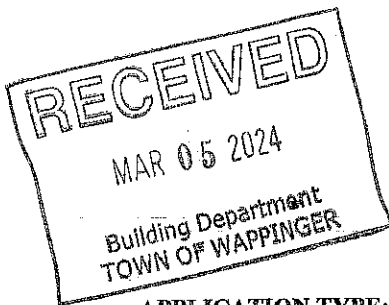
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	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>20</u> ft.	<u>14.5</u> ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ 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

**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:

R20

DATE:

3/5/2024

APPL #:

44074

PERMIT #

GRID:

6358-03-141136

**APPLICANT NAME:**

Nicole &amp; Chris Sawicki

ADDRESS:

105 Edgehill Dr., Wappingers Falls, NY 12590

TEL #:

CELL: 845 392 6887 FAX #:

E-MAIL: nsawicki0720@

yahoo.com

**NAME OWNER OF BUILDING/LAND:**

Same as above

\*PROJECT SITE ADDRESS\*:

MAILING ADDRESS:

TEL #:

CELL:

FAX #:

E-MAIL:

**BUILDER/CONTRACTOR DOING WORK:**

COMPANY NAME:

Please see attached - Eastern Juggle Gym, Inc.

ADDRESS:

36 Commerce Drive, Carmel, NY 10512

TEL #:

845 873 9800 CELL:

FAX #:

E-MAIL:

**DESIGN PROFESSIONAL NAME:**

TEL #:

CELL:

FAX #:

E-MAIL:

**APPLICATION FOR:**

Deck - 4.5 x 4.5 w/ stairs.

replacement deck - increased by 18"

SETBACKS: FRONT:

REAR:

L-SIDEYARD:

R-SIDEYARD:

SIZE OF STRUCTURE:

ESTIMATED COST: \$11,000.00

TYPE OF USE:

NON-REFUNDABLE APPL. FEE: 150-

PAID ON: 3/5/24

CHECK # 1433

RECEIPT #:

2024-00336

BALANCE DUE:

PAID ON:

CHECK #

RECEIPT #:

**APPROVALS:****ZONING ADMINISTRATOR:**

O Approved O Denied Date: 3/7/24

Signature of Applicant

Nicole Sawicki

Print Name or Company Name(if applicable)

**FIRE INSPECTOR:**

O Approved O Denied Date:

Signature of Building Inspector

# TOWN OF WAPPINGER PLOT PLAN

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

Date 3/5/2024

Address: 105 Edgehill Dr.

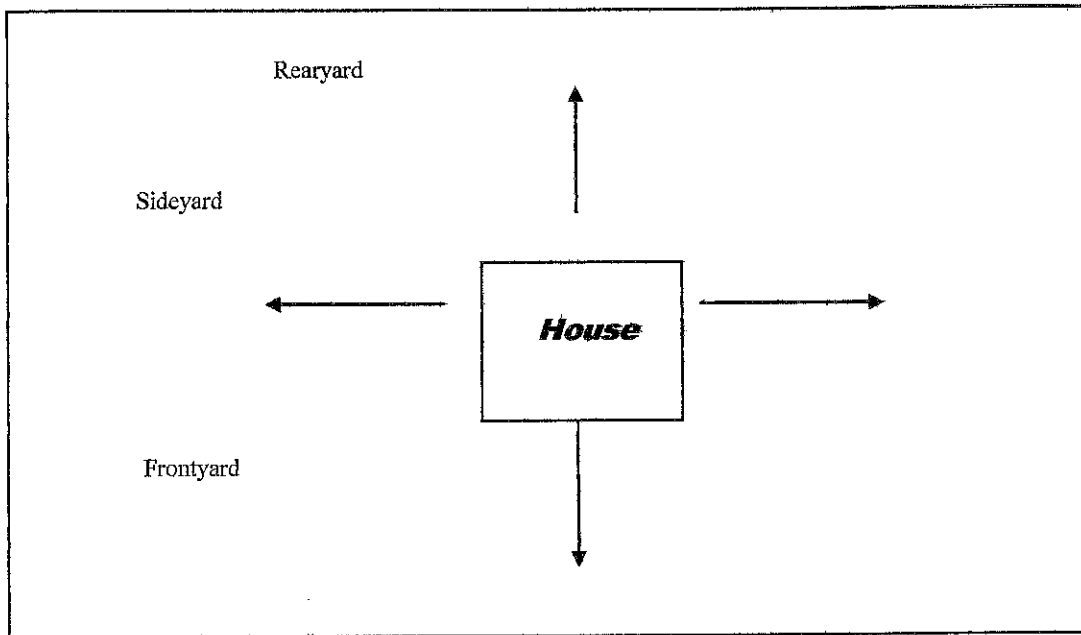
Interior/Corner Lot: *circle one*

Owner of Land Chris + Nicole Sawicki

Zone: R20

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

1. House, Please see attached



Draw proposed structure on plot plan.  
Indicate Location Setbacks to both sides and rear property line  
measurement of structure you are applying for.

N. Sawicki  
Signature

Approved:/Rejected: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Administrator