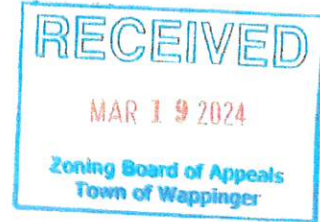


TOWN OF WAPPINGER



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.: 24-7820

Date: 3-27-24

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

I (We), GABE VEGA residing at 203 ROUTE 82, FISHKILL, NY 12524

, (phone) 914-424-1519, hereby,

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

dated _____, and do hereby apply for an area variance(s).

Premises located at: 561-563 OLD STATE RD E, WAPPINGERS FALLS, NY 12590

Tax Grid No.: 135689-6157-02-580777

Zoning District: HB

1. Record Owner of Property:

GABE VEGA

Address: 203 ROUTE 82, FISHKILL, NY 12524

Phone Number: 914-424-1519

Owner Consent dated: 3-19-24

Signature: *Gabe Vega*

Print Name: Gabe Vega

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.

240-81.7 (B) and 240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: MINIMUM 25% COMMERCIAL

Applicant(s) can provide: 13%

Thus requesting: A 12% COMMERCIAL COMPONENT VARIANCE

To allow: 13% OFFICE SPACE COMPONENT

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.

THE CHARACTER OF THE NEIGHBORHOOD WILL CHANGE FOR THE BETTER IF THIS VARIANCE IS GRANTED. THE PROPOSED USE WILL ENHANCE THE NEIGHBORHOOD BECAUSE IT WILL REVITALIZE THE SITE WHICH IS NOW VACANT AND OVERGROWN.

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.

THE VARIANCE IS REQUIRED BECAUSE TO SPLIT THE EXISTING BUILDING BETWEEN A RESIDENTIAL AND COMMERCIAL COMPONENT REQUIRES AN 800 S.F. RESIDENTIAL UNIT PER 240-31 OF THE TOWN CODE. WHICH LEAVES 450 S.F. FOR THE OFFICE SPACE. EXPANSION OF THE EXISTING STRUCTURE IS NOT FEASIBLE BECAUSE OF FINANCIAL CONSTRAINTS.

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 VARIANCE REQUEST IS NOT SEEN AS SUBSTANTIAL BECAUSE THE REQUEST IS FOR ONLY 12% RELIEF FROM THE REQUIRED MINIMUM OF 25% FOR THE COMMERCIAL COMPONENT IN ORDER TO MEET THE MINIMUM DWELLING UNIT SIZE PER TOWN CODE.

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.

THERE WILL BE NO NEGATIVE IMPACTS TO THE PHYSICAL ENVIRONMENTAL CONDITIONS OF THE NEIGHBORHOOD. THE NEIGHBORHOOD WILL BE ENHANCED BY THE REVITALIZATION OF SITE.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 24-7820

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

Please explain your answer in detail.

THE NEED FOR THE VARIANCE CAME ABOUT BECAUSE THE APPLICANT IS TRYING TO
RENOVATE EXISTING BUILDINGS AND IN DOING SO NEEDS A VARIANCE TO MAKE THE
PROPOSED USES VIABLE.

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

THE PROPERTY IS UNIQUE IN THE FACT THAT IT HAS EXISTING BUILDINGS
THE APPLICANT WISHES TO RENOVATE. IN MAKING USE OF THE EXISTING
BUILDINGS A VARIANCE IS REQUIRED FOR MINIMUM COMMERCIAL USE


SQUARE FOOTAGE

4. List of attachments (Check applicable information)

- Survey dated: _____, Last revised _____ and Prepared by: _____
- Plot Plan dated: _____
- Photos
- Drawings dated: 2-26-24
- Letter of Communication which resulted in application to the ZBA. (e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: PER PLANNING BOARD MEETING Dated: 3-18-24
- Other (Please list): SEAF

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: 3/19/24

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: 845-297-8256
Fax: 845-297-0879

Owner Consent Form

Project No: 24-7820

Date: 2-15-24

Grid No.: 135689-6157-02-580777

Zoning District: HB

Location of Project:

561-563 OLD STATE RD. E, TOWN OF WAPPINGER

Name of Applicant:

GABE VEGA 914-424-1519

Print name and phone number

Description of VARIANCE REQUEST FOR MINIMUM 25% MIXED USE COMMERCIAL

Project: THE APPLICANT IS PROPOSING TO KEEP THE EXISTING 1-FAMILY, 2-STORY RESIDENTIAL BUILDING AND CONVERT THE EXISTING 1-STORY RETAIL BUILDING TO AN 800 S.F. RESIDENTIAL SINGLE FAMILY APARTMENT AND A 450 S.F. OFFICE TO BE UTILIZED BY THE APPLICANT. PARKING HAS BEEN PROVIDED FOR THE PROPOSED USES.

I GABE VEGA

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.

2/16/24 3-19-24 ZBA

Date

[Signature]
Owner's Signature

914-424-1519

Owner's Telephone Number

Gabriel Vega - member
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



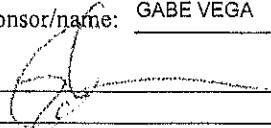
Instructions for Completing

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: AREA VARIANCE FOR 561-563 OLD STATE ROAD E | | | |
| Project Location (describe, and attach a location map): 561-563 OLD STATE ROAD E, WAPPINGERS FALLS, NY 12590 | | | |
| Brief Description of Proposed Action: THE APPLICANT IS REQUESTING A 12% AREA VARIANCE FROM THE REQUIRED 25% MINIMUM COMMERCIAL COMPONENT PER TOWN CODE 240-81.7 (B) | | | |
| Name of Applicant or Sponsor: GABE VEGA | | Telephone: 914-424-1519 E-Mail: GVVG13@GMAIL.COM | |
| Address: 203 ROUTE 82 | | | |
| City/PO: FISHKILL | | State: NY | Zip Code: 12524 |
| 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 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: SITE PLAN-PLANNING BOARD, TOWN HIGHWAY-ENTRANCE, BUILDING DEPT. BUILDING PERMIT. | | | NO <input type="checkbox"/> |
| | | | YES <input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? | | 1.778 acres | |
| b. Total acreage to be physically disturbed? | | 0.23 acres | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | 1.778 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 checked="" 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 <input type="checkbox"/> | YES <input checked="" type="checkbox"/> | |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ | NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> | |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____ | NO <input type="checkbox"/> | YES <input checked="" type="checkbox"/> | |
| 10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ PRIVATE WELL _____ | NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____ | NO <input type="checkbox"/> | YES <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? 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? | NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | YES <input 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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____ | NO <input type="checkbox"/> <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> <input type="checkbox"/> | |

| | | |
|---|-------------------------------------|-------------------------------------|
| 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 checked="" type="checkbox"/> Wetland <input checked="" 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? Northern Long-eared Bat, In... | NO | YES |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Is the project site located in the 100-year flood plan? | NO | YES |
| | <input type="checkbox"/> | <input checked="" 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 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 |
| WAPPINGERS FALLS TOYOTA-REMEDIAL ACTIONS ARE COMPLETE AND MEASURES ARE IN PLACE TO CONTROL THE POTENTIAL FOR COMING IN CONTACT WITH RESIDUE CONTAMINATION ON-SITE PER NYSDEC DATABASE | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE | | |
| Applicant/sponsor/name: <u>GABE VEGA</u> Date: <u>3-19-24</u> | | |
| Signature: <u></u> Title: <u>OWNER/APPLICANT</u> | | |

