

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.: 24-7826

Date: 7-2-24

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

I (We), ROBERT TEOWNE residing at 51 WIDOMER RD
WAPPINGERS FALL, (phone) 845-721-7447, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 6/18/24, and do hereby apply for an area variance(s).

Premises located at: 51 WIDOMER RD WAPPINGERS
Tax Grid No.: 6158-02-827615
Zoning District: K-20

1. Record Owner of Property:

Address: 51 WIDOMER RD WAPPINGERS
Phone Number: 845-721-7447
Owner Consent dated: 6/26/24

Signature: [Signature]
Print Name: ROBERT TEOWNE

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 / 240-5389(a)
(Indicate Article, Section, Subsection and Paragraph)

Required: ACCESSORY APT DOOR LOCATED @ SIDE OR REAR

Applicant(s) can provide: ACCESSORY APT DOOR @ FRONT ONLY

Thus requesting: A VARIANCE

To allow: ADDITIONAL FRONT DOOR

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.

NO CHANGE / NO NEGATIVE IMPACT

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.

EGRESS INTO ACCESSORY APARTMENT FOR MOTHER
CAN ONLY BE ACHIEVED THRU FRONT OF HOUSE
SIDE OR REAR IS PHYSICALLY IMPOSSIBLE

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.

NOT SUBSTANTIAL - CLOSING A EXISTING GARAGE
DOOR AND INSTALLING A STANDARD ENTRY
DOOR.

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.

NO IMPACT - ITS A SIMPLE DOOR SWAP

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

Please explain your answer in detail.

ADMONDMENT - 240-5389 REQUIRES SIDE OR REAR ENTRY.
IT IS NOT POSSIBLE TO HAVE A SIDE OR REAR
ENTRY. YES - SELF CREATED

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

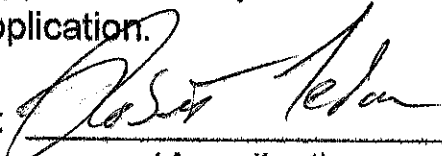
PROPERTY IS NOT UNIQUE - I MEET ALL REQUIREMENT
EXCEPT ADDITIONAL DOOR LOCATION REQUIREMENT

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: 
(Appellant)

DATED: 6/26/24

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.**

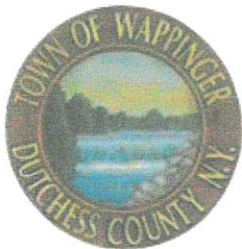
DATED: _____

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: 24-1826

Date: 7-2-24

Grid No.: 6158-02-827615

Zoning District: R-20

Location of Project:

51 Wiomen Rd Wappingers

Name of Applicant: Robert Tedone 845-721-7447
Print name and phone number

Description of Project: ADDITION/GARAGE - ACCESSORY APARTMENT FOR MOTHER IN EXISTING GARAGE

I, Robert Tedone, 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.

6/25/24
Date

Robert Tedone
Owner's Signature

845-721-7447
Owner's Telephone Number

Rob TEDONE - 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 | | | |
| ROBERT TEDONE | | | |
| Name of Action or Project: APARTMENT FOR MOTHER IN EXISTING GARAGE | | | |
| Project Location (describe, and attach a location map): 51 WIDMER Rd WAPPINGER FALLS N.Y. | | | |
| Brief Description of Proposed Action: ADDITION/GARAGE- CONSTRUCT ACCESSORY APARTMENT FOR MOTHER IN EXISTING GARAGE. | | | |
| Name of Applicant or Sponsor: Rob TEDONE | | Telephone: 845-721-7447 | |
| | | E-Mail: EMPIREBUILD@GMAIL.COM | |
| Address: 51 WIDMER Rd | | | |
| City/PO: WAPPINGER FALLS | | State: N.Y. | 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 type="checkbox"/> YES <input checked="" 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? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | | N/A acres N/A acres N/A acres |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | |
| <input type="checkbox"/> Urban <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. | Consistent with the adopted comprehensive plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape? | | <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? 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? | | <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? 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? 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? 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? | | <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? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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: _____ _____ _____ | | <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"/> 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 |
| | | <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>Casey Tedor</u> | | Date: <u>6/25/24</u> |
| Signature: <u>Casey Tedor</u> | | Title: <u>6/25/24</u> |

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

To: Tedone, Robert
51 Widmer Rd

SBL: 6158-02-827615-0000
Date of this Notice: 06/18/2024
Zone:
Application: 44259

For property located at: 51 Widmer Rd

Your application to:

**ADDITION/GARAGE - CONSTRUCT ACCESSORY APARTMENT FOR MOTHER IN EXISTING GARAGE.
ADDITION OF NEW 31'6x30 ATTACHED 2 CAR GARAGE WITH ELECTRIC**

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

240-53B9(a)

Access.

[Amended 5-14-2018 by L.L. No. 6-2018]

(a)

In the event that an accessory apartment is provided with an externally located entrance separate from that of the one-family dwelling in which it is located, such entrance shall be located on the side or rear of the one-family dwelling.

| | R E Q U I R E D: | WHAT YOU CAN PROVIDE: |
|--------------------|------------------|-----------------------|
| REAR YARD: | _____ ft. | _____ ft. |
| SIDE YARD (LEFT): | _____ ft. | _____ ft. |
| SIDE YARD (RIGHT): | _____ ft. | _____ ft. |
| FRONT YARD: | _____ ft. | _____ ft. |
| SIDE YARD (LEFT): | _____ ft. | _____ ft. |
| SIDE YARD (RIGHT): | _____ ft. | _____ ft. |

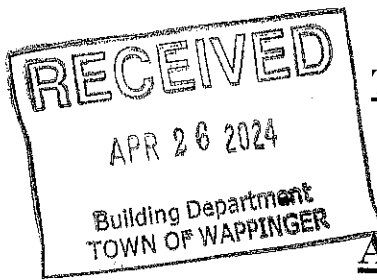
You have the right to appeal this decision to the Zoning Board of Appeals within 60 days of the date of this letter. This Zoning Board of Appeals meets the second and fourth Tuesday of the month. The area variance appeal will require at least two meetings, one for discussion and one for a Public Hearing. The required forms can be obtained at this office or on our website at www.townofwappingerny.gov

Very Truly,



Zoning Administrator
Town of Wappinger

240-53B9(a)



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 Renovation/Alteration
 Commercial Multiple Dwelling
ZONE: R-20 **DATE:** 4/22/24 5/2/2024
APPL #: 44259 **PERMIT #:** _____
GRID: 135689-6158-02-827615

APPLICANT NAME: TEOWNE, Robert
ADDRESS: 51 Widmer Rd
TEL #: _____ **CELL:** 845-721-7447 **FAX #:** _____ **E-MAIL:** Empirebuild1@gmail.com

NAME OWNER OF BUILDING/LAND: TEOWNE, Robert
***PROJECT SITE ADDRESS*:** 51 Widmer Rd
MAILING ADDRESS: 51 Widmer Rd
TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____
845-721-7447 Empirebuild1@gmail.com

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: N/A
ADDRESS: _____
TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

DESIGN PROFESSIONAL NAME: TOM FIOLA
TEL #: 845-988-9367 **CELL:** 845-325-7781 **FAX #:** _____ **E-MAIL:** TJFarchitecture@yahoo.com

APPLICATION FOR:
ACCESSORY APARTMENT FOR MOTHER IN EXT GARAGE

ADDITION OF NEW 2 CAR GARAGE - 31'6" x 30' w/ electric
Attached garage. ACC APT 530 SF
Total Habitable SPACE OF HOUSE 2900
SETBACKS: FRONT: 35 REAR: 40 L-SIDEYARD: 20 R-SIDEYARD: 20
SIZE OF STRUCTURE: 31'6" x 30'0"
ESTIMATED COST: 50K **TYPE OF USE:** GARAGE

530
12900
3930
per Tom Fiola

NON-REFUNDABLE APPL. FEE: 150 **PAID ON:** 5/2/24 **CHECK #:** 1031204448 **RECEIPT #:** 2024-0655
BALANCE DUE: _____ **PAID ON:** _____ **CHECK #:** _____ **RECEIPT #:** _____

APPROVALS:
ZONING ADMINISTRATOR:
 Approved Denied **Date:** 6.8.24

FIRE INSPECTOR:
 Approved Denied **Date:** _____

Robert V. Tedone
Signature of Applicant
ROBERT TEOWNE
Print Name or Company Name(if applicable)

Signature of Building Inspector