

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-5256
Fax: 845-297-0570

Application for an Area Variance

Appeal No: 24-7835

Date: 11-1-24

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

I (We), Cubas Patricia M residing at 9 Brothers Rd Wappinger Fls NY 12590
(phone) 212 534 5132, hereby

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 11-1-24, and do hereby apply for an area variance(s).

Premises located at: 9 Brothers Rd, Wappinger Fls NY 12590-3401
Tax Grid No.: B5689 6258 04 706479-0000
Zoning District: _____

1. Record Owner of Property:

Cubas Patricia M
Address: 9 Brothers Rd Wappinger Fls NY 12590-3401
Phone Number: 212 534-5132
Owner Consent dated: 11-01-24
Signature: [Signature]
Print Name: Patricia Cubas

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 feet to side yard (Left)

Applicant(s) can provide: 12.3'

Thus requesting: a variance of 12.7'

To allow: for a 12x20 ft shed that was moved to another location due to flooding

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: drawing

Thus requesting: this variance

To allow: the shed 12x20 to remain where its moved to.

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 changes. Back of shed is freshly painted
no disruption to nearby property

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 back of my property is very flooded due to
poor drainage issues

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 big at all. Flooding is the reason.

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.

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

Flooding in rear of property. Not self created.

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

No, it's a raised ranch house with a shed that needed to be moved because of flooding in rear of property

4. List of attachments (Check applicable information)

Survey dated: _____ Last revised _____ and

Prepared by: Robert F. Oicle, PLS

Plot Plan dated: 10-10-24

Photos

Drawings dated: 10-10-24

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): into in my file of corrections to be made. Electric, plumbing, pressure tests for propane tanks

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: [Signature]
(Appellant)

DATED: 11/1/24

SIGNATURE: _____
(If more than one Appellant)

DATED: _____

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-6258
Fax: 845-297-0579

Owner Consent Form

Project No: 24-7835

Date: 11-1-24

Grid No.: 19766479

Zoning District: _____

Location of Project: 9 Brothers Rd Wappinger Fls, NY 12590-3401

Name of Applicant: Cubar Patricia M
Print name and phone number

Description of Project: Approval of variance for a shed that was moved due to flooding where it was.

Patricia Kubas, 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

Date: 11-1-24
Owner's Telephone Number: (212) 534-5132

Patricia Kubas
Owner's Signature
Patricia M. Cubas
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: <u>Cubas Patricia</u> <u>Shed</u>			
Project Location (describe, and attach a location map): <u>9 Brothers Rd Wappinger Fls NY</u>			
Brief Description of Proposed Action: <u>Approving a shed that needed to be Relocated because of flooding</u> <u>12590340</u>			
Name of Applicant or Sponsor: <u>Cubas Patricia M</u>		Telephone: <u>212 534-5132</u>	
Address: <u>9 Brothers Rd, Wappinger Fls</u>		E-Mail: <u>patriciaanse</u>	
City/PO: <u>Wappinger Fls</u>	State: <u>NY</u>	Zip Code: <u>12590</u>	
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(ies) 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? 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?			<u>1.75</u> acres <u>0</u> acres <u>0</u> 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input 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	
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: <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 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	
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: <u>It was moved because of flooding where it was,</u>			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply.			
<input checked="" type="checkbox"/> Subalpine	<input type="checkbox"/> Forest	<input checked="" type="checkbox"/> Agricultural/grasslands	<input type="checkbox"/> Early mid-successional
<input checked="" type="checkbox"/> Wetland	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	
15. Does the site of the proposed action contain any species of animals, or associated habitats, listed by the State or Federal government as threatened or endangered?		NO	YES
<i>Foxes</i>		<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plain?		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?		NO	YES
If Yes,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow on adjacent properties?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (canals and storm drains)?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: <i>N/A</i>			
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)?		NO	YES
If Yes, explain the purpose and size of the impoundment:		<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?		NO	YES
If Yes, describe:		<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?		NO	YES
If Yes, describe:		<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/owner name: <i>Patricia M. Cubas</i>		Date: <i>11-1-24</i>	
Signature: <i>Patricia M. Cubas</i>		Title: <i>OWNER</i>	

PRINT FORM

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

20 Middlebush Rd.

Wappingers Falls, NY 12590

(845) 297-6256

To: Cubas, Patricia
9 Brothers Rd

SBL: 6258-04-766479-0000
Date of this Notice: 10/31/2024

Zone:
Application: 44292

For property located at: 9 Brothers Rd

Your application to:

SHED - 12x20 SHED. NO ELECTRIC on left side of house

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

Where 25' to the side is required for a 12 x 20 shed, the application can provide 12.3'

	REQUIRE D:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	25' _____ ft.	12.3' _____ 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,


Deputy 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: R40 DATE: 5/14/2024
APPL #: 44292 PERMIT # _____
GRID: 6258-01-266479

APPLICANT NAME: Cubas Patricia
ADDRESS: 9 Brothers Road Wappingers Falls NY 12590

TEL #: 212-534-5132 CELL: _____ FAX #: _____ E-MAIL: patricia.cubas@ycn001.com

NAME OWNER OF BUILDING/LAND: SAME

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

BUILDER/CONTRACTOR DOING WORK: N/A
COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

DESIGN PROFESSIONAL NAME:
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

APPLICATION FOR: 12x20 SHED from previous owner - No electric
Needs a variance, I had to move it because
it was sinking in previous location. All
reported since 2006 to present. Catch
basin stormdrain needs to be flushed.

SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: _____ R-SIDEYARD: _____

SIZE OF STRUCTURE: _____

ESTIMATED COST: N/A TYPE OF USE: _____

NON-REFUNDABLE APPL. FEE: 150- PAID ON: 5/14/24 CHECK # 1291 RECEIPT #: 2024-00726

BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:
ZONING ADMINISTRATOR:
O Approved Denied Date: 10/31/24
[Signature]

FIRE INSPECTOR:
O Approved O Denied Date: _____

Signature of Applicant
Patricia Cubas
Print Name or Company Name(if applicable)

Signature of Building Inspector