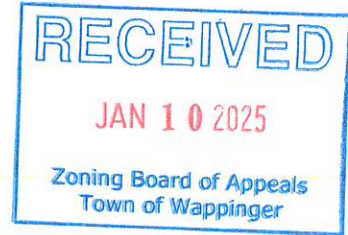


TOWN OF WAPPINGER



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.: 24-7837

Date: 1/9/25

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

I (We), Joshua Indorf residing at 140 Old Hopewell Road,
Wappingers Falls, NY 12590, (phone) 914-906-6811, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated November 19, 2024, and do hereby apply for an area variance(s).

Premises located at: 2505 Route 9D, Wappingers Falls, NY 12590
Tax Grid No.: 6157-01-243907-0000
Zoning District: R20/40

1. Record Owner of Property:

Joshua Indorf
Address: 140 Old Hopewell Road, Wappingers Falls, NY 12590
Phone Number: 914-906-6811
Owner Consent dated: 12/17/24

Signature: [Handwritten Signature]
Print Name: JOSHUA G INDORF

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 and 240 Attachment 3 (Schedule of
Dimensional Regulations - Residential Districts) of the Zoning Laws of the Town of Wappinger.

(Indicate Article, Section, Subsection and Paragraph)

Required: 20 foot side yard

Applicant(s) can provide: 1.5 foot side yard

Thus requesting: an 18.5 foot side yard setback variance

To allow: maintenance of the existing conditions at the 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.

Please see the attached narrative.

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.

Please see the attached narrative.

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.

Please see the attached narrative.

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.

Please see the attached narrative.

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

Please explain your answer in detail.

Please see the attached narrative.

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


Please see the attached narrative.

4. List of attachments (Check applicable information)

- Survey dated: July 31, 2024, Last revised July 31, 2024 and Prepared by: Larry L. Lynn, L.S., Land Surveyor, P.C.
- Plot Plan dated: _____.
- Photos
- Drawings dated: October 30, 2024.
- Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Judith Subrize, Deputy Zoning Administrator Dated: November 19, 2024
- 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: 12/17/24

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: 24-7837
Grid No.: 6157-01-243907-0000

Date: 1/9/25
Zoning District: R20/40

Location of Project:

2505 Route 9D, Wappingers Falls, NY 12590

Name of Applicant:

Joshua Indorf 914-906-6811

Print name and phone number

Description of

Project: Applicant requests a side yard setback variance to maintain the existing conditions at the property.

I Joshua Indorf, 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.

12/17/24
Date

[Signature]
Owner's Signature

914-906-6811
Owner's Telephone Number

Joshua Indorf
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 dead.