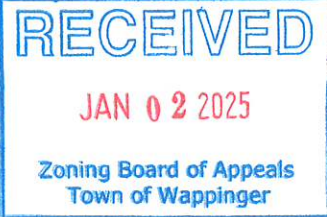


TOWN OF WAPPINGER



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.: 25-7838

Date: 12/30/24

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

I (We), Frank & Karen Lifrieri residing at 38 Whites Corner Lane  
Hopewell Junction, NY 12533, (phone) 914-629-7522, hereby,  
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 12/27/24, and do hereby apply for an area variance(s).

Premises located at: 38 Whites Corner  
Tax Grid No.: 6257-04-848200  
Zoning District: R-40

1. Record Owner of Property:

Frank & Karen Lifrieri  
Address: 38 Whites Corner Lane Hopewell Junction, NY 12533  
Phone Number: 914-629-7522  
Owner Consent dated: 12/30/24

Signature: [Signature]  
Print Name: Frank Lifrieri  
Karen L Lifrieri

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: No more than 2 accessory structures permitted  
Applicant(s) can provide: 4 acc. structures  
Thus requesting: a variance to allow all 4 structures to remain  
To allow: 2 sheds, Cabana & Gazebos

**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.

They will not 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.

more 2 Sheds for Storage of Lawn Equipment for maintaining Property  
and Pool house for maintaining Pool + Pool Equipment.

**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.

Plenty of room for Sheds

**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 environmental impact on the  
district or neighborhood



Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: 25-7838

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

Installed 2 Sheds + Gazebo on deck not knowing I needed  
approvals

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

Yes, we have 6.2 acres

**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: 12/27/24 [Signature] 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: 12/30/24

SIGNATURE: \_\_\_\_\_

(If more than one Appellant)

DATED: 12/30/24

**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.**

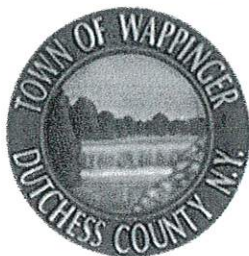
**DATED:** \_\_\_\_\_

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: \_\_\_\_\_

Date: 12/30/24

Grid No.: 6257-04-848200

Zoning District: R40

Location of Project:

38 Whites Corner Lane, Hopewell Jct, Ny 12533

Name of Applicant:

Frank + Karen Lifrieri  
Print name and phone number

Description of

Project: 2-Sheds + metal roof Gazebo  
Purchased from Best in Backyards

I Frank + Karen Lifrieri, 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.

12/30/24  
Date

[Signature]  
Owner's Signature

914-629-7522  
Owner's Telephone Number

Frank J Lifrieri owner  
Print Name and Title \*\*\* Karen Lifrieri owner

\*\*\* 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.

# 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>			
<div style="background-color: yellow; display: inline-block; width: 150px; margin-bottom: 5px;"></div> <u>2-Sheds &amp; Gazebo</u>			
Name of Action or Project:			
<u>100 Yards from right side of house in a row + rear deck of house</u>			
Project Location (describe, and attach a location map):			
<u>2-sheds &amp; Gazebo</u>			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone: <u>914-629-7522</u>	
<u>Frank Lifrrieri</u>		E-Mail: <u>Kstfrnk@AOL.com</u>	
<u>Karen Lifrrieri</u>			
Address: <u>38 Whites Corner Lane</u>			
<del>Hopewell</del>			
City/PO:		State:	Zip Code:
<u>Hopewell Junction</u>		<u>NY</u>	<u>12533</u>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			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 checked="" type="checkbox"/> <input 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? <u>1</u> acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 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 checked="" 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: _____ _____	<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: _____ _____	<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	
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	
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 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
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 checked="" 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
	<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>Frank J Lifrieri Karen Lifrieri</u> Date: <u>12/30/27</u> Signature: <u>[Signature]</u> Title: <u>Owners</u>		



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

To: Lifrieri, Frank  
38 Whites Corner Ln

SBL: 6257-04-848200-0000  
Date of this Notice: 12/27/2024  
Zone:  
Application: 45096

For property located at: 38 Whites Corner Ln

Your application to:

**SHED / GAZEBO - (2) EXISTING SHEDS, GAZEBO and POOL CABANA - LEGALIZATION -**

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

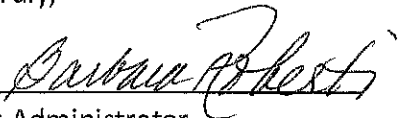
Where only two accessory structures are permitted on a residential parcel, the applicant has four accessory structures.

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	REQUIRED:	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](http://www.townofwappingerny.gov)

Very Truly,



Zoning Administrator  
Town of Wappinger

RECEIVED

DEC 17 2024

Building Department  
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:** 12/23/2024  
**APPL #:** 45096 **PERMIT #** \_\_\_\_\_  
**GRID:** 6257-04 848200

**APPLICANT NAME:** Frank Lifrieri  
**ADDRESS:** 38 Whites Corner Ln. Hopewell Junction 12533  
**TEL #:** 914-629-7522 **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NAME OWNER OF BUILDING/LAND:** Frank Lifrieri  
**\*PROJECT SITE ADDRESS\*:** 38 Whites Corner Ln. Hopewell Junction 12533  
**MAILING ADDRESS:** \_\_\_\_\_  
**TEL #:** 914-629-7522 **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**BUILDER/CONTRACTOR DOING WORK:**  
**COMPANY NAME:** NA-Existing  
**ADDRESS:** \_\_\_\_\_  
**TEL #:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**DESIGN PROFESSIONAL NAME:**  
**TEL #:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**APPLICATION FOR:** ~~2 Existing Sheds, 1 Gazebo~~ no shed  
2 Existing Sheds, 1 Gazebo  
Removal of shed

**SETBACKS: FRONT:** \_\_\_\_\_ **REAR:** \_\_\_\_\_ **L-SIDEYARD:** \_\_\_\_\_ **R-SIDEYARD:** \_\_\_\_\_

**SIZE OF STRUCTURE:** \_\_\_\_\_

**ESTIMATED COST:** existing **TYPE OF USE:** \_\_\_\_\_

**NON-REFUNDABLE APPL. FEE:** 150 **PAID ON:** 12/23/24 **CHECK #** CASH **RECEIPT #:** 2024-02111  
**Legalization** **BALANCE DUE:** 20 **PAID ON:** 12/23/24 **CHECK #** CASH **RECEIPT #:** 2024-02110

**APPROVALS:**

**ZONING ADMINISTRATOR:**

Approved ☒ Denied ☐ Date: 12-27-24

Frank Lifrieri

Signature of Applicant

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 12.13.24

Address: 38 White Corners

Interior/Corner Lot: circle one

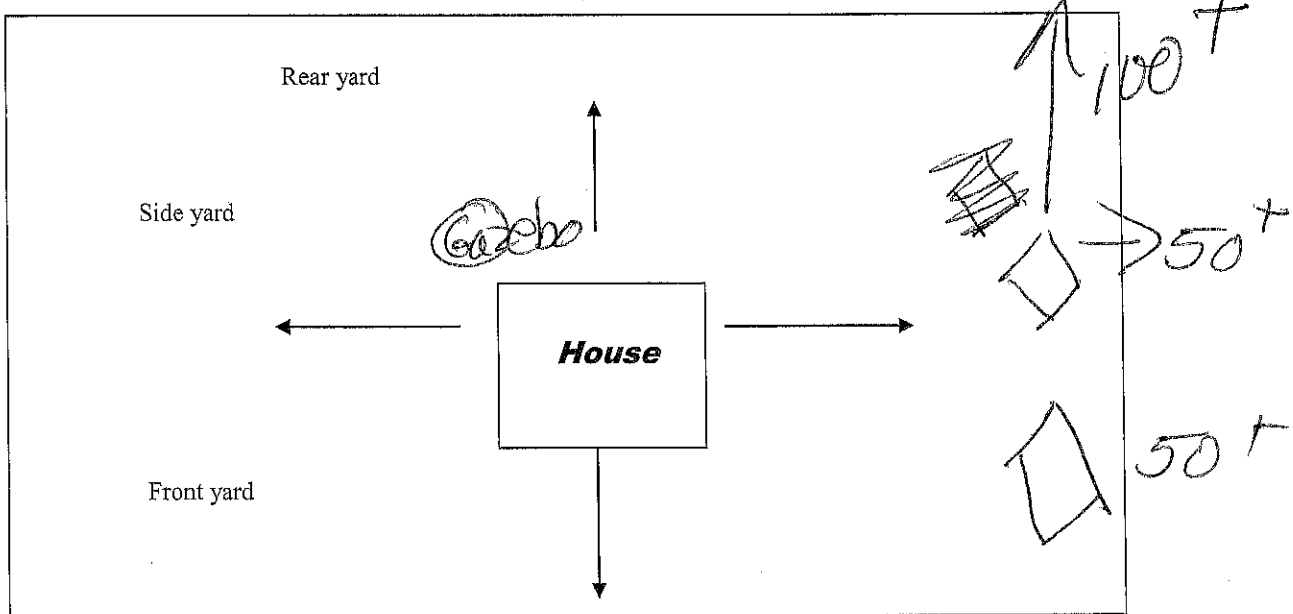
Owner of Land \_\_\_\_\_

Zone: R40

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

1. House, Pool shed, 2 storage sheds, 1 Metal roof gazebo

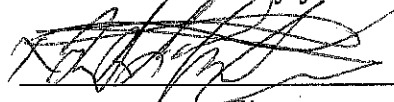
**STRUCTURE MUST MEET REQUIRED SETBACKS. PLEASE CONTACT OUR OFFICE TO FIND OUT HOW FAR YOU NEED TO BE FROM YOUR PROPERTY LINES.**



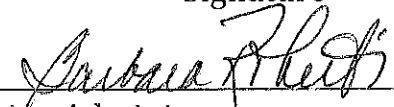
**INSTRUCTIONS:**

- Draw proposed location of structure on plot plan.
- Indicate location setbacks to both sides and rear property line (How far away is the structure from all property lines, measure in feet) Structure must meet setback requirements.

**\*\*Please contact our office to verify your setback requirements. \*\***

  
\_\_\_\_\_  
Signature

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

  
Zoning Administrator

Date: 12-27-24



