

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.: 25-7844 Date: 3-14-25

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

I (We), RICH AND NATALIE CERBINI residing at 3 PEGGY LANE
WAPPINGER FALLS NY, (phone) 845 803 3194, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 3-5-25, and do hereby apply for an area variance(s).

Premises located at: 3 PEGGY LANE WAPPINGER FALLS NY
Tax Grid No.: 6157-03-485293
Zoning District: R-20/40

1. Record Owner of Property:

RICHARD CERBINI
Address: 3 PEGGY LANE WAPPINGER FALLS NY
Phone Number: 845 803 3194
Owner Consent dated: 3-11-25 Signature: [Signature]
Print Name: RICHARD CERBINI

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

Applicant(s) can provide: 8 FEET

Thus requesting: 17 FEET

To allow: POOL INSTALLATION (ABOVE GROUND)

TOWN OF WAPPINGER



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20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-6256
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Owner Consent Form

Project No: 25-7844

Date: 3-11-25

Grid No.: 6157-03-485293

Zoning District: R20/40

Location of Project:

3 PEGGY LN WAPPINGER FALLS NY

Name of Applicant: RICHARD CERBIN

Print name and phone number

Description of Project: ABOVE GROUND POOL 18'

I, RICHARD CERBIN, 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.

3-11-25
Date

[Signature]
Owner's Signature

845-803-3194
Owner's Telephone Number

RICHARD CERBIN 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.

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, POOL IS BEHIND A SOLID VINYL
FENCE NOT VISABLE TO OTHER RESIDENTS

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 REAR YARD HAS A SEPTIC FIELD SO WE
CANT PUT THE POOL THERE, THE OTHER SIDE
IS SLOPED SO IT IS NOT A GOOD SPOT

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.

OUR HOUSE WAS BUILT IN 1960 AND WE SIT ON .3
ACRE LOT. WE DO NOT HAVE THE LAND TO
MEET CURRENT 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.

NO. IT IS AN ABOVE GROUND POOL SO NO DIGGING
REQUIRED OR GRADING WORK NEEDED

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

WE WOULD LIKE TO HAVE A POOL, THE YARD IS NOT
WIDE ENOUGH TO MEET CURRENT CODE

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


MOST HOMES ON THE BLOCK ARE .3 ACRE LOTS
LIKE OURS SO MOST WOULD NEED A VARIANCE
LIKE US

4. List of attachments (Check applicable information)

- Survey dated: 12-19-23, Last revised 2-17-25 and
Prepared by: ROBERT L CAMPBELL.
- 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: BARBARA ROBERT Dated: 3-5-25
- 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: 3-11-25

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: _____

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: ABOVE GROUND POOL			
Project Location (describe, and attach a location map): 3 PEGGY LN WAPPINGER FALLS NY			
Brief Description of Proposed Action: INSTALL AN 18 FOOT ABOVE GROUND POOL ADJACENT TO THE HOME AND BEHIND A SOLID WHITE VINYL FENCE			
Name of Applicant or Sponsor: RICHARD CERBIN		Telephone: 845 603 3194	
		E-Mail: RCERBIN1@gmail.com	
Address: 3 PEGGY LN			
City/PO: WAPPINGER FALLS		State: NY	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 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(s) 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? _____ 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, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<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	YES	
	<input checked="" type="checkbox"/>	<input 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	YES	
	<input checked="" type="checkbox"/>	<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	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<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: _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<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? 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	YES	
	<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? 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	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

To: Cerbini, Richard
3 Peggy Ln
Wappingers Falls, NY

SBL: 6157-03-485293-0000
Date of this Notice: 03/05/2025
Zone:
Application: 44139

For property located at: 3 Peggy Ln

Your application to:

POOL - 18' ROUND ABOVE GROUND POOL. NO DECK. **CALL 811 PRIOR TO EXCAVATION **NEED ELECTRICAL INSPECTION BY TOWN APPROVED ELECTRICAL INSPECTOR** **POOL ALARM MUST MEET ASTM F 2208 REQUIREMENTS** **CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR** **POOL LADDER MUST BE LOCKED WHEN NOT IN USE** **POOL NOT TO BE USED WITHOUT CERTIFICATE OF COMPLIANCE****


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

Where 25 feet is required for a side yard setback, the applicant can provide 8 feet to the side property line for a new above ground pool

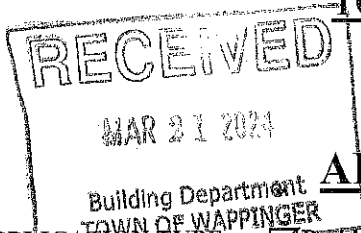
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>25</u> ft.	<u>8</u> ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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



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

Building Department
TOWN OF WAPPINGER

APPLICATION TYPE:

Residential
 New Construction
 Commercial
 Renovation/Alteration
 Multiple Dwelling

ZONE: R2040 DATE: 3/27/2024
 APPL #: 44139 PERMIT # _____
 GRID: 6157-03-485293

✓ **APPLICANT NAME:** Richard Cerbini
ADDRESS: 3 Peggy Lane WAPPINGERS FALLS, NY 12590
TEL #: _____ **CELL:** 845-803-3194 **FAX #:** _____ **E-MAIL:** RCERBINI@gmail

✓ **NAME OWNER OF BUILDING/LAND:** Richard + Natalie CERBINI
***PROJECT SITE ADDRESS*:** 3 Peggy Lane Wappingers Falls NY
MAILING ADDRESS: Same
TEL #: _____ **CELL:** 845-803-3194 **FAX #:** _____ **E-MAIL:** _____

✓ **BUILDER/CONTRACTOR DOING WORK:**
COMPANY NAME: NAMCO POOLS / PENNHACK AND PENNHACK (installing pool)
ADDRESS: 2524 South Rd. Poughkeepsie NY 12601
TEL #: 845-297-7159 **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

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

✓ **APPLICATION FOR:** 18' ABOVE GROUND POOL - Round
NO cck.

Private 420 Private Sewer 25 feet

✓ **SETBACKS:** FRONT: _____ REAR: _____ L-SIDEYARD: X R-SIDEYARD: _____
SIZE OF STRUCTURE: 18 FOOT x 54" tall
ESTIMATED COST: \$11,000 **TYPE OF USE:** _____

NON-REFUNDABLE APPL. FEE: 150 - PAID ON: 3/27/24 CHECK # 1082 RECEIPT #: 202400454
 BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:
ZONING ADMINISTRATOR:
 Approved Denied Date: 3-6-25
Barbara [Signature]

FIRE INSPECTOR:
 Approved Denied Date: _____

✓ [Signature]
 Signature of Applicant
Richard CERBINI
 Print Name or Company Name(if applicable)

 Signature of Building Inspector

TOWN OF WAPPINGER
PLOT PLAN

Building Permit # _____

Date 3/21/24

Address: 3 Peggy Lane, W.F.

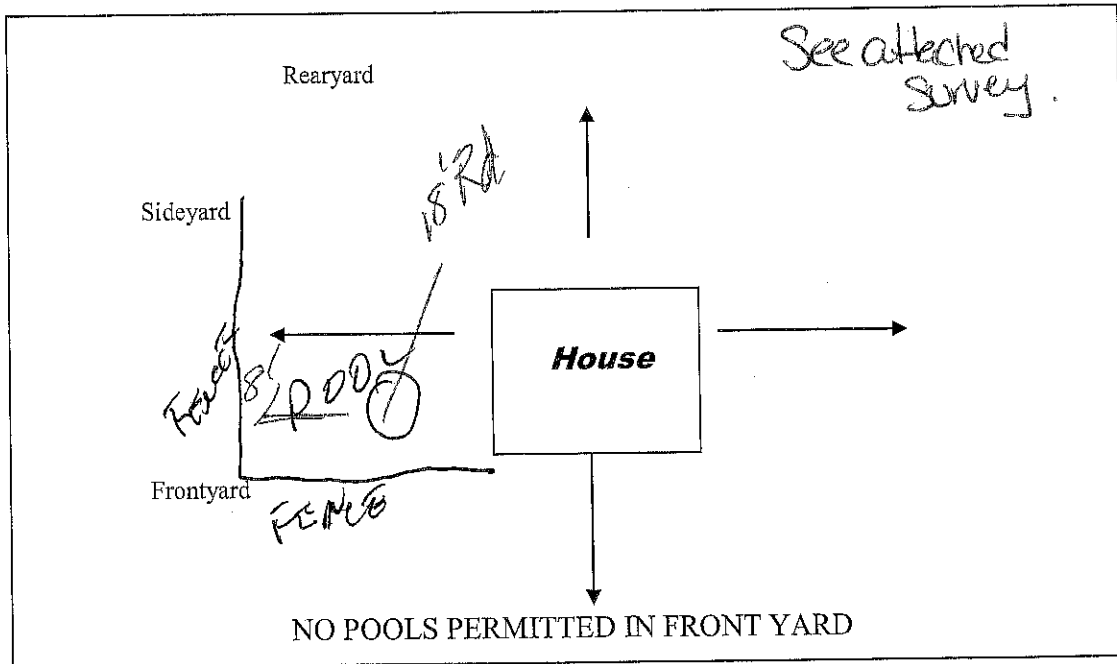
Interior/Corner Lot: *circle one*

Owner of Land Cerbini

Zone: R20/40

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

1. House, 2 SHEDS SEE ATTACHED SURVEY



REQUIRED:

- Draw proposed and all existing structures on plot plan.
- Indicate Location Setbacks to both sides and rear property line (measurement in feet)
- Show location of mechanical equipment and filter system backwash discharge area

SIGNATURE REQUIRED

Approved: / Rejected: Barbara Roberts
Zoning Administrator

Date: 3.6.25