

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-6266
Fax: 845-297-0579

Application for an Area Variance

Appeal No.: 25-7842

Date: 2/21/25

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

I (We), Heather Dubetsky residing at 38 Lake Oniad Dr.
Wapp. Falls NY 12590, (phone) 845-559-3037, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 1/22/25, and do hereby apply for an area variance(s).

Premises located at: 38 Lake Oniad Drive
Tax Grid No.: 135689-6257-01-497894-0000
Zoning District: R20

1. Record Owner of Property:

Heather Dubetsky
Address: 38 Lake Oniad Drive Wappingers Falls NY 12590
Phone Number: 845-559-3037
Owner Consent dated: 1/22/25

Signature: [Signature]
Print Name: Krista Dillon Agent for Peak

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 - please see attached denial
(Indicate Article, Section, Subsection and Paragraph)

Required: 20 feet to side yard (left)

Applicant(s) can provide: 10' 7"

Thus requesting: 9' 3"

To allow: for a new larger deck

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.

This will not change anything in the character of the neighborhood or nearby properties. There will not be any negative changes.

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.

I need the variance to allow for the larger deck to be built. I cannot achieve the result without the variance.

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.

The change is the distance between the proposed deck and existing to the property line.

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.

The physical environmental conditions will not change or be impacted.

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

Please explain your answer in detail.

I would like to create a larger deck in my back yard. It is self created because it is larger than the original one I have.

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

The property line is closer to the deck than the zoning laws permit.

4. List of attachments (Check applicable information)

- Survey dated: 11/29/2023, Last revised _____ and Prepared by: _____
- Plot Plan dated: 11/6/25
- 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: [Signature]
(Appellant)

DATED: 1/30/25

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: _____



BUILDING DEPARTMENT
 26 MIDDLEBUSH ROAD
 WAPPINGERS FALLS, NY 12590-0324
 (845) 297-8266
 FAX: (845) 297-0679

OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # 25-7842
 SITE LOCATION: 38 Lake Oriad Drive, Wappingers Falls, NY 12590
 GRID: # 135689-6257-01-497894-0000
 Name of APPLICANT/OWNER: Krista Dillon agent for Peak Construction

~ CERTIFICATION ~

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and/or Zoning Administrator.

I, Heather N. Dubetsky, owner of the land/site/building hereby give my permission for the Town of Wappingers to approve or deny the attached application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

Date 1/20/25
 Owner's Telephone Number 845 559 3037

Owner's Signature Heather N. Dubetsky
 Print Name Heather N Dubetsky
 Print Owner's Address 38 Lake Oriad Dr, Wappingers Falls

FOR OFFICE USE ONLY

Code Enforcement Official: _____

SAVE COMPLETED FORM

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: Dubetsky Deck			
Project Location (describe, and attach a location map): 38 Lake Oniad Wappingers Falls, NY 12590			
Brief Description of Proposed Action: Construct deck as per plans			
Name of Applicant or Sponsor: Krista Dillon Agent for Peak		Telephone: 845-810-9969	
Address: 1104 Old Route 9		E-Mail: Krista@peakconstruction.biz	
City/PO: Pishkill		State: NY	Zip Code: 12524
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:		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			

<p>5. Is the proposed action,</p> <p>a. A permitted use under the zoning regulations?</p> <p>b. Consistent with the adopted comprehensive plan?</p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</p> <p>If Yes, identify: _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>8. a. Will the proposed action result in a substantial increase in traffic above present levels?</p> <p>b. Are public transportation services available at or near the site of the proposed action?</p> <p>c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>9. Does the proposed action meet or exceed the state energy code requirements?</p> <p>If the proposed action will exceed requirements, describe design features and technologies:</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>10. Will the proposed action connect to an existing public/private water supply?</p> <p>If No, describe method for providing potable water: _____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>11. Will the proposed action connect to existing wastewater utilities?</p> <p>If No, describe method for providing wastewater treatment: _____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>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?</p> <p>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?</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>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?</p> <p>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?</p> <p>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

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

To: Dubetsky, Ken
38 Lake Oniad Dr

SBL: 6257-01-497894-0000
Date of this Notice: 03/05/2025
Zone:
Application: 43253

For property located at: 38 Lake Oniad Dr

Your application to:

DECK - REPLACE EXISTING REAR DECK WITH NEW 240 SQ FT DECK WITH STAIRS. LEGALIZE, SHED, PROPANE TANKS THAT WERE MOVED, HVAC THAT WILL BE MOVED.

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


Where 20 feet to the side property line is required, the applicant can provide 10'7" for a new larger deck.

Permit for 2nd shed, A/C and interior electrical and movement of propane tanks is also included in the application.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>20</u> ft.	<u>10'7"</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 PLOT PLAN

Building Permit # _____

Date 1/6/25

Address: 38 Lake Oniad Drive

Interior / Corner Lot: circle one

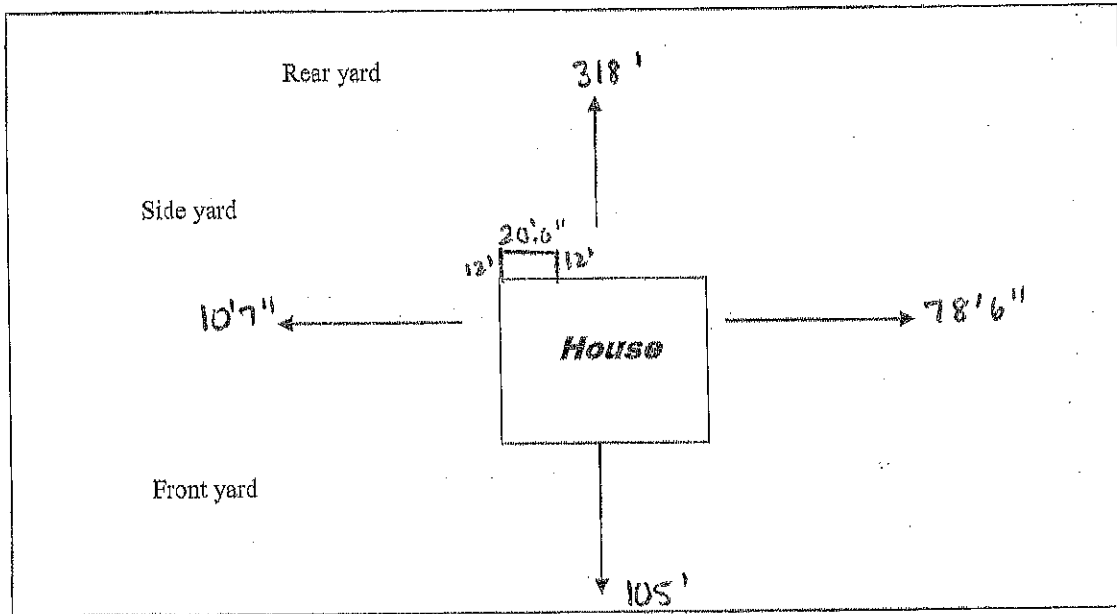
Owner of Land Heather Dubatsky

Zone: R20

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

1. House, deck

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. ****

Robert Jon Peak
Signature

Approved:/Rejected: _____

Date: _____

Zoning Administrator

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 ZONE: _____ DATE: _____
 New Construction Commercial APPL #: _____ PERMIT # _____
 Renovation/Alteration Multiple Dwelling GRID: _____

APPLICANT NAME: Krista Dillon Agent for Peak Construction
ADDRESS: 164 Old Route 9 Fishkill NY 12524
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

NAME OWNER OF BUILDING/LAND: Heather Dubetsky
PROJECT SITE ADDRESS: 38 Lake Oniad Drive Wappingers Falls 12590
MAILING ADDRESS: 38 Lake Oniad Drive Wapp Falls 12590
TEL #: 845-559-3037 CELL: 845-559-3037 FAX #: _____ E-MAIL: hdubetsky@gmail.com

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: Peak Construction
ADDRESS: 164 Old Route 9 Fishkill NY 12524
TEL #: 845-810-9969 CELL: 845-235-1113 FAX #: _____ E-MAIL: Krista@peakconstruction.biz

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

APPLICATION FOR: replace existing rear deck with new rear deck as per plans 12x20 propane tank 9'6" from left side existing shed - within code relocating hvac/mini split units back wall of house

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

SIZE OF STRUCTURE: _____

ESTIMATED COST: _____ TYPE OF USE: Residential

NON-REFUNDABLE APPL. FEE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

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

APPROVALS:

ZONING ADMINISTRATOR:
 Approved Denied Date: 3.3.25

FIRE INSPECTOR:
 Approved Denied Date: _____

[Signature]

[Signature]

Signature of Applicant

Signature of Building Inspector

Peak Construction

Print Name or Company Name(if applicable)