

TOWN OF WAPPINGER



Amended: 3-25-25

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.: 25-7846

Date: 03/15/2025

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

I (We), KATARZYNA GODLEWSKA residing at 58 DIDDELL ROAD
WAPPINGERS FALLS, (phone) 203-767-7097, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 03/07/2025, and do hereby apply for an area variance(s).

Premises located at: 58 DIDDELL ROAD, WAPPINGERS FALLS
Tax Grid No.: 6359-03-353264
Zoning District: R40/80

1. Record Owner of Property:

KATARZYNA GODLEWSKA
Address: 58 DIDDELL ROAD, WAPPINGERS FALLS
Phone Number: 203-767-7097
Owner Consent dated: 03/15/2025
Signature: Katarzyna Godlewska
Print Name: KATARZYNA GODLEWSKA

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 OF ZONING LAWS
(Indicate Article, Section, Subsection and Paragraph)

Required: 40 FT

Applicant(s) can provide: 24 FT to side (left) property line

Thus requesting: 16 FT LESS THAN REQUIRED

To allow: SCREEN IN PORCH ADDITION

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

THIS WOULD BE AN ADDITION TO AN EXISTING HOUSE BUILT
IN 1950S. LAND LAYOUT CAUSES DIFFERENCES IN LEVELS
AND HEIGHT AROUND THE HOUSE.

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

HOUSE IS BUILT IN 1950S ON EXISTING PLOT OF LAND, CLOSE
TO SIDEYARD PROPERTY LINE

4. List of attachments (Check applicable information)

- Survey dated: _____, Last revised _____ and
Prepared by: _____
- Plot Plan dated: 2/26/25
- Photos
- Drawings dated: 01/28/2025
- Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: ZONING ADMINISTRATOR Dated: 03/07/2025
- 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: Kiel M. U. M.
(Appellant)

DATED: 03/15/2025

SIGNATURE: _____
(If more than one Appellant)

DATED: _____

TOWN OF WAPPINGER



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # 45268

SITE LOCATION: S8 Didwell Road, W.F.

GRID: # 135689-6359-03-353264

Name of APPLICANT: Maria Gardosi
(Person PHYSICALLY coming in to apply) (IF other than the Owner)

~ 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 the Zoning Administrator.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

I, Katarzyna Godlewska, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the above 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.

X 02/14/2023
Date
X 203 767 7097
Owner's Telephone Number

X Katarzyna Godlewska
Owner's Signature
X KATARZYNA GODLEWSKA
Print Name
X S8 DIDWELL ROAD
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

SAVE COMPLETED 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: _____

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

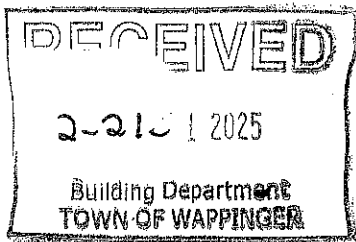
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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			
<div style="text-align: center;">6</div>			
Name of Action or Project: 450 SQ FT SCREEN IN PORCH ADDITION			
Project Location (describe, and attach a location map): ADDED TO EXISTING HOUSE (SEE PLANS)			
Brief Description of Proposed Action: ADDITION OF PORCH TO EXISTING STRUCTURE			
Name of Applicant or Sponsor: KATARZYNA GOPLEWSKA		Telephone: 203 767 7097	
		E-Mail: KASKA.G@GMAIL.COM	
Address: 5B DIDDLE RD			
City/PO: WAPPINGERS FL		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 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 type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>1.6</u> acres	
b. Total acreage to be physically disturbed?		<u>0</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>1.6</u> 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? → VARIANCE NEEDED	NO	YES	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? 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"/>	

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 checked="" 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?	NO	YES
If Yes,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, briefly describe: <u>GUTTERS TIED TO EXISTING ONES</u>		
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/sponsor/name: <u>KATARZYNA GODLEWSKA</u> Date: <u>03/15/2025</u> Signature: <u>Kelly [Signature]</u> Title: <u>OWNER</u>		



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: R-40/80 DATE: 1/21/25 2/28/25
APPL #: 45268 PERMIT #
GRID: 135689-6359-03-353264

APPLICANT NAME: Maria Gaudiosi
ADDRESS: 488 Freedom Plains Road, Suite #130
TEL #: (845) 485-8343 CELL: _____ FAX #: _____ E-MAIL: maria@DBSRemodel.com

NAME OWNER OF BUILDING/LAND: Katarzyna Godkewiska
PROJECT SITE ADDRESS: 58 Diddell Road, W.F.
MAILING ADDRESS: 58 Diddell Road, Wappingers Falls, NY, 12590
TEL #: (845) 264-0081 CELL: _____ FAX #: _____ E-MAIL: _____

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: DBS Remodel
ADDRESS: 488 Freedom Plains Road suite #130
TEL #: (845) 485-8343 CELL: _____ FAX #: _____ E-MAIL: Maria@DBSRemodel.com
DESIGN PROFESSIONAL NAME: W/A
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

APPLICATION FOR: Screen Porch Remodel w/stairs

SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: 4.29 R-SIDEYARD: _____
SIZE OF STRUCTURE: 450 Sq Ft
ESTIMATED COST: \$58,893.00 TYPE OF USE: _____

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 2/28/25 CHECK # 12503 RECEIPT #: 2025-00263
BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:
ZONING ADMINISTRATOR:
O Approved Denied Date: 3-7-25
Barbara [Signature]

FIRE INSPECTOR:
O Approved O Denied Date: _____

Signature of Applicant
Maria Gaudiosi
Print Name or Company Name(if applicable)

Signature of Building Inspector

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

To: Godlewska, Katarzyna
58 Diddell Rd

SBL: 6359-03-353264-0000
Date of this Notice: 03/25/2025
Zone:
Application: 45268

For property located at: 58 Diddell Rd

Your application to:

PORCH - REMODEL 450 SQ FT SCREEN PORCH WITH STAIRS

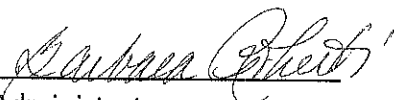
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 40 feet to the side property line is required, the applicant can provide 24 feet to the side property line for a screen porch.

	R E Q U I R E D:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>40</u> ft.	<u>24</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

PROPERTY LINE FOR VARIANCE



SIDE YARD VIEW

STREET VIEW



PROPERTY LINE FOR VARIANCE

PROPERTY LINE FOR VARIANCE



SIDE YARD VIEW