

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.: 25-7850 Date: 5/22/25

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

I (We), William Renger residing at 256 Myers Corners Rd  
Wappingers Falls NY, (phone) (914) 204-0943, hereby,  
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 5/22/25, and do hereby apply for an area variance(s).

Premises located at: 256 Myers Corners Road Wappingers Falls NY 12590  
Tax Grid No.: 6258-02-880 543  
Zoning District: B40

1. Record Owner of Property:

William Renger & Samantha Meier  
Address: 256 Myers Corners Road Wappingers Falls NY 12590  
Phone Number: (914) 204-0943  
Owner Consent dated: 5/22/25

Signature: William Renger  
Print Name: William Renger

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: 50 feet to rear property line

Applicant(s) can provide: 10 feet

Thus requesting: a variance of 40 feet

To allow: for the construction of a 10'x20' Shed



**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.

240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 25 feet to side (left) property line

Applicant(s) can provide: 10 feet

Thus requesting: a variance of 15 feet

To allow: for the construction of a 10'x20' Shed

**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.

None

No negative changes to the neighborhood

Storage shed to match existing house and to be contained within tree lined property

- 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.

Variance needed because it is the only flat and reasonable part of the rear of the property to build such structure.

- 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 15 from the east side and 40 from rear (south) side difference from the setbacks. The area is a generally wooded area to the east and unused area of the property to the rear (south)

- 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 they will not. The shed is uniform to the existing house and similar to those of neighboring houses

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance

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

Due to the sloping nature of the property this is the  
only suitable area to build a structure

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

No. It is similar to other surrounding properties  
with similar structures on said properties.

4. List of attachments (Check applicable information)

- (☒) Survey dated: 3/10/22, Last revised \_\_\_\_\_ and  
Prepared by: Circle Land Surveying.
- ( ) Plot Plan dated: \_\_\_\_\_.
- ( ) Photos
- (☒) Drawings dated: 5/15/25.
- (☒) Letter of Communication which resulted in application to the ZBA.  
(e.g., recommendation from the Planning Board/Zoning Denial)  
Letter from: Barbara Roberti Dated: 5/21/2025
- ( ) 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: Walter Kape  
(Appellant)

DATED: 5/22/25

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



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: 25-7850

Date: 5/22/25

Grid No.: 6858-02-880543

Zoning District: R-40

Location of Project:

256 Myers Corners Road Wappingers Falls NY 12590

Name of Applicant:

William Ranger (914) 204-0943

Print name and phone number

Description of

Project: 10x20 Storage Shed, site built and to  
match existing home in both style and color

I William Ranger, 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.

5/22/25  
Date

William Ranger  
Owner's Signature

(914) 204-0943  
Owner's Telephone Number

William Ranger  
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.

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

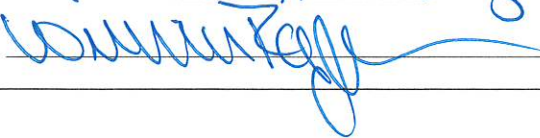
**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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: <div style="font-size: 1.2em; color: blue;">Storage Shed</div>			
Project Location (describe, and attach a location map): <div style="font-size: 1.2em; color: blue;">Southeast portion of property (rear of property)</div>			
Brief Description of Proposed Action: <div style="font-size: 1.2em; color: blue;">Site built storage shed for storage and personal use only Stick built shed with concrete flooring (no water / electric)</div>			
Name of Applicant or Sponsor: <div style="font-size: 1.2em; color: blue;">William Fenger</div>		Telephone: (914) 204-0943	
Address: <div style="font-size: 1.2em; color: blue;">256 Myers Corners Road</div>		E-Mail: <div style="font-size: 1.2em; color: blue;">nyranger1975@aol.com</div>	
City/PO: <div style="font-size: 1.2em; color: blue;">Wappingers Falls NY</div>		State: <div style="font-size: 1.2em; color: blue;">NY</div>	Zip Code: <div style="font-size: 1.2em; color: blue;">12590</div>
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?		_____ 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	
> 200 sq ft.			
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<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 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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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
	<input checked="" type="checkbox"/>	<input 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 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>William Zengel</u> Date: <u>5/22/25</u> Signature: <u></u> Title: _____		



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

To: Ranger, William  
256 Myers Corners Rd

SBL: 6258-02-880543-0000  
Date of this Notice: 05/21/2025  
Zone:  
Application: 45533

For property located at: 256 Myers Corners Rd

Your application to:

**SHED 10' X 20' SHED - NO ELECTRIC \*\*SHED MUST BE ON GRAVEL, CONCRETE SLAB OR PAVERS\*\***

**\*\*CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR\*\***

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

Where 50 feet to the rear

property line is required, the applicant is proposing a new shed, 10 x 20 feet to be placed 10 feet from the rear property line.

Where 25 feet to the side

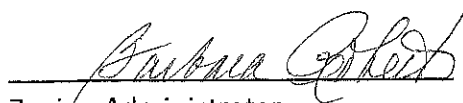
property line is required, the applicant is proposing a new shed, 10 x 20 feet to be placed 10 feet from the side property line.

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	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>50</u> ft.	<u>10</u> ft.
SIDE YARD (LEFT):	<u>25</u> ft.	<u>10</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](http://www.townofwappingerny.gov)

Very Truly,



Zoning Administrator  
Town of Wappinger

RECEIVED

MAY 16 2025

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: 5/16/25

APPL #: 45533 PERMIT # \_\_\_\_\_

GRID: 6258-02-880543

APPLICANT NAME: William Ranger + Samantha Meier

ADDRESS: 256 Myers Corners Rd Wappingers Falls, NY 12590

TEL #: \_\_\_\_\_ CELL: 914-204-0943 FAX #: \_\_\_\_\_ E-MAIL: NYRanger1975@aol.com

NAME OWNER OF BUILDING/LAND: William Ranger + Samantha Meier

\*PROJECT SITE ADDRESS\*: 256 Myers Corners Rd. Wappingers Falls, NY 12590

MAILING ADDRESS: \_\_\_\_\_

TEL #: \_\_\_\_\_ CELL: 914-204-0943 FAX #: \_\_\_\_\_ E-MAIL: NY Ranger 1975@aol.com

**BUILDER/CONTRACTOR DOING WORK:**

COMPANY NAME: Harvest Home Improvement, Inc.

ADDRESS: 2 Nelson Place Fishkill, NY 12524

TEL #: 845-838-8900 CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**DESIGN PROFESSIONAL NAME:**

TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICATION FOR: Shed - No electric

Rear Yard - (10 x 20) 200 sq ft

SETBACKS: FRONT: \_\_\_\_\_ REAR: 10' L-SIDEYARD: 10' R-SIDEYARD: 10'

SIZE OF STRUCTURE: 10' x 20'

ESTIMATED COST: \$9,500.00 TYPE OF USE: Storage

NON-REFUNDABLE APPL. FEE: 100 PAID ON: 5/16/25 CHECK # CC RECEIPT #: 2025-00743

BALANCE DUE: \_\_\_\_\_ PAID ON: \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

**APPROVALS:**

ZONING ADMINISTRATOR: 5-21-25

☒ Approved ☐ Denied Date: 5/16/25

Barbara Robert

William Ranger

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

**FIRE INSPECTOR:**

☐ Approved ☐ Denied Date: \_\_\_\_\_

Signature of Building Inspector



# TOWN OF WAPPINGER PLOT PLAN

Building Permit # \_\_\_\_\_

Date 5/16/25

Address: 256 Myers Corners

Interior/Corner Lot: *circle one*

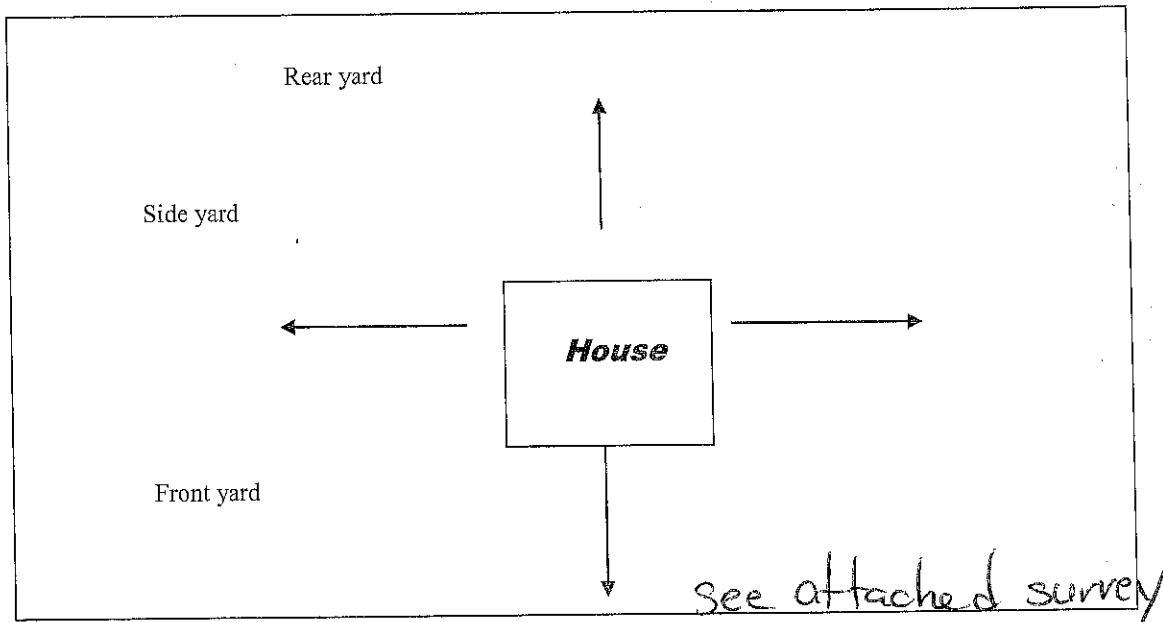
Owner of Land Ranger

Zone: B40

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

1. House,

**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]  
Signature

Approved: / Rejected: [Signature]  
Zoning Administrator

Date: 5-21-25