

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.: 25-7852 Date: 4/9/2025

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

I (We), Joseph Chiappalone residing at 67 Gold Road
Wappingers Falls NY 12590, (phone) 845-204-1965, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated April 9th, 2025, and do hereby apply for an area variance(s).

Premises located at: 67 Gold Road Wappingers Falls, NY 12590
Tax Grid No.: 6358-03-029400
Zoning District: R-40

1. Record Owner of Property:

Joseph Chiappalone
Address: 67 Gold Road Wappingers Falls, NY 12590
Phone Number: (845) 204-1965
Owner Consent dated: 04/09/25
Signature: Joseph Chiappalone
Print Name: Joseph Chiappalone

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: Shed required to be 25 feet off the property line

Applicant(s) can provide: Survey 9'

Thus requesting: Shed be allowed to be 9 feet from property line

To allow: more room for kids to enjoy backyard

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.

N/A

(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.

The character of the neighborhood and any nearby properties 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.

The shed is already in place 10 feet off the property line and to move the shed 15 more feet will impact the appearance of our backyard.

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 in the zoning law is a 15 foot difference. Yes the area is substantial.

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.

If my variance is granted the physical environmental conditions in the neighborhood and district will not 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.

The need for a variance came about when we decided to install a pool in our backyard and realized the shed was not up to zoning laws. Yes our difficulty is self created because we already had the shed delivered.

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

Our property is not unique in our neighborhood but the shed in its existing place is not a bother to anyone in our neighborhood.

4. List of attachments (Check applicable information)

- Survey dated: 8-20-19, Last revised _____ and
Prepared by: Robert F. Oickle
- Plot Plan dated: 4-9-25
- Photos
- Drawings dated: _____
- Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Barbara Koberti Dated: 6-12-25
- 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: 4-9-25

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: 25-7852

Date: 4-9-25

Grid No.: 6358-03-029400

Zoning District: R-40

Location of Project:

67 Gold Road

Name of Applicant:

Joseph Chiappalone (845) 204-1965

Print name and phone number

Description of

Project: We have an existing shed on our property that is only 10 feet from our property line. We are appealing that our shed be able to stay where it is as it is not a bother to anyone in our neighborhood.

I, Joseph Chiappalone, 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.

4-9-25
Date

Joseph Chiappalone
Owner's Signature

(845) 204-1965
Owner's Telephone Number

Joseph Chiappalone
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																		
<div style="display: flex; justify-content: space-between; font-size: 1.2em; font-family: cursive;"> Shed Variance Joseph Chiappalone </div>																		
Name of Action or Project: <div style="font-family: cursive; font-size: 1.1em;">Requesting a variance for our existing shed.</div>																		
Project Location (describe, and attach a location map): <div style="font-family: cursive; font-size: 1.1em;">67 Gold Road Wappingers Falls, NY 12590</div>																		
Brief Description of Proposed Action: <div style="font-family: cursive; font-size: 1.1em;">We are requesting a variance for our existing shed which is only 10 feet from the property line. We are requesting that the additional 15 feet be waived due to the fact that it is not a disturbance to anyone in or around our neighborhood.</div>																		
Name of Applicant or Sponsor: <div style="font-family: cursive; font-size: 1.1em;">Joseph Chiappalone</div>		Telephone: <div style="font-family: cursive; font-size: 1.1em;">(845) 204-1965</div>																
Address: <div style="font-family: cursive; font-size: 1.1em;">67 Gold Road</div>		E-Mail: <div style="font-family: cursive; font-size: 1.1em;">jochiapp@gmail.com</div>																
City/PO: <div style="font-family: cursive; font-size: 1.1em;">Wappingers Falls</div>		State: <div style="font-family: cursive; font-size: 1.1em;">NY</div>	Zip Code: <div style="font-family: cursive; font-size: 1.1em;">12590</div>															
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
NO	YES																	
<input checked="" type="checkbox"/>	<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:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
NO	YES																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
3. a. Total acreage of the site of the proposed action?		1.019 acres																
b. Total acreage to be physically disturbed?		260.94 acres																
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.019 acres																
4. Check all land uses that occur on, are adjoining or near the proposed action:																		
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Urban</td> <td><input type="checkbox"/> Rural (non-agriculture)</td> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Commercial</td> <td><input checked="" type="checkbox"/> Residential (suburban)</td> </tr> <tr> <td><input type="checkbox"/> Forest</td> <td><input type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> Aquatic</td> <td colspan="2"><input type="checkbox"/> Other(Specify):</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Parkland</td> </tr> </table>				<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				
<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																		

		NO	YES	N/A
5. Is the proposed action,	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 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?		<input type="checkbox"/>	<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: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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: _____ _____		<input checked="" type="checkbox"/>	<input 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: _____ _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____		<input checked="" type="checkbox"/>	<input 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?		<input checked="" type="checkbox"/>	<input 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"/>	<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?		<input checked="" type="checkbox"/>	<input 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"/>	<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 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? 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)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Joseph Chiappalone</u>		Date: <u>4-9-25</u>
Signature: <u>Joseph Chiappalone</u>		Title: <u>Mr.</u>

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

To: Chiappalone, Joseph
67 Gold Rd

SBL: 6358-03-029400-0000
Date of this Notice: 06/12/2025

Zone:
Application: 45427

For property located at: 67 Gold Rd

Your application to:

SHED - 10x26 SEHD. NO ELECTRIC. **SHED MUST BE ON GRAVEL, CONCRETE SLAB OR PAVERS **CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR****

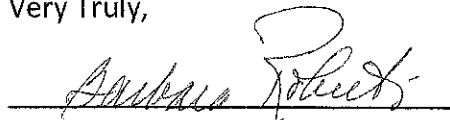
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 25 feet to the side yard is required, the applicant can provide 9 feet to the side yard for a 10' x 26' existing shed.

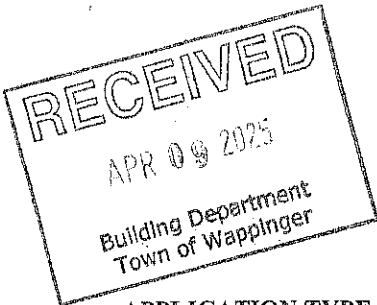
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>25</u> ft.	<u>9</u> ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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

APPLICATION TYPE: Residential
 New Construction Commercial
 Renovation/Alteration Multiple Dwelling

ZONE: R20 R40 DATE: 4/9/2025 4/21/2025
APPL #: 45427 PERMIT # _____
GRID: 009 400 6358-03-027400

APPLICANT NAME: Joe Chiappalone
ADDRESS: 67 Gold Road Wappingers Falls NY 12590
TEL #: 845-24-1965 CELL: 845-24-1965 FAX #: _____ E-MAIL: JoeChiapp@Gmail.com

NAME OWNER OF BUILDING/LAND: Joe Chiappalone
PROJECT SITE ADDRESS: 67 Gold Road Wappingers Falls NY 12590
MAILING ADDRESS: 67 Gold Road Wappingers Falls NY 12590
TEL #: 845-24-1965 CELL: 845-24-1965 FAX #: _____ E-MAIL: JoeChiapp@Gmail.com

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: Joe Chiappalone
ADDRESS: 67 Gold Road Wappingers Falls NY 12590
TEL #: 845 24 1965 CELL: 845 24 1965 FAX #: _____ E-MAIL: Joe Chiapp@Gmail.com

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

APPLICATION FOR: 10' x 26' Run in Shed. NO electric

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

SIZE OF STRUCTURE: 10 x 26

ESTIMATED COST: 2500.00 TYPE OF USE: Personal Storage

NON-REFUNDABLE APPL. FEE: 100 - PAID ON: 4/21/25 CHECK # CASH RECEIPT # 2025-00259

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

APPROVALS:

ZONING ADMINISTRATOR:
 Approved Denied Date: 4.24.25

Joseph Chiappalone
Joseph Chiappalone
Signature of Applicant

Joe Chiappalone
Print Name or Company Name(if applicable)

FIRE INSPECTOR:
 Approved Denied Date: _____

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 4/9/2005

Address: 67 Gold Road

Interior/Corner Lot: circle one

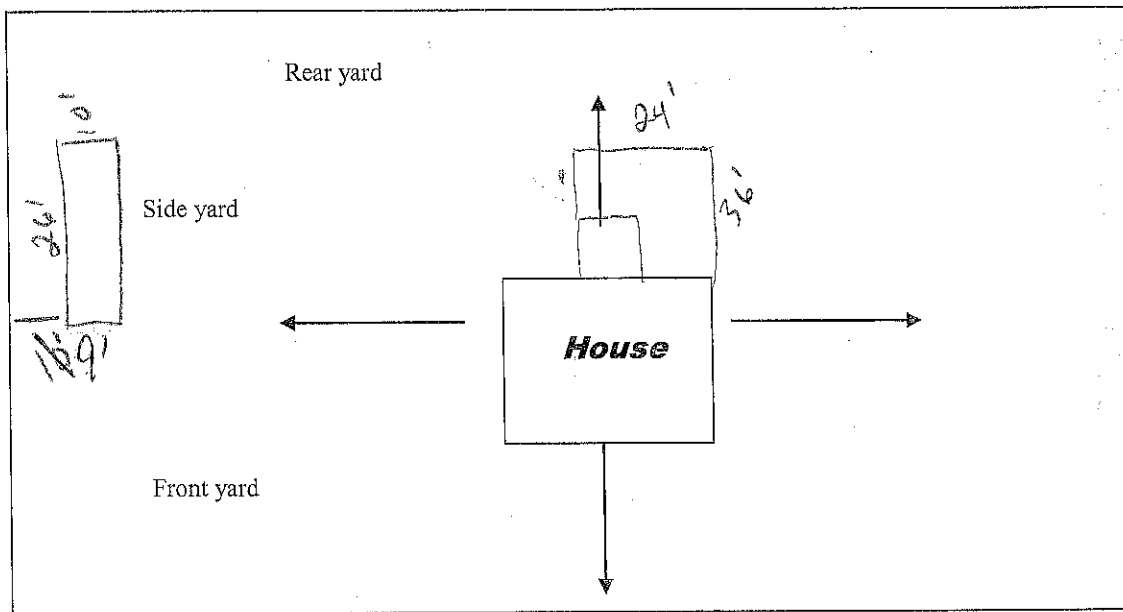
Owner of Land Joe Chiappalone

Zone: R40

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

1. House, Deck, Shed

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. ****

Joe Chiappalone
Signature

Approved:/Rejected: [Signature]
Zoning Administrator

Date: 4-24-05