

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.: 25-7851

Date: 6/3/25

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

I (We), Jill Sitler-Rhoda / James Rhoda residing at 12 Hi View Rd
, (phone) 845-464-3411, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 5/29/25, and do hereby apply for an area variance(s).

Premises located at: 12 Hi View Rd

Tax Grid No.: 6358-01-038622

Zoning District: R-40

1. Record Owner of Property:

Jill Sitler-Rhoda

Address: 12 Hi View Rd.

Phone Number: 845-464-3411

Owner Consent dated: 6/3/25

Signature: Jill Sitler-Rhoda
Print Name: Jill Sitler-Rhoda

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 ft

Applicant(s) can provide: 10 ft

Thus requesting: 15 ft

To allow: placement of 10x20 shed

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 25-1851

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: N.A.
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 or nearby properties will not be changed.

- 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 variance is needed for the appropriate and functional use of the property, so as not to disturb grade, drainage and wildlife habitat. The desired placement of the shed is more aesthetically pleasing for future re-sale considerations

- 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 15 ft requested variance is not substantial due to the size of the property and the fact that it will not adversely impact neighboring properties

- 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, because of the size of the property and the 240 plus feet off the road.

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 is due to the fact that 25 ft
encroaches too far into the center of the
property

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

My property is similar to the majority of
other properties in the neighborhood.

4. List of attachments (Check applicable information)

- (✓) Survey dated: 6/26/2017, Last revised _____ and
Prepared by: Robert V. Oswald
(✓) Plot Plan dated: 5/28/25
(✓) Photos
(✓) Drawings dated: 5/28/25
(✓) Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Zoning Administrator Dated: 5/29/25
() 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: Jill Sittler Rhoda
(Appellant)

DATED: 6/3/25

SIGNATURE: James Rhoda
(If more than one Appellant)

DATED: 6/3/25

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.**

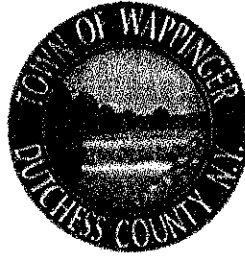
DATED: _____

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: 25-7851
Grid No.: 6358-01-038602

Date: 6/5/25
Zoning District: R40

Location of Project:

12 Hi View Rd

Name of Applicant:

Jill Sitrer-Rhoda 845-464-3411
Print name and phone number

Description of
Project:

Placement of 10 x 20 shed

I, Jill Sitrer-Rhoda, 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.

6/3/25
Date

845-464-3411
Owner's Telephone Number

Jill Sitrer-Rhoda
Owner's Signature

Jill Sitrer-Rhoda
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			
10 x 20 Shed			
Name of Action or Project:			
12 Hi View Rd.			
Project Location (describe, and attach a location map):			
241 ft from street, 10ft from right			
Brief Description of Proposed Action:			
Place at 10 x 20 shed with a variance for 10ft from right property line			
Name of Applicant or Sponsor:		Telephone: 845-464-3411	
Jill Sittler-Rhoda		E-Mail: JILLSIT510@gmail.com	
Address:			
12 Hi View Rd			
City/PO:		State:	Zip Code:
Wappingers Falls NY 12590		NY	12590
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?		1.2 acres	
b. Total acreage to be physically disturbed?		.00459 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.2 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,	NO	YES	N/A
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?	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	
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 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
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 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>Jill Sittler-Rhodes</u> Date: <u>6/5/25</u>		
Signature: <u>Jill Sittler-Rhodes</u> Title: <u>owner</u>		

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

To: Sitler, Jill
12 Hi View Rd

SBL: 6358-01-038622-0000
Date of this Notice: 05/29/2025
Zone:
Application: 45597

For property located at: 12 Hi View Rd

Your application to:
Shed 10 x 20 - no electric

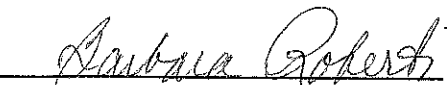
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 25 feet to the side property line is required for structures over 144 sf, the applicant can provide 10 feet to the right property line for a new 10 x 20 shed.

	REQU I R E D:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	<u>25</u> ft.	<u>10</u> 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

RECEIVED

MAY 28 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 ☐ Commercial ☐ Multiple Dwelling
☒ New Construction ☐ Renovation/Alteration
ZONE: R-40 **DATE:** 5/28/2025
APPL #: 45597 **PERMIT #:** _____
GRID: 135689-6358-01-038622-0000

APPLICANT NAME: Jill Sitler-Rhoda / James Rhoda

ADDRESS: 12 Hi View Rd, Wappingers Falls, NY 12590

TEL #: _____ **CELL:** 845-464-3411 **FAX #:** _____ **E-MAIL:** jillsit510@gmail.com

NAME OWNER OF BUILDING/LAND: Jill Sitler-Rhoda

***PROJECT SITE ADDRESS*:** 12 Hi View Rd, Wappingers Falls, NY 12590

MAILING ADDRESS: same as above

TEL #: _____ **CELL:** 845-464-3411 **FAX #:** _____ **E-MAIL:** jillsit510@gmail.com

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: Grey's Woodworks

ADDRESS: 599 Rt 299, Highland, NY 12528

TEL #: 845-883-3222 **CELL:** _____ **FAX #:** 845-883-3221 **E-MAIL:** _____

DESIGN PROFESSIONAL NAME:

TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

APPLICATION FOR: 10' x 20' shed - No electric

SETBACKS: **FRONT:** 241' **REAR:** 281' **L-SIDEYARD:** 78' **R-SIDEYARD:** 10'

SIZE OF STRUCTURE: 10' x 20'

ESTIMATED COST: \$10,000 **TYPE OF USE:** utility storage

NON-REFUNDABLE APPL. FEE: 100 **PAID ON:** 5/29/25 **CHECK #:** 163 **RECEIPT #:** 2500839

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

APPROVALS:

ZONING ADMINISTRATOR:

O Approved **O Denied** **Date:** 5/29/25

Barbara [Signature]

FIRE INSPECTOR:

O Approved **O Denied** **Date:** _____

Jill Sitler-Rhoda
Signature of Applicant

Signature of Building Inspector

Jill Sitler-Rhoda
Print Name or Company Name(if applicable)

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 5/28/2025

Address: 12 Hi View Rd, Wappingers Falls

Interior/Corner Lot: *circle one*

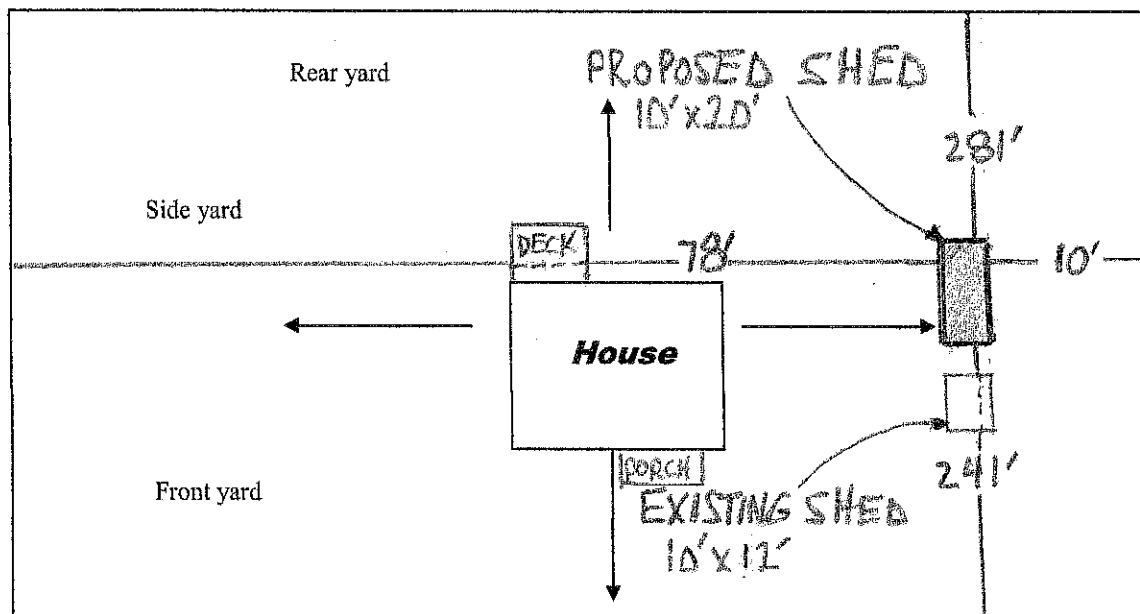
Owner of Land Jill Sitler-Rhoda

Zone: R-40

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

1. House, 1 car attached garage, porch, deck, 10' x 12' 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. ****

Jill Sitler-Rhoda
Signature

Approved: / Rejected: R. Roberts
Zoning Administrator

Date: 5-29-25