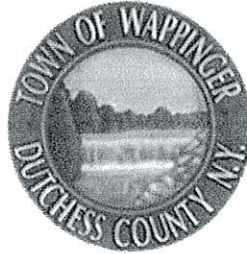




TOWN OF WAPPINGER



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.: 25-7853

Date: June 22, 2025

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

I (We), Christina/Christian Acevedo residing at 15 Sachson Pl
Wappingers Falls, NY, (phone) 845 242 4922, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated June 22 2025, and do hereby apply for an area variance(s).

Premises located at: 15 Sachson Pl Wappingers Falls, NY
Tax Grid No.: 6258-03-216078
Zoning District: R-20

1. Record Owner of Property:

Christina/Christian Acevedo
Address: 15 Sachson Pl
Phone Number: 845 242 4922
Owner Consent dated: June 22, 2025

Signature: [Signature]
Print Name: Christina Acevedo

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.

24D-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 20 ft. side yard set back

Applicant(s) can provide: 16, 8 ft side yard setback

Thus requesting: 3.2 ft variance

To allow: back deck off house

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.

It will not have any affect on surrounding area.

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.

Our property is shaped like a pizza slice. The angle that our house sits only allows it to be built in the direction we are requesting

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.

It is the same as the deck we had and very
unsubstantial

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.

not at all

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

When we bought our house we were told the deck was out of code (did not have variance). We tore the deck down to later find out that a variance was filed in 1997. This was very much not our fault.

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

4. List of attachments (Check applicable information)

- Survey dated: _____, Last revised _____ and Prepared by: _____.
- Plot Plan dated: 6-12-25.
- Photos
- Drawings dated: 6/12/25.
- Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Barbara Roberti Dated: 6-17-25
- 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: [Signature]
(Appellant)

DATED: 6/23/25

SIGNATURE: [Signature]
(If more than one Appellant)

DATED: 6/23/25

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: 25-7853 Date: 6/24/25
Grid No.: 6858-03-216078 Zoning District: Y 70

Location of Project:
15 Sachson Pl Wappingers Falls NY 12596

Name of Applicant:
Christina Acevedo 845 242 4922
Print name and phone number

Description of Project: back deck build

I Christina Acevedo, 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.

6/24/25
Date

[Signature]
Owner's Signature

845 242 4922
Owner's Telephone Number

Owner
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 dead.

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: Back deck			
Project Location (describe, and attach a location map): 15 Sachson Pl Wappingers Falls, NY 12590			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor: Christina Acevedo		Telephone: 845 242 4922	
Address: 11		E-Mail: christinakhoffman@gmail.com	
City/PO:		State:	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 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:			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		.5 acres	
b. Total acreage to be physically disturbed?		.5 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			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<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? 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 type="checkbox"/>	<input checked="" 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? If Yes, <ul style="list-style-type: none"> a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<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>Christina Acevedo</u> Date: <u>6/25/25</u>		
Signature: <u></u> Title: <u>OWNER</u>		

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

To: Christian Acevedo Badillo & Christina Acevedo
15 Sachson Pl

SBL: 6258-03-216078-0000
Date of this Notice: 06/17/2025
Zone:
Application: 43782

For property located at: 15 Sachson Pl

Your application to:

DECK - REPLACEMENT OF EXISTING 15x20 DECK WITH STAIRS

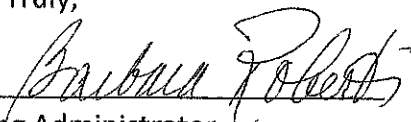
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 20 feet to the side property line is required, the applicant can provide 16.8 feet to the side property line.

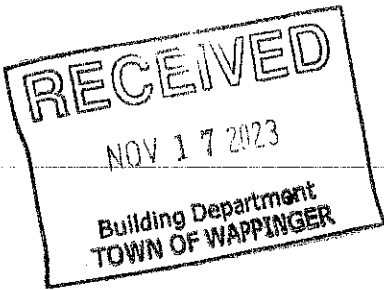
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	<u>20</u> ft.	<u>16.8</u> ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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



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 DATE: 11/17/2023
APPL #: 43782 PERMIT # _____
GRID: 6058-03-216078

APPLICANT NAME: Christina Acevedo and Christian Acevedo Badillo
ADDRESS: 15 Sachson Place Wappingers Falls, NY 12590
TEL #: 845-242-4922 CELL: _____ FAX #: _____ E-MAIL: _____

NAME OWNER OF BUILDING/LAND: Christina Acevedo and Christian Acevedo - Per Parcel Access 11/17/2023
PROJECT SITE ADDRESS: 15 Sachson Place Wappingers Falls NY 12590
MAILING ADDRESS: Same
TEL #: 845-242-4922 CELL: _____ FAX #: _____ E-MAIL: _____

BUILDER/CONTRACTOR DOING WORK: Self
COMPANY NAME: _____
ADDRESS: _____
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

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

APPLICATION FOR: deck replacement with stairs

SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: 40' R-SIDEYARD: 20' 16.8'
SIZE OF STRUCTURE: 15x20
ESTIMATED COST: 6,000 TYPE OF USE: personal

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 11/17/23 CHECK # CC RECEIPT #: 2023-02247
BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:
ZONING ADMINISTRATOR: 6.17.25
 Approved Denied Date: 4.2.25
[Signature]

FIRE INSPECTOR:
 Approved Denied Date: _____

[Signature]
Signature of Applicant
Christina Acevedo (owner)
Print Name or Company Name(if applicable)

Signature of Building Inspector

RECEIVED
JUN 13 2025
Building Department
TOWN OF WAPPINGER

**TOWN OF WAPPINGER
PLOT PLAN**

Building Permit # _____

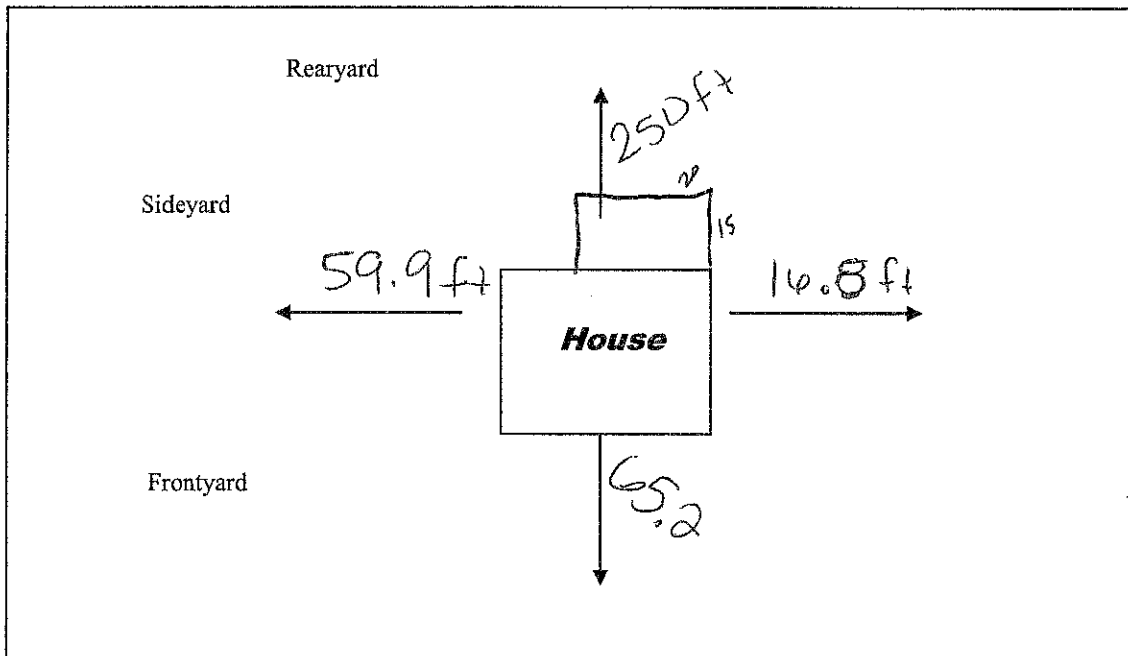
Date 20250612

Address: 15 Sachsen Pl Wappingers Falls Interior Corner Lot: circle one

Owner of Land Chris/Christina Acevedo Zone: R-20

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

1. House



Draw proposed structure on plot plan.
Indicate Location Setbacks to both sides and rear property line
measurement of structure you are applying for.

[Signature]
Signature

Approved: / Rejected: [Signature]
Zoning Administrator

Date: 6-17-25