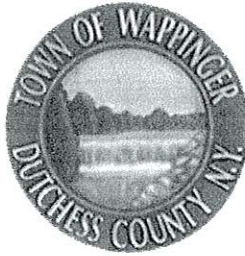


TOWN OF WAPPINGER



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.: 25-7855

Date: 7-8-25

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

I (We), Jessica Gaviria residing at 18 Dara Ln Wappingers Falls
NY, 12590, (phone) 646-5104053, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 7-3-25, and do hereby apply for an area variance(s).

Premises located at: 18 Dara Ln Wappingers Falls NY 12590

Tax Grid No.: 6257-01-092744

Zoning District: R-20

1. Record Owner of Property:

Address: 18 Dara Ln Wappingers Falls NY, 12590

Phone Number: 646-510-4053

Owner Consent dated: 7-8-25

Signature: _____

Print Name: Jessica Gaviria

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: 20' to side (left)

Applicant(s) can provide: 6'

Thus requesting: 14'

To allow: for the legalization of a 12' x 20' 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: 40' to rear
Applicant(s) can provide: 8'
Thus requesting: 32'
To allow: for the legalization of a 12' x 20' 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.

If its granted it's not going to affect the character and won't change the neighborhood appearance

- 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.

I need the variance because the items that I want to get a permit for appear to be near to the property line and I can't move it or destroy it because when I purchase the house was included on it with the house price. I will love not to go to variance if I can legalize the current 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 currently zoning law required 20' on the side and 40' on the back which currently is 8' on the back and 6' on the side. From 6' to 20' equals 14' and 8' to 40' equal 32'

- 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.

I don't think will affect if it granted because everyone on the neighborhood has one and my shed house is about 200' away from the front line house you can hardly see it on the street.

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

I realize that I need a permit when I received a notice from the town that my shed was builded without a permit, I purchased the house with the sheds included 6 years ago.

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


No, I been walking around my neighborhood and I noticed that every one has one. I'm not trying to change or alterate my neighborhood appearance.

4. List of attachments (Check applicable information)

- () Survey dated: _____, Last revised _____ and
Prepared by: _____.
- () Plot Plan dated: _____.
- () Photos
- () Drawings dated: _____.
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: _____ Dated: _____
- () 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: 7-3-25

SIGNATURE: _____
(If more than one Appellant)

DATED: 7

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 25-7855

Variance No. 3

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: no more than 2 accessory structures on property

Applicant(s) can provide: 3 Structures

Thus requesting: for all 3 to remain

To allow: for the legalization of all 3 accessory structures

Variance No. 4

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: _____

Thus requesting: _____

To allow: _____

Variance No. 5

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: _____

Thus requesting: _____

To allow: _____

Variance No.

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: _____

Thus requesting: _____

To allow: _____

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: 25-7855 Date: 7-8-25
Grid No.: 6157-01-092744 Zoning District: R-20

Location of Project:

18 Dara Ln Wappingers Falls NY 12590

Name of Applicant:

Jessica Gavina 646-510-4053
Print name and phone number

Description of

Project: legalize a shed 12'x20', and 7'x10',

I Jessica Gavina, 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.

7-3-25
Date

[Signature]
Owner's Signature

646-510-4053
Owner's Telephone Number

Jessica Gavina
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: <i>Jessica Gavino</i>			
Project Location (describe, and attach a location map): <i>18 Dara Ln Wappingers Falls NY 12590</i>			
Brief Description of Proposed Action: <i>legalize or get a permit for shed 12'x20' and 7'x10'</i>			
Name of Applicant or Sponsor: <i>Jessica Gavino</i>		Telephone: <i>646-510-4053</i>	
Address: <i>18 Dara Ln</i>		E-Mail: <i>jejefer24@aol.com</i>	
City/PO: <i>Wappingers Falls</i>		State: <i>NY</i>	Zip Code: <i>12590</i>
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"/>	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 checked="" type="checkbox"/>	YES <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			
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			

		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 checked="" 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"/>	
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	
	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	
	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: _____ _____ _____	<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 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 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>Jessica Benita</u> Date: <u>7-7-25</u>		
Signature: <u>[Signature]</u> Title: _____		

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

To: Gaviria, Christian
117 S Highland Ave Apt 4B

SBL: 6257-01-092744-0000
Date of this Notice: 07/03/2025

Zone:

Application: 45709

For property located at: 18 Dara Ln

Your application to:

SHED LEGALIZE 12' X 20' STORAGE SHED AND 10' X 7' SHED WITH ELECTRIC **NEED INSPECTION BY TOWN BUILDING INSPECTOR **NEED ELECTRICAL INSPECTION BY TOWN APPROVED ELECTRICAL INSPECTION AGENCY** Third shed has an amnesty permit.**

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 for sheds over 144 sf, the applicant can provide 6' to the side property line for a 12 X 20 existing shed.


Where 40 feet to the rear property line is required for sheds over 144 sf, the applicant can only provide 8 feet to the rear property line for an existing 12 x 20 shed.

Where a residential parcel can only have two accessory structures, the applicant has three sheds.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>40</u> ft.	<u>8</u> ft.
SIDE YARD (LEFT):	<u>20</u> ft.	<u>6</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

RECEIVED

JUL 03 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: B20 DATE: 7-3-25
APPL #: 45709 PERMIT # _____
GRID: 6257-01-092744

APPLICANT NAME: Jessica Fernanda Gauria
ADDRESS: 18 Dora Ln. Wappingers Falls NY, 12590
TEL #: _____ CELL: 646-510-4053 FAX #: _____ E-MAIL: _____

NAME OWNER OF BUILDING/LAND: Jessica Gauria

PROJECT SITE ADDRESS: 18 Dora Ln Wappingers Falls NY 12590

MAILING ADDRESS: _____

TEL #: _____ CELL: 646-510-4053 FAX #: _____ E-MAIL: jessper24@aol.com

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: existing

ADDRESS: _____

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

DESIGN PROFESSIONAL NAME:

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

APPLICATION FOR: Get permit for existing-shed storage 12'x20'

-shed 10'x7' -shed 10'x7' w/electric

(other rear shed has amnesty permit)

(plastic 3rd shed will be removed)

Amnesty Shed 5/3/19 2003-1635-

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

SIZE OF STRUCTURE: _____

ESTIMATED COST: 1,000- TYPE OF USE: _____

(100+96sf)
NON-REFUNDABLE APPL. FEE: 196- PAID ON: 1/3/25 CHECK # 180 RECEIPT #: 2025-01055

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

APPROVALS:

ZONING ADMINISTRATOR:

☒ Approved ☐ Denied Date: 7-3-25

[Signature]

[Signature]

Signature of Applicant

Jessica Gauria
Print Name or Company Name(if applicable)

FIRE INSPECTOR:

☐ Approved ☐ Denied Date: _____

Signature of Building Inspector

2 sheds

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date _____

Address: 18 Dara Ln.

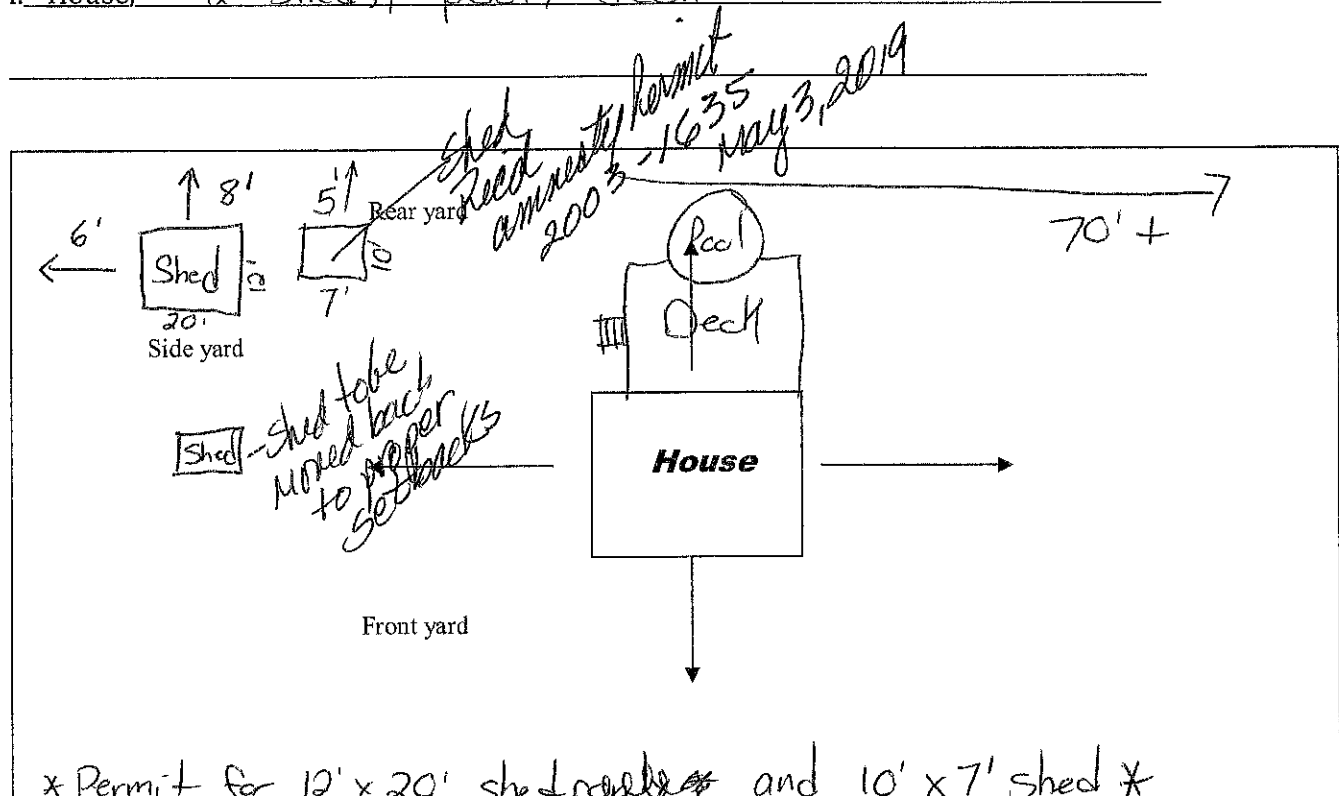
Interior/Corner Lot: *circle one*

Owner of Land Gaviria

Zone: B20

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

1. House, 2 sheds, pool, deck



- Draw proposed structure/pool on plot plan
 - Indicate location with setbacks to both sides and rear property line
 - Show dimensions of structure/pool you are applying for
 - If property is corner lot, show both streets
 - Show utility, well and sewage systems (Call 811 before you dig - www.digsafelynewyork.com)
- **Most front yard property lines begin approximately 12 feet from the pavement****

[Signature]
Signature of Applicant

Approved:/Reflected: *[Signature]*

Zoning Administrator

Date: 7-3-25