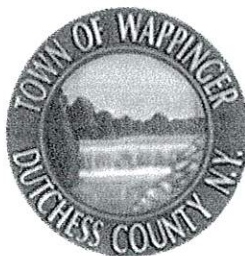


TOWN OF WAPPINGER



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.: 25-7854

Date: 7-4-2025

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

I (We), JOSEFA GONZÁLEZ residing at 30 LAKE ONIAD DRIVE
, (phone) 845-597-3391, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 5/15/2025, and do hereby apply for an area variance(s).

Premises located at: 30 LAKE ONIAD DRIVE

Tax Grid No.: 6257-01-443859

Zoning District: R20

1. Record Owner of Property:

JOSEFA GONZÁLEZ

Address: 30 LAKE ONIAD DRIVE

Phone Number: 845-597-3391

Owner Consent dated: 7-4-25

Signature: [Signature]

Print Name: JOSEFA GONZÁLEZ

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: 4' fence in front yard

Applicant(s) can provide: 6' fence

Thus requesting: 2' variance

To allow: for the legalization of a 6' fence in front yard

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: no structure in front yard

Applicant(s) can provide: Hot tub

Thus requesting: Variance for Hot tub to remain

To allow: for the legalization of a Hot tub to remain

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. OR HAVE ANY NEGATIVE IMPACT ON
THE NEIGHBORHOOD.

- 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 WILL ENSURE PRIVACY.
- NO, THERE IS NO WAY TO REACH THE SAME RESULTS WITHOUT
A VARIANCE.

- 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 REQUESTED AREA VARIANCE IS NOT SUBSTANTIAL^{CHANGE} DUE TO THE
SIZE OF THE PROPERTY AND AREA.

- 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.

THE VARIANCE WILL NOT IMPACT THE PHYSICAL ENVIRONMENTAL
CONDITIONS IN THE NEIGHBORHOOD NOR WILL IT IMPACT THE
DISTRICT.

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

THE DIFFICULTY WAS SELF-CREATED.

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

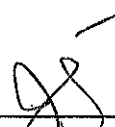
OUR PROPERTY IS A CORNER PROPERTY-THEREFORE WE HAVE TWO FRONT YARDS.

4. List of attachments (Check applicable information)

- (☒) Survey dated: _____, Last revised _____ and Prepared by: _____.
- () Plot Plan dated: 3/23/2025.
- () Photos
- () Drawings dated: _____.
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: JUDITH SUBRIZE Dated: 5/15/2025
- () 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: 
(Appellant)

DATED: 7-4-2025

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: 25-7854
Grid No.: 6257-01-443859

Date: 7-4-2025
Zoning District: R20

Location of Project:

30 LAKE ONIAD DRIVE

Name of Applicant:

JOSEFA GONZALEZ - 845-597-3391

Print name and phone number

Description of
Project:

Legalization of 6' fence in front yard.
Legalization of Hot tub in front yard

I JOSEFA GONZALEZ, 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.

7-4-25
Date

[Signature]
Owner's Signature

845-597-3391
Owner's Telephone Number

JOSEFA GONZALEZ
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:			
Project Location (describe, and attach a location map): 30 LAKE ONIAD DRIVE			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor: JOSEFA GONZALEZ		Telephone: 845-597-3391	
		E-Mail: jgonzalez123@hotmail.com	
Address: 30 LAKE ONIAD DRIVE			
City/PO: WARRINGERS FALLS		State: NY	Zip Code: 12590
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO <input type="checkbox"/>
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.			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO <input type="checkbox"/>
If Yes, list agency(s) name and permit or approval:			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			

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
	<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>JOSEFA GONZÁLEZ</u> Date: <u>7-4-2011</u>		
Signature: <u></u> Title: <u>OWNER</u>		

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

To: Gonzalez, Josefa
30 Lake Oniad Dr

SBL: 6257-01-443859-0000
Date of this Notice: 05/15/2025
Zone:
Application: 45463

For property located at: 30 Lake Oniad Dr

Your application to:

DECK / FENCE / HOT TUB - 178 1/2"x165" DECK ADDITION TO EXISTING DECK WITH STAIRS FACING LAKE ONIAD, 6' PRIVACY FENCE, HOT TUB ON FLOATING DECK FACING LAKE ONIAD - LEGALIZATION -

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

A Variance is required for the Hot Tub and 6' Fence located in the front yard facing Lake Oniad Drive.

Where the Town restricts fences in the front yard to 4' the applicant is requesting to legalize a 6' fence on the Lake Oniad frontage.

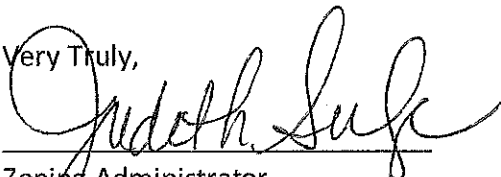
Where structures are not allowed in a front yard the applicant is requesting to legalize a Hot Tub on the renovated deck on the Lake Oniad frontage.

The permit to legalize the deck renovations and hot tub will be reviewed once the variance action has been determined.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ 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

MAR 24 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

ZONE: R20

DATE: 4/30/2025

☐ New Construction

☐ Commercial

APPL #: 45463

PERMIT #

☐ Renovation/Alteration

☐ Multiple Dwelling

GRID: 6257-01-443859

APPLICANT NAME:

Josefa Gonzalez

ADDRESS:

30 Lake Oniad Dr. Wappingers Falls, NY 12590

TEL #:

CELL: 845-597-3391

FAX #:

E-MAIL:

NAME OWNER OF BUILDING/LAND:

Same as above.

Jgonzalez@123@hotmail.com

***PROJECT SITE ADDRESS*:**

30 Lake Oniad Dr.

MAILING ADDRESS:

30 Lake Oniad Dr. Wappingers Falls, NY 12590

TEL #:

CELL:

FAX #:

E-MAIL:

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME:

DIY

ADDRESS:

TEL #:

CELL:

FAX #:

E-MAIL:

DESIGN PROFESSIONAL NAME:

TEL #:

CELL:

FAX #:

E-MAIL:

APPLICATION FOR:

Legalize *deck addition to existing deck, facing Lake Oniad Dr. privacy fence and hot tub on floating deck. facing lake oniad

deck addition - 178 1/2" x 1165" w/ stairs.

SETBACKS:

FRONT: 47'

REAR: 35'

L-SIDEYARD: 42.9'

R-SIDEYARD:

SIZE OF STRUCTURE:

ESTIMATED COST:

\$4,000.00

TYPE OF USE:

Leisure

NON-REFUNDABLE APPL. FEE:

150-

PAID ON: 4/30/25

CHECK # 601

RECEIPT #: 2025-00628

Legalization

BALANCE DUE: 250-

PAID ON: 4/30/25

CHECK # 601

RECEIPT #: 2025-00629

APPROVALS:

ZONING ADMINISTRATOR:

Approved 5/15/25

Gudith Saiz

Signature of Applicant

Josefa Gonzalez

Print Name or Company Name(if applicable)

FIRE INSPECTOR:

O Approved O Denied Date:

Signature of Building Inspector

RECEIVED

APR 17 2025

Building Department
TOWN OF WAPPINGER

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date _____

Address: 30 Lake Oniad

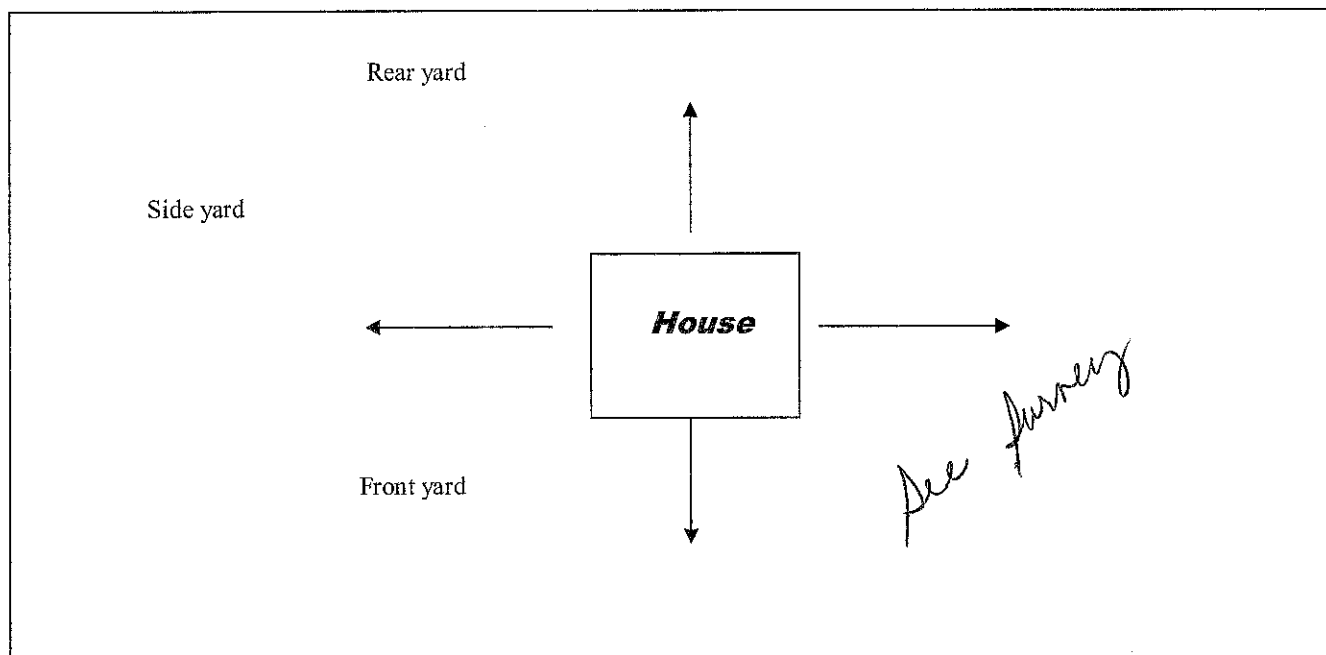
Interior/Corner Lot: circle one

Owner of Land Josefa Gonzalez

Zone: R20

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

I. House,



- 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 of Applicant

Approved:/Rejected: _____
Zoning Administrator

Date: _____

Front yard to st

47'

16'

178 1/2"

268 1/3"

Board fence enclosure

35 ft

Front yard to st.

Existing deck

42.9' to property line

House side

Electric for spa in conduit.

Floating deck (not attached to house)

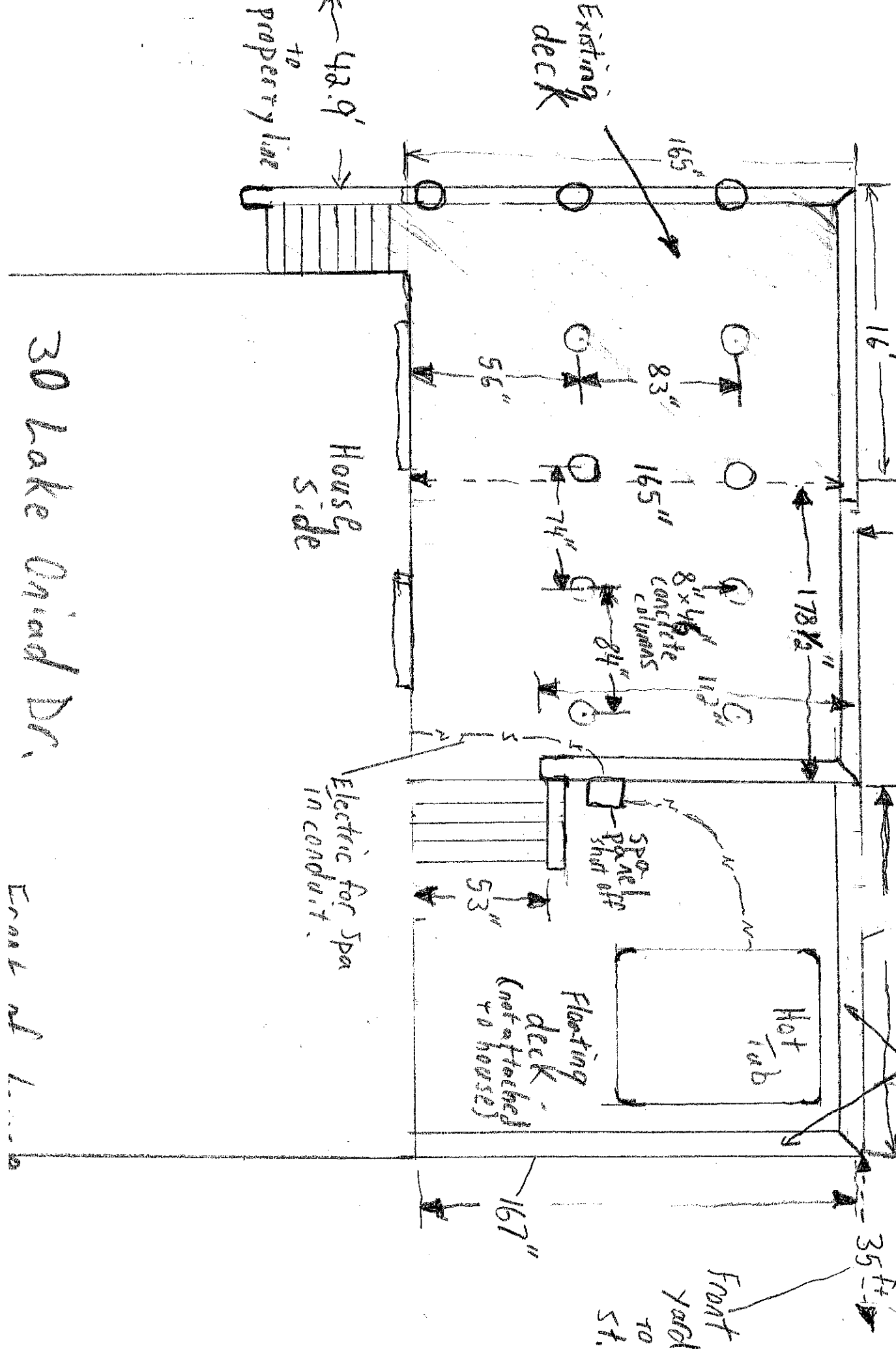
8" x 4" concrete columns

spa shelf - spa off

Hot tub

30 Lake Oriad Dr.

Front of lot



ST.

Teex (1000 composite deck screws)

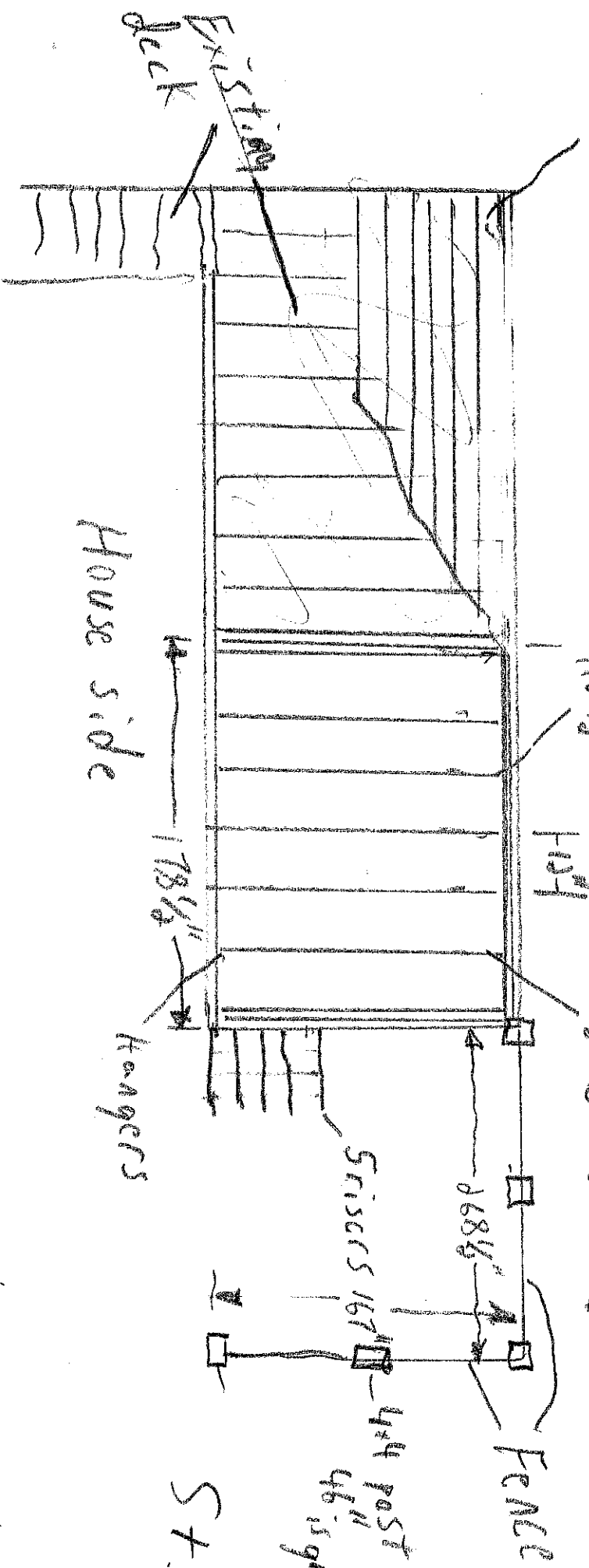
Joist hangers

Joist CC lumber
2x8x16' (36 gtr.)

Fence

4x4 post
46" is ground

ST.

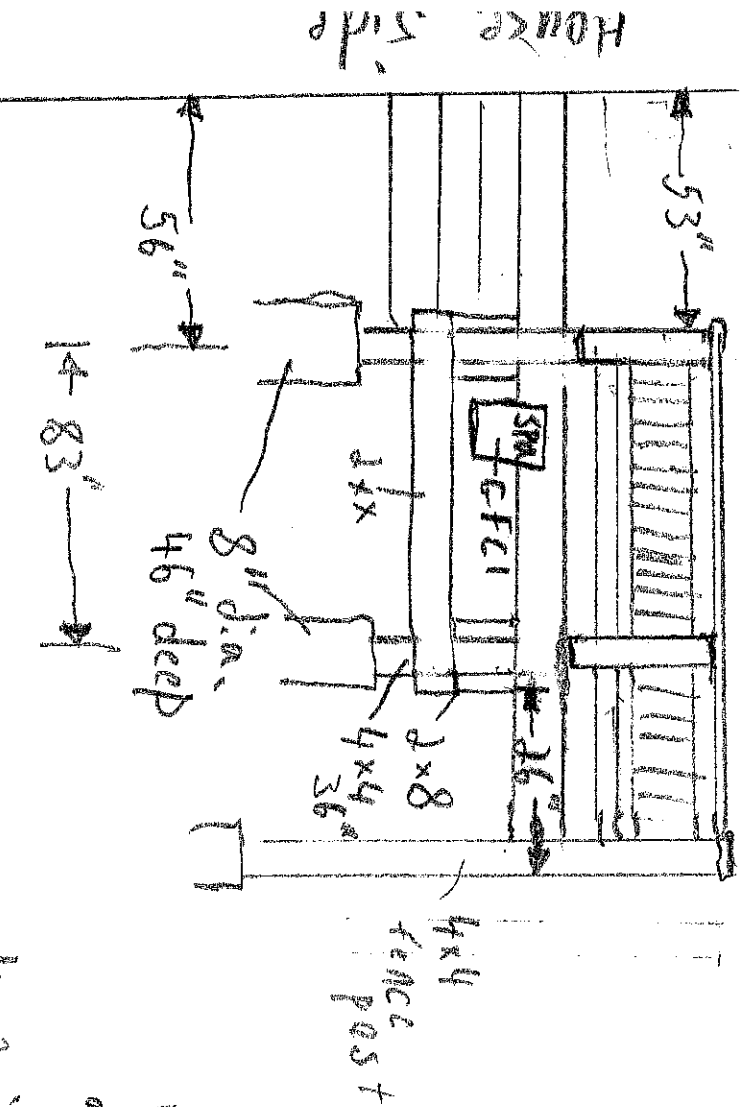
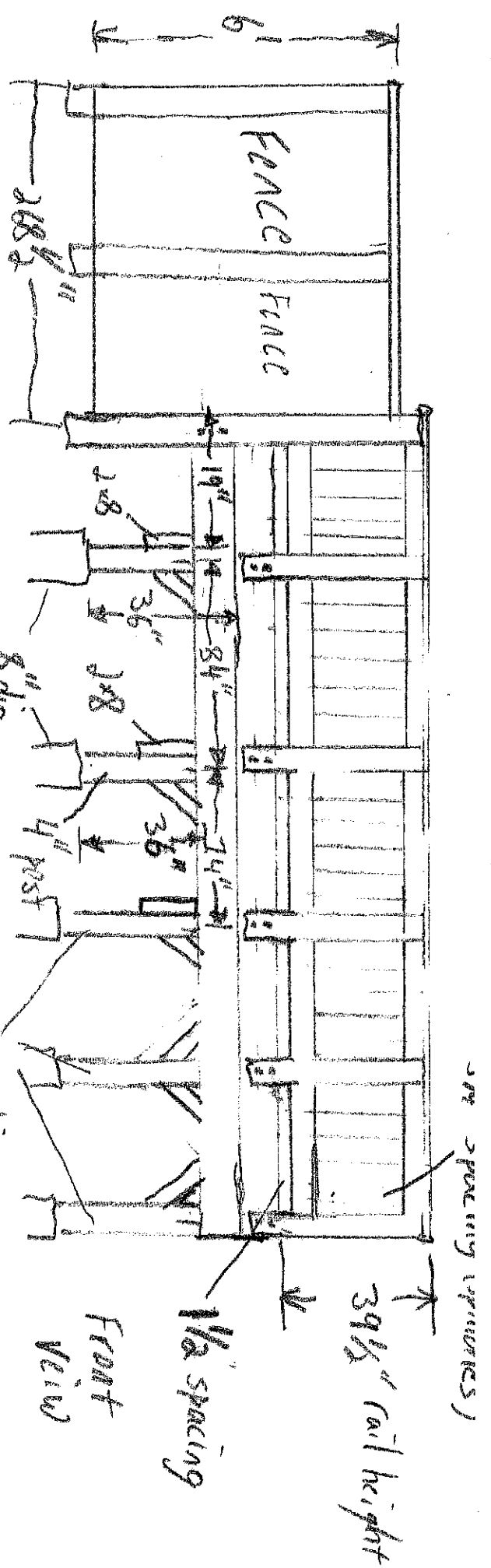


House side

Front of house

30 Lake Quind Dr.

- 3" galvanized nails
- 5/8x8" bolts
- 5/16x6" galvanized lag bolt
- 3" deck screws
- 2 1/2" deck screws



30 Lake Ontario

GC Lumber
and Trex used

Floating
deck

