

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.: 25-7859

Date: 9-4-25

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

I (We), Richard Chauvin residing at 14 Appleblossom Lane,
Hopewell Jct, NY 12533, (phone) 914-490-7652, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 5-21-25, and do hereby apply for an area variance(s).

Premises located at: 14 Appleblossom Lane, Hopewell Jct, NY 12533
Tax Grid No.: 6157-04-957118
Zoning District: Wappingers Falls

1. Record Owner of Property:

Richard Chauvin
Address: 14 Appleblossom Lane, Hopewell Jct, NY 12533
Phone Number: 914-490-7652
Owner Consent dated: 9/4/25

Signature: [Signature]
Print Name: Richard Chauvin

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: 50 feet to rear

Applicant(s) can provide: 30.1 feet

Thus requesting: 19.9 feet

To allow: for the construction of a 30x12 deck

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 25-1859

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: _____

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.

There will be no change in neighborhood or nearby properties

- 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.

• Rear deck build will impede the setback
• No other way to obtain same result

- 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.

• Standard zoning is 50 feet - we will be finished @ 30 feet
(20 foot) difference.

- 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 physical environmental impact.
• Request is to build a rear deck

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

• Remodel of existing home

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

• Beautification of remodel

4. List of attachments (*Check applicable information*)

- (☒) Survey dated: 9/13/2023, Last revised _____ and
Prepared by: Robert W. Oswald
- () Plot Plan dated: _____
- () Photos
- (☒) Drawings dated: 12/5/2024
- () 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: 8/4/25

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: 25-7859 Date: 9-4-25
Grid No.: 6157-04-95718 Zoning District: R-40

Location of Project:

11 Appleblossom Lane Hopewell Jct, NY 12533

Name of Applicant:

Richard Chauvin 914-490-7652
Print name and phone number

Description of

Project: - request to build rear deck

I, Richard Chauvin, 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.

9/4/24
Date

914 490 7652
Owner's Telephone Number

[Signature]
Owner's Signature

Richard Chauvin
Print Name and Title *** Owner

*** 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): <i>11 Appleblossom Lane - Hopewell Jct, NY 12533</i>			
Brief Description of Proposed Action: <i>• Request to build rear deck</i>			
Name of Applicant or Sponsor: <i>Richard Chauvin</i>		Telephone: <i>914-490-7652</i>	
Address: <i>14 Appleblossom Lane</i>		E-Mail: <i>richardchauvinandcoinc@gmail.com</i>	
City/PO: <i>Hopewell Jct</i>		State: <i>NY</i>	Zip Code: <i>12533</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			

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 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 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO <input checked="" type="checkbox"/>	YES <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"/>
<hr/> <hr/>		
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<hr/> <hr/>		
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<hr/> <hr/>		
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<hr/> <hr/>		
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Richard Chao</u> Date: <u>2/4/25</u>		
Signature: <u>[Signature]</u> Title: <u>owner</u>		

RECEIVED

MAY 12 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: B40 DATE: 5-16-25

APPL #: 45534 PERMIT #

GRID: 6257-04-957118

APPLICANT NAME:

Richard Chauvin

ADDRESS: 11 Appleblossom Lane

TEL #: 914-490-7652 CELL: 914-490-7652 FAX #: 914-490-7652 E-MAIL: RJC Chauvin

NAME OWNER OF BUILDING/LAND: Same

PROJECT SITE ADDRESS: Same

MAILING ADDRESS: Same

TEL #: 914-490-7652 CELL: 914-490-7652 FAX #: 914-490-7652 E-MAIL: RJC Chauvin

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: Richard Chauvin

ADDRESS: 14 Appleblossom Lane

TEL #: 914-490-7652 CELL: 914-490-7652 FAX #: 914-490-7652 E-MAIL: RJC Chauvin

DESIGN PROFESSIONAL NAME: Day Ann STROKOS

TEL #: 845-223-3202 CELL: 845-223-3202 FAX #: 845-223-3202 E-MAIL: Day Ann Strokoz

APPLICATION FOR: Install new Rear Deck

30x12

SETBACKS: FRONT: 89.2 REAR: 30.1 L-SIDEYARD: 74 R-SIDEYARD: 132.7

SIZE OF STRUCTURE: 30 x 12

ESTIMATED COST: 7000 TYPE OF USE: Deck

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 5/16/25 CHECK # 5667 RECEIPT #: 2025-00744

BALANCE DUE: 0 PAID ON: 5/16/25 CHECK # 5667 RECEIPT #: 2025-00744

APPROVALS:

ZONING ADMINISTRATOR:

☒ Approved ☐ Denied Date: 5/16/24

[Signature]

[Signature]

[Signature]

Signature of Applicant

FIRE INSPECTOR:

☐ Approved ☐ Denied Date: 5/16/25

[Signature]

[Signature]

[Signature]

Signature of Building Inspector

Print Name or Company Name(if applicable)

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date

4/7/2025

Address: 11 Applecross Ave



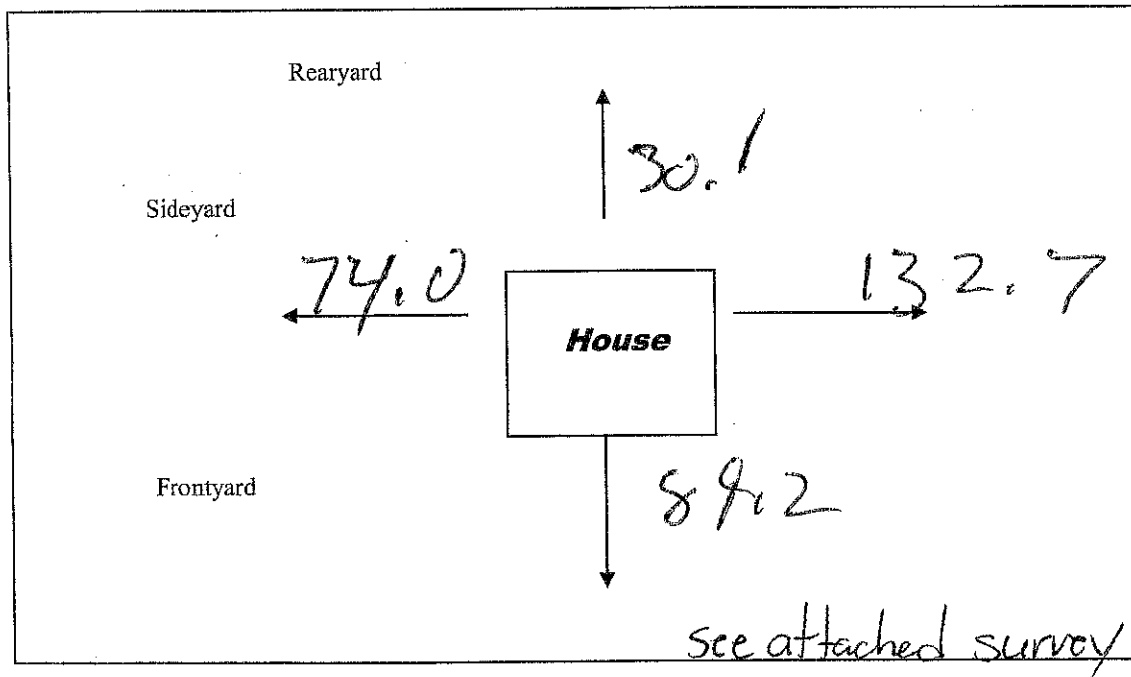
Interior/Corner Lot: circle one

Owner of Land Richard Chavira

Zone: B40

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

1. House, Garage Attached



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: _____

Date: _____

Zoning Administrator