

UPDATED: 8-27-25



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.: 25-7857 Date: 8-12-25

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

I (We), ADRIAN & SHANA MANUEL residing at 53 GOLD ROAD, WAPPINGERS FALLS, NY 12590
(phone) 845-269-5956, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 6-30-25, and do hereby apply for an area variance(s).

Premises located at: 53 GOLD ROAD, WAPPINGERS FALLS, NY 12590

Tax Grid No.: 6258-04-934369

Zoning District: R-40

1. Record Owner of Property:

Address: 53 Gold Rd Wappingers Falls NY 12590

Phone Number: 845-269-5956 / 914-656-6675

Owner Consent dated: 12-AUG-2025

Signature: [Signature]

Print Name: Shana Manuel / Adrian Manuel

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 yard (left)

Applicant(s) can provide: 43'6"

Thus requesting: 6'6"

To allow: FOR NEW ADDITIONS.

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: 50 feet to rear yard (right)

Applicant(s) can provide: 46 feet

Thus requesting: 4 feet

To allow: New addition

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 DESIGN OF THE PROPOSED ADDITIONS WILL IMPROVE THE CHARACTER OF THE NEIGHBORHOOD SINCE THE ARCHITECTURE WILL BLEND WITH THE EXISTING RESIDENCE.

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 PROPERTY IS PRE-EXISTING / NON-CONFORMING. ANY ADDITIONS TO THE FRONT OR BACK OF THE RESIDENCE WOULD REQUIRE VARIANCES.

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 VARIANCE REQUESTS ARE NOT SUBSTANTIAL. THE PROPOSED ADDITIONS WERE DESIGNED TO THE SMALLEST FOOTPRINT.

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.

THERE WILL BE NO IMPACT ON THE PHYSICAL ENVIRONMENTAL CONDITIONS OF THE NEIGHBORHOOD.

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: 50 feet to front yard
Applicant(s) can provide: 40 feet
Thus requesting: 4 feet
To allow: New Addition - front porch

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: 240 37
50 feet to front yard
Thus requesting: 45 feet to left addition in front
To allow: 5 feet

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: _____

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: _____

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 IS SELF-CREATED WITH THE PROPOSED ADDITIONS, HOWEVER, THE PROPERTY IS PRE-EXISTING / NON-CONFORMING WHICH REQUIRES VARIANCES FOR ANY ADDITIONS.

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

THE PROPERTY IS PRE-EXISTING / NON-CONFORMING WHICH REQUIRES VARIANCES FOR ANY ADDITIONS.

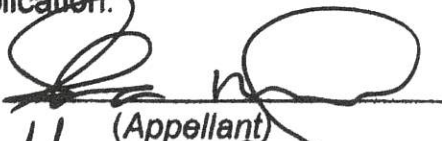
4. List of attachments (Check applicable information)

- Survey dated: 7/25/2006, Last revised _____ and Prepared by: S. WILLIAM KOWSEK
- Plot Plan dated: _____
- Photos
- Drawings dated: 8/12/25
- 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

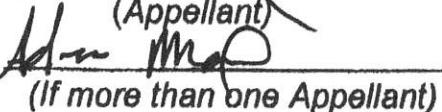
Please be advised that no application can be deemed complete unless signed below. The applicant hereby states that all information given is accurate as of the date of application.

SIGNATURE:


(Appellant)

DATED: 8/12/25

SIGNATURE:


(If more than one Appellant)

DATED: 8/12/25

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: 25-7857

Date: 8-12-25

Grid No.: 6258-04-934369

Zoning District: R-40

Location of Project:

53 GOLD ROAD, WAPPINGERS FALLS, NY 12590

Name of Applicant:

ADRIAN & SHANA MANUEL

Print name and phone number

Description of

Project: New Garage and Bedroom addition on the east side of the house, Bonus Room on the west side of the house, and foyer addition on the north side.

I ADRIAN & SHANA MANUEL, 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

8/12/25
Date


Owner's Signature

845-269-5956/914-656-6675
Owner's Telephone Number

Shana Manuel / Adrian Manuel
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.

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

To: Manuel, Adrian
53 Gold Rd

SBL: 6258-04-934369-0000
Date of this Notice: 06/30/2025
Zone:
Application: 45685

For property located at: 53 Gold Rd

Your application to:

ADDITION - ADDITION ON BOTH SIDES OF EXISTING HOUSE: RIGHT SIDE - 448 SQ FT, LEFT SIDE - 747 SQ FT FOYER AND PATIO ADDITION TO FRONT OF HOUSE: 221 SQ FT

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

Where 50 feet is required to the rear yard property line, the applicant is proposing an addition on the left side and can provide 43'6" to the rear property line.

Where 50 feet is required to the rear yard property line, the applicant is proposing an addition on the right side and can provide 46' to the rear property line.

Where 50 feet is required to the front yard property line, the applicant is proposing a new foyer addition and can provide 46' to the front property line.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>50</u> ft.	<u>43'6"</u> ft. <i>Left side</i>
SIDE YARD (LEFT):	_____ ft.	<u>46'</u> ft. <i>Right side</i>
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	<u>50</u> ft.	<u>46</u> 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 23 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: R-40 DATE: 4/25/25 6/27/25
APPL #: 45685 PERMIT # _____
GRID: 6258-04-934369

APPLICANT NAME: ADRIAN & SHANA MANUEL
ADDRESS: 53 GOLD ROAD, WAPPINGERS FALLS, NY 12590
TEL #: 845-269-5956 CELL: ADD'L 914-656-6675 FAX #: N/A E-MAIL: SOARHOFER4.FAM@GMAIL.COM

NAME OWNER OF BUILDING/LAND: ADRIAN & SHANA MANUEL
PROJECT SITE ADDRESS: 53 GOLD ROAD, WAPPINGERS FALLS, NY 12590
MAILING ADDRESS: SAME AS ABOVE
TEL #: 845-269-5956 CELL: ADD'L 914-656-6675 FAX #: N/A E-MAIL: SOARHOFER4.FAM@GMAIL.COM

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: T.B.P.
ADDRESS: _____
TEL # _____ CELL: _____ FAX #: _____ E-MAIL: _____

DESIGN PROFESSIONAL NAME:
TEL #: 845-337-4331 CELL: N/A FAX #: N/A E-MAIL: SW@WALENARCHITECTURE.COM

APPLICATION FOR: 2 ADDITIONS ON EITHER SIDE OF EXISTING HOUSE.
FOYER & PATIO ADDITION TO FRONT OF HOUSE.
PROPOSED RIGHT ADDITION = +/- 448 S.F.
PROPOSED LEFT ADDITION = +/- 747 S.F.
PROPOSED FRONT ADDITION = +/- 221 S.F.

SETBACKS: FRONT: 50' REAR: 50' L-SIDEYARD: 25' R-SIDEYARD: 25'
SIZE OF STRUCTURE: +/- 1,340 EXISTING.
ESTIMATED COST: T.B.P. **TYPE OF USE:** SINGLE FAMILY RESIDENTIAL

NON-REFUNDABLE APPL. FEE: 150 - PAID ON 6/27/25 CHECK # 1254 RECEIPT # 2025-01014
BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT # _____

APPROVALS:
ZONING ADMINISTRATOR:
 Approved Denied Date: 6.30.25
Barbara Roberts
Steph M...
Signature of Applicant

FIRE INSPECTOR:
 Approved Denied Date: _____

Signature of Building Inspector

Print Name or Company Name(if applicable)

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

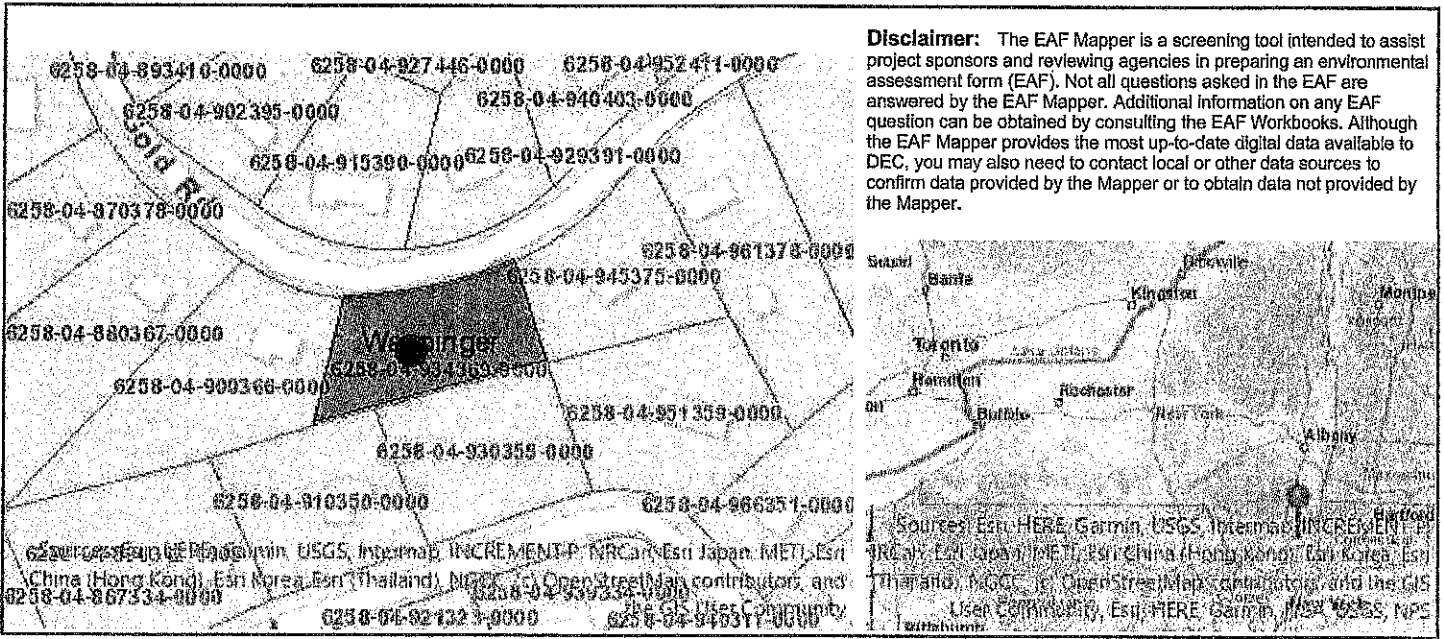
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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: Additions to the Manuel Residence			
Project Location (describe, and attach a location map): 53 Gold Road, Wappingers Falls, NY 12590			
Brief Description of Proposed Action: New 600 SF addition on the east side of the residence, a new 492 SF addition on the west side of the residence, and a 40 SF addition on the north side of the residence.			
Name of Applicant or Sponsor: Adrian & Shana Manuel		Telephone: 845-239-5956 / 914-656-6675	
Address: 53 Gold Rd.		E-Mail: soarhigher4.fam@gmail.com	
City/PO: Wappingers Falls		State: New York	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 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: ZBA, Building Department			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 0.68 acres			
b. Total acreage to be physically disturbed? _____ 0.02 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 0.68 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <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 <input type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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: The proposed action will meet the state energy code requirements. _____	NO <input type="checkbox"/>	YES <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 <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input type="checkbox"/>	YES <input checked="" 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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input 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 <input type="checkbox"/> <input checked="" type="checkbox"/>	YES <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"/> 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
Indiana Bat	<input type="checkbox"/>	<input checked="" 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?	NO	YES
If Yes,	<input type="checkbox"/>	<input checked="" 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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, briefly describe:		
Gutters / downspouts will discharge to landscaping beds.		
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)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	<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?	NO	YES
If Yes, describe:	<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?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: <u>STEPHEN A. WILKENS, RA, LEED AP</u> Date: <u>8/12/25</u></p> <p>Signature: <u>[Signature]</u> Title: <u>PRINCIPAL</u></p>		



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	Yes
Part 1 / Question 15 [Threatened or Endangered Animal - Name]	Indiana Bat
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project: Date:

Short Environmental Assessment Form
Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input checked="" type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT FORM