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Zoning Board of Appeals
Town of Wappinger

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.: 25-1864

Date: 10-7-25

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

I (We), Maria Zarala residing at 112 Stonykill Rd
Wappingers Falls NY 12590, (phone) (845) 750-7354, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated _____, and do hereby apply for an area variance(s).

Premises located at: 112 Stonykill Rd. Wappingers Falls, NY 12590
Tax Grid No.: 6056-02-873710
Zoning District: R40

1. Record Owner of Property:

Maria Zarala

Address: 112 Stonykill Rd

Phone Number: 845 750 7354

Owner Consent dated: 09-29-25

Signature: Maria Zarala
Print Name: Maria Zarala

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: 25' to the left side property line

Applicant(s) can provide: 11.1' to left side property line

Thus requesting: 13.9' variance

To allow: To demo existing house & rebuild house ^{2 story}

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' to front property line
Applicant(s) can provide: 20.1' to front property line
Thus requesting: 29.9' to front property line
To allow: demo existing house & rebuild new 2 story house

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.

No change anticipated with the renovation and addition in the character of the neighborhood as the area is all single family homes

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 lot is only .30 Acres in a 1 Acre zone area and has a width of approx .75' as the area of the house, thereby limiting the ability to provide the required 25' setbacks on each side

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.

Not Substantial considering the lot width and size restraints being .30 acres in a 1 Acre Zone

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.

Will be impacted for the better with the renovations of the existing house

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

The existing house needs to be renovated and brought up to
current construction standards due to its condition

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

The size of lot and age of the house is what makes
the variance required.

4. List of attachments (Check applicable information)

- () Survey dated: 5-22-25, Last revised _____ and
Prepared by: Robert V Oswald
- () Plot Plan dated: 5-22-25
- () Photos
- () Drawings dated: 5-30-25
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: J. Subrize Dated: 9-30-25
- () 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: 
(Appellant)

DATED: 9-30-25

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.**

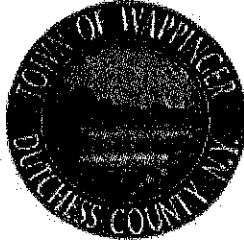
DATED: _____

ZONING BOARD OF APPEALS
TOWN OF WAPPINGER, NEW YORK

BY: _____
(Chairman)

PRINT: _____

TOWN OF WAPPINGER



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # _____

SITE LOCATION: 112 Stonykill Rd

GRID: # 6056-02-873710

Name of APPLICANT: Maria Zavala
(Person PHYSICALLY coming in to apply)

~ CERTIFICATION ~

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure *until a Certificate of Occupancy shall have been issued by the Building Inspector and the Zoning Administrator.*

I, Maria Zavala, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the above application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence/business. If this permit is not issued a certificate before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date a new application and the permit fee will have to be submitted/paid again in order to close out the permit. I understand, as the land/site/building owner, that I am ultimately responsible for the closure/completion of the work described on this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

9-26-2025
Date
(845) 750-7354
Owner's Telephone Number

Maria Zavala
Owner's Signature
MARIA ZAVALA
Print Name
112 Stonykill Rd
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

★ Residential Property - renovations to include Addition of 2nd story and renovations to existing house

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			
<div style="text-align: center; font-size: 1.2em; font-weight: bold;">Marra Zewala</div>			
Name of Action or Project: <div style="text-align: center; font-size: 1.1em;">Renovation of existing house and construction of addition</div>			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: <div style="text-align: center; font-size: 1.1em;">Renovation of existing house in same foot print with addition (2nd floor)</div>			
Name of Applicant or Sponsor: <i>Marra Zewala</i>		Telephone: <i>845 750 7354</i>	
		E-Mail:	
Address: <i>112 Stony Kill Rd</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"/>
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: <i>Wappingers Building Dept</i>			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?			<i>.30</i> acres
b. Total acreage to be physically disturbed?			<i>.40</i> <i>0</i> acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			<i>0</i> acres
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input checked="" 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?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
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? If the proposed action will exceed requirements, describe design features and technologies: <u>The renovation and addition will meet or exceed requirements of the New York state energy construction code</u>	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 checked="" type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 checked="" 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
	<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?	NO	YES
If 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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		

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"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Edgar Zavała</u>	Date: <u>9-30-25</u>	
Signature: <u></u>	Title: _____	