

TOWN OF WAPPINGER

PLANNING BOARD

Architectural Review Only
No Escrow Fees Taken

PROJECT NAME: Bank of America Exterior Façade Improvements

MEETING DATE: February 2, 2026

ACCOUNT NUMBER: 26-3534

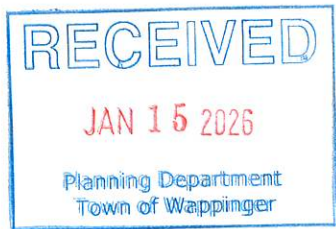
DATE PREPARED: January 27, 2026

X **SITE PLAN** **SPECIAL USE PERMIT** **SUBDIVISION**

THE ATTACHED HAS BEEN REFERRED TO YOU FOR YOUR COMMENTS AND RECOMMENDATIONS. PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF WAPPINGER PLANNING BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS, NY 12590 WITHIN FIFTEEN (15) DAYS.

1 TOWN FILE
 7 TOWN OF WAPPINGER PLANNING BOARD
 1 ENGINEER TO THE TOWN
 1 PLANNER TO THE TOWN
 1 ATTORNEY TO THE TOWN
 HIGHWAY SUPERINTENDENT
 FIRE PREVENTION BUREAU
 RECREATION
 TOWN OF WAPPINGER TOWN BOARD
 DUTCHESS COUNTY DEPT. OF PLANNING
 NEW YORK STATE DEPT. OF TRANSPORTATION
 DUTCHESS COUNTY DEPT. OF HEALTH
 DUTCHESS COUNTY SOIL & WATER
 NYS DEPT OF D.E.C
 TOWN OF FISHKILL PLANNING BOARD
 TOWN OF EAST FISHKILL PLANNING BOARD
 TOWN OF LAGRANGE PLANNING BOARD
 VILLAGE OF WAPPINGER PLANNING BOARD
 BUILDING INSPECTOR
 1 ZONING ADMINISTRATOR-BARBARA ROBERTI

***** PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW*****



TOWN OF WAPPINGER PLANNING BOARD

Application No. 26-3534

Date Received: 1-15-26

Fee Received: \$250.00

APPLICATION FOR ARCHITECTURAL REVIEW

TITLE OF PROJECT: Exterior Facade Improvements - Bank of America

Location of Property: 1469 Route 9, Wappinger Falls, NY 12590

NAME & ADDRESS OF APPLICANT (Corporation or Individual):

101 N. Tryon Street	Charlotte	NC	28255
Street	Town	State	Zip
Jason Correia - CBRE	c/o 732-786-2484		
Contact Person	Phone Number	Fax Number	

NAME & ADDRESS OF OWNER (Corporation or Individual):

27 Vista Drive	Syosset	NY	11791
Street	Town	State	Zip
Valentino Zarboutis	516-849-1128		
Contact Person	Phone Number	Fax Number	

Grid No. 135689-6157-02-609919-0000

Please specify use or uses of building.

Existing Design: Existing Bank of America bank. Business use.

Proposed Change to exterior of building or Signage: _____

Materials to be used: New metal canopy to replace existing awning. paint exterior of building.

Proposed cost of construction: _____

Zoning District: HB

Acreage: 1.07

Existing No. of Parking Spaces: _____ Proposed No. of Parking Spaces: _____

Bank of America, N.A.

Type Name (Corporation, LLC, Individual, etc.) _____

1/13/26

Date 516-849-1128

Owner's Telephone No.

Owner or representative's signature

VALENTINO ZARBOUTIS, OWNER

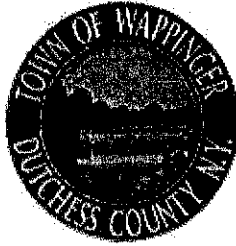
Type Name and Title ***

27 VISTA DR. SYOSSET, NY 11791

Owner's Address

***If this is a Corporation or LLC please provide documentation of authority to sign.

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: 1469 Route 9, Wappinger Falls, NY 12590

GRID: # 135689-6157-02-609919-0000

Name of APPLICANT/OWNER: Valentino Zarboutis
(Person PHYSICALLY coming in to apply, if other than the Owner)

~ CERTIFICATION ~

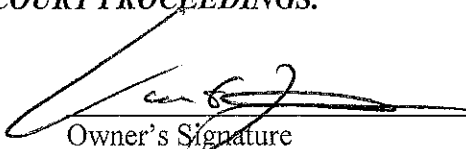
NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

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/or Zoning Administrator.

I, Valentino Zarboutis, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the attached 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. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

4/30/25
Date
516-849-1128
Owner's Telephone Number


Owner's Signature
Valentino Zarboutis
Print Name
27 Vista Dr., Syosset, NY 11791
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

SAVE COMPLETED FORM

TOWN OF WAPPINGER PLANNING BOARD
ARCHITECTURAL REVIEW

Appl. #: _____
Date: _____

PROJECT: Bank of America Exterior Improvements

LOCATION: 1469 Route 9

DATE OF PLANNING BOARD MEETING: _____

PROJECT CONSISTS OF THE FOLLOWING:

Façade Improvements, notably façade repair, replacement of the wall mounted sign and entry awning and canopy renovations/replacement.

APPROVED: _____ DENIED: _____

MOTION MOVED BY: _____

SECOND BY: _____

CONDITIONS:

BEA OGUNTI, SECRETARY
TOWN OF WAPPINGER PLANNING BOARD