



Dear Zoning Department,

I am requesting an area variance to install a 6-foot privacy fence in the front yard of my property at 1946 Route 9D, Wappingers Falls, NY 12590. This request is based on safety, health, and quality-of-life concerns for my family, not for aesthetic reasons.

My home faces Route 9D, where the posted speed limit is 45 MPH. Traffic is frequent, loud, and includes heavy trucks traveling at high speeds throughout the day and night. I am especially concerned about the safety of my two young children, ages 3 and 2, when they are outdoors.

Additionally, my 3-year-old son is on the autism spectrum and is particularly sensitive to loud, unpredictable sounds. When trucks and vehicles pass, he often says, "too loud, too loud" and becomes visibly distressed. Despite replacing all of our windows to reduce interior noise, the sound continues to affect the front-facing rooms, negatively impacting our family's daily quality of life.

In an effort to address these traffic conditions, I contacted the New York State Department of Transportation to request that the speed limit be reduced to 35 MPH, consistent with the next hamlet over. My request was denied, and the Town of Wappinger also submitted a similar request on my behalf, which was likewise denied. With no relief available through speed regulation, the only remaining option to improve our safety and reduce noise is the installation of a taller fence.

I plan to install a 6-foot solid white PVC privacy fence within my property lines, which have already been confirmed and marked by a licensed land survey. PVC fencing provides greater durability and sound reduction than traditional wood fencing, making it the most effective choice for addressing both safety and noise concerns. The design will be clean, well-maintained, and consistent with other fencing styles in the area.

I respectfully ask the Board to consider the unique circumstances my family faces, particularly my son's sensory challenges, and approve this variance request.

Thank you for your time and thoughtful consideration.

*I was also diagnosed with ADHD and noises also affect me.*  
Sincerely,

A handwritten signature in black ink that reads "Paul Arpi Caracundo".

Paul Arpi Caracundo  
1946 Route 9D  
Wappingers Falls, NY 12590  
9143845007

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.: 26-1869

Date: 3/4/2026

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

I (We), Paul H Arpi Caracundo residing at 1946 Route 9D  
Wappinger Falls, NY 12590, (phone) 914-384-5007, hereby,  
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 4/29/2025, and do hereby apply for an area variance(s).

Premises located at: 1946 Route 9D, Wappingers Falls, NY 12590  
Tax Grid No.: 6056-02-668648  
Zoning District: R40/80

1. Record Owner of Property:

Paul H. Arpi Caracundo  
Address: 1946 Route 9D, Wappingers Falls, NY, 12590  
Phone Number: 914-384-5007  
Owner Consent dated: 3/4/2026

Signature: Paul Arpi  
Print Name: Paul H Arpi Caracundo

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.

Section 240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: \_\_\_\_\_

Applicant(s) can provide: \_\_\_\_\_

Thus requesting: a variance of 2 feet

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: \_\_\_\_\_

**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 change will be minimal since the 6' fence Requested will be install behind bushes. Plus neighbor all of them have 6' Fence in there Front Yards

- 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.

Without a Variance I'm not allowed to install a 6' Fence in front of my property. The only way to keep my Family safe and mitigate the traffic noise from the highway is to install a fence of 6' in front of my property.

- 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.

I believe the requested area variance is not substantial. Current code allows for a 4' fence and I'm requesting a 6' Fence in front Yard.

- 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 physical environment will not change as I am requesting for a fence in my front yard.

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

I need a variance because I want to install a 6' fence to mitigate highway noise that affects my autistic son who is 4 yrs old. Loud noise affect him and me as well who suffers ADHD.

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

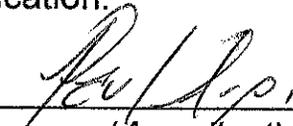
I would consider my property unique due to the fact that my property is the only one that doesn't have a 6' fence to block the traffic noise compared to my neighbors.

4. List of attachments (Check applicable information)

- Survey dated: 4/4/2024, Last revised 6/4/2025 and Prepared by: Robert f. Oicle, P
- Plot Plan dated: \_\_\_\_\_
- 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: 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: 3/4/2026

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: Ab-7869

Date: 3/4/2026

Grid No.: 6056-02-668648

Zoning District: R40/80

Location of Project:

1946 Route 9D, Wappingers Falls, NY 12590

Name of Applicant: Paul H. Arpi Caracundo 914 384 5007

Print name and phone number

Description of

Project: A variance so I can put up a 6-foot fence in the front yard of my property

I, Paul H. Arpi Caracundo, 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.

3/4/2026  
Date

Paul Arpi  
Owner's Signature

914-384-5007  
Owner's Telephone Number

Paul H. Arpi Caracundo  
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.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: <span style="font-size: 1.2em; font-family: cursive;">1946 Route 9D, Wappingers Falls, NY 12590</span>			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: <span style="font-size: 1.2em; font-family: cursive;">I want to put up a 6-foot fence in the front yard of my property to mitigate noise from highway. The noise affects my son who has autism and me that have ADHD.</span>			
Name of Applicant or Sponsor: <span style="font-size: 1.2em; font-family: cursive;">Paul H. Arpi Caracundo</span>		Telephone: <span style="font-size: 1.2em; font-family: cursive;">914-384-5007</span>	
		E-Mail: <span style="font-size: 1.2em; font-family: cursive;">parpih91@gmail.com</span>	
Address: <span style="font-size: 1.2em; font-family: cursive;">1946 Route 9D</span>			
City/PO: <span style="font-size: 1.2em; font-family: cursive;">Wappingers Falls</span>		State: <span style="font-size: 1.2em; font-family: cursive;">NY</span>	Zip Code: <span style="font-size: 1.2em; font-family: cursive;">12590</span>
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 checked="" 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline    Forest    Agricultural/grasslands    Early mid-successional  
 Wetland    Urban    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 type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input 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)? 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: Paul H. Arpi Caracundo Date: 3/4/2026  
Signature: Paul Arpi Title: owner

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

To: Paul H Arpi Caracundo  
1946 ROUTE 9D  
WAPPINGERS FALLS, NY

SBL: 6056-02-668648-0000  
Date of this Notice: 09/29/2025  
Zone: R40/80  
Application: 45996

For property located at: 1946 Route 9D

Your application to:

**CONSTRUCT A FENCE - 6 FOOT FENCE IN FRONT YARD: 10' FROM PROPERTY LINE AND 1' FROM PROPERTY LINE ON SIDES**

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

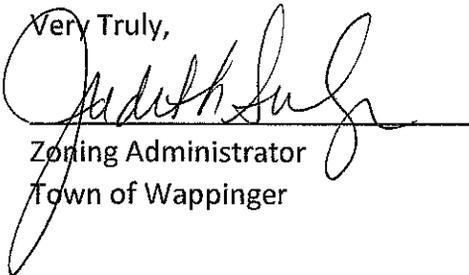
Where a 4' Fence can be placed in a Front Yard, the applicant is requesting approval to place a 6' Fence in the Front Yard.

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	REQU I R E D:	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](http://www.townofwappingerny.gov)

Very Truly,

  
\_\_\_\_\_  
Zoning Administrator  
Town of Wappinger

email - 1 - emailed on 9/29/25

**RECEIVED**  
SEP 11 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  Commercial  Multiple Dwelling  
 New Construction  Renovation/Alteration

ZONE: R40/80 DATE: 9/17/2025  
APPL #: 45996 PERMIT # \_\_\_\_\_  
GRID: 6056-02-668648

APPLICANT NAME: Paul Arpi Caracundo  
ADDRESS: 1946 Route 9D, Wappingers Falls, NY 12590  
TEL #: \_\_\_\_\_ CELL: 914 384-5007 FAX #: \_\_\_\_\_ E-MAIL: parpih91@gmail.com

NAME OWNER OF BUILDING/LAND: Paul Arpi Caracundo  
\*PROJECT SITE ADDRESS\*: 1946 Route 9D, Wappingers Falls, NY 12590  
MAILING ADDRESS: \_\_\_\_\_  
TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUILDER/CONTRACTOR DOING WORK:  
COMPANY NAME: Owner will build fence  
ADDRESS: \_\_\_\_\_  
TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DESIGN PROFESSIONAL NAME:  
TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICATION FOR: a variance so I can put up a 6-foot fence in the front yard of my property.  
10' feet from edge of pavement on frontage (changed per PAC)  
1' from property lines on sides (Property Line)

SETBACKS: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ L-SIDEYARD: \_\_\_\_\_ R-SIDEYARD: \_\_\_\_\_  
SIZE OF STRUCTURE: \_\_\_\_\_  
ESTIMATED COST: \$2000.- TYPE OF USE: \_\_\_\_\_

NON-REFUNDABLE APPL. FEE: \_\_\_\_\_ PAID ON: \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT #:  
BALANCE DUE: \_\_\_\_\_ PAID ON: \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT #:

**APPROVALS:**

ZONING ADMINISTRATOR:  
O Approved ● Denied Date: 9/30/25  
Judith Lige

FIRE INSPECTOR:  
O Approved O Denied Date: \_\_\_\_\_

Paul Arpi  
Signature of Applicant  
owner - Paul Arpi Caracundo

\_\_\_\_\_  
Signature of Building Inspector

Print Name or Company Name(if applicable)

# 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 # 45996

SITE LOCATION: 1946 Route 9D, Wappinger Falls, NY 12590

GRID: # 6056-02-668648

Name of APPLICANT/OWNER: Owner - Paul Arpi Caracundo  
(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, \_\_\_\_\_, 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.**

9/9/25  
Date

914 384 5007  
Owner's Telephone Number

Paul Arpi  
Owner's Signature

Paul Arpi Caracundo  
Print Name

1946 Route 9D, Wappinger Falls, NY 12590  
Print Owner's Address

**FOR OFFICE USE ONLY**

Code Enforcement Official: \_\_\_\_\_

**SAVE COMPLETED FORM**