RECEIVED
AUG 06 2026
Zoning Board of Appeals
Town of Wappinger

TOWN OF WAPPINGER
AREA VARIANCE(S) APPLICATION

APPLICATION TO ZONING BOARD OF APPEALS
TOWN OF WAPPINGER, DUTCHESS COUNTY, NEW YORK

Appeal # 26-7875
Date: 8-6-26
Fee: $375.00
Escrow: /

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

I (We) Mid Hudson Development Corp., of
(Name of Appellant(s))
P.O. Box 636 Fishkill NY, 12524. 914-489-8518
(Mailing Address) *(Tel. Nos. Home/Work)*

HEREBY APPEAL TO THE ZONING BOARD OF APPEALS FROM THE DECISION/ACTION OF THE ZONING ADMINISTRATOR, DATED July 31, 2026 **AND DO HEREBY APPLY FOR AN AREA VARIANCE(S).**

Premises located at 356 Old Hopewell Rd.
(Address of Property)
6257-04-505320 R40
(Grid Nos.) *(Zoning District)*

1. **RECORD OWNER OF PROPERTY** Mid Hudson Development
(Name)
P.O. Box 636 Fishkill NY
(Address) *(Phone Number)*

OWNER CONSENT: Dated: 7-29-26 Signature: John Goetz
Printed: John Goetz

THE APPLICANTS APPEAL, AS PERMITTED BY STATE LAW, CONCERNS THE FOLLOWING:

- [✓] DENIAL OF A BUILDING PERMIT – NEW STRUCTURE
- [ ] DENIAL OF A BUILDING PERMIT - TO CURE A VIOLATION
- [ ] TOWN OF WAPPINGER PLANNING BOARD

VARIANCE REQUESTED FOR THE CONSTRUCTION OF: New one family Res.

VARIANCE REQUESTED FOR THE LEGALIZATION OF: existing foundation

DATE OF ZONING ENFORCEMENT LETTER: 7-31-26

STATE THE REASON YOU ARE APPLYING FOR THE VARIANCE(S): our recently installed foundation located at 356 Old Hopewell Rd. Does not meet the Required front yard setback. we are requesting an 11.8' variance.

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 ORDINANCE.

240-37

(Indicate Article, Section, Subsection and Paragraph)

REQUIRED: _____

REQUIRED SETBACK: 75'

APPLICANT(S) CAN PROVIDE: 63.2'

THUS REQUESTING A VARIANCE OF: 11.8'

TO ALLOW: The recently poured foundation to remain as is.

VARIANCE NO. 2

I (WE) HEREBY APPLY TO THE ZONING BOARD OF APPEALS FOR A VARIANCE(S) OF THE FOLLOWING REQUIREMENTS OF THE ZONING ORDINANCE.

_____

(Indicate Article, Section, Subsection and Paragraph)

REQUIRED SETBACK: _____

APPLICANT(S) CAN PROVIDE: _____

THUS REQUESTING A VARIANCE OF: _____

TO ALLOW: _____

VARIANCE NO. 3

I (WE) HEREBY APPLY TO THE ZONING BOARD OF APPEALS FOR A VARIANCE(S) OF THE FOLLOWING REQUIREMENTS OF THE ZONING ORDINANCE.

_____

(Indicate Article, Section, Subsection and Paragraph)

REQUIRED SETBACK: _____

APPLICANT(S) CAN PROVIDE: _____

THUS REQUESTING A VARIANCE OF: _____

TO ALLOW: _____

APPEAL CONCERNS THE FOLLOWING PROPERTY - RESIDENTIAL PROPERTIES ONLY
ENTIRE SECTION MUST BE COMPLETED
STRUCTURES UNDER 144 SF, REQUIRE ONLY 10 FT TO THE SIDE AND REAR PROPERTY LINES

Zoning District:	Minimum allowed by Town Code	Current Setback	New Setback	Variance Required
Front Yard Setback (R-10, 25 ft) (R-15 & R-20 - 35 ft) (R-40 & R-80, 50ft.) (R3-A, 75 ft) (R-5A – 100ft.) (RMF-3 & RMF-5, 50 ft.) STATE OR COUNTY ROADS REQUIRE A 75 FT FRONT SETBACK IN ALL DISTRICTS	75 ft.	63 ft. 2½ in.	ft. in.	11 ft. 9½ in.
Rear Yard Setback (R-10, 25 ft) (R-15, 30ft) (R-20 - 40 ft) (R-40 & R-80, 50ft.) (R3-A, 50 ft) (R-5A – 100 ft.) (RMF-3 & RMF-5, 50 ft.)	_____ ft.	__ ft. __ in.	__ ft. __ in.	__ ft. __ in.
Side Yard Setback (R-10, 12 ft) (R-15, 15 ft) (R-20, 20 ft) (R-40, 25 ft) (R-80, 40 ft.) (R3-A, 50 ft) (R-5A, 50 ft.) (RMF-3, 50 ft.) (RMF-5, 25 ft.)	_____ ft	__ ft. __ in	__ ft. __ in	__ ft. __ in
Maximum building coverage (R-10, 25%) (R-15, 20%) (R-20, 15%) (R-40, 12%) (R-80, 10%) (R3-A, 7%) (R-5A, 5%) (RMF-3, 30%.) (RMF-5, 45%)	_____ %	_____ %	_____ %	_____ %
_____				

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 UNDESIRABLE OR A DETRIMENT TO THEEE NEIGHBORHOOD.? PLEASE EXPLAIN YOUR ANSWER IN DETAIL.

We feel there will be no change at all.

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.

foundation has already been installed and there is no way to relocate it.

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.

It is only a change of 11.8' over a 75' Setback. we do not feel this change is substantial and/or would create any negative impact for the Surrounding Neighborhood.

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 - Not at all

E. HOW DID YOUR NEED FOR AN AREA VARIANCE(S) COME ABOUT? IS YOUR DIFFICULTY SELF-CREATED? PLEASE EXPLAIN YOUR ANSWER IN DETAIL.

There was an error made by the Surveyor and it was not discovered until the surveyor came back to physically locate the foundation and show it on the interim survey.

Property within 500' of any of the following? If so, they are to be notified.

☐ Town of Fishkill ☐ Town of Poughkeepsie ☐ Town of East Fishkill
☐ Village of Wappinger ☐ Town of LaGrange

☑ State or County Road (Rt 9, Rt 9D, Rt 376, DC Route 28, DC Rt 92, DC Rt 93, DC Rt 94, DC Rt 104 and DC Rt 1

4. **LIST OF ATTACHMENTS** (*Check applicable information*)

(☑) SURVEY DATED July 22 2026 LAST REVISED _____ AND PREPARED BY Robert V. Oswald Surveying.

(☐) 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 _____ DATED: _____
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 John Goetz _____ **DATED:** 7/29/26
(Appellant)

SIGNATURE _____ **DATED:** _____
(If more than one Appellant)

.....
.....

DETERMINATION OF ZBA BASED ON THE ABOVE FACTORS:

The ZBA, after taking into consideration the above five factors, finds that:

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)** / ( ) **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 BE

( ) GRANTED ( ) DENIED.

Reasons:_____

_____

_____

The ZBA further finds that a variance of_____from Section of the Zoning Code _____is the minimum variance that should be granted in order to preserve and protect the character of the neighborhood and the health, safety and welfare of the community because:

_____

_____

_____

CONDITIONS: The ZBA finds that the following conditions are necessary in order to minimize adverse impacts upon the neighborhood or community, for the following reasons:

Condition No. 1. _____

_____

Adverse impact to be minimized:_____

_____

Condition No. 2:_____

_____

Adverse impact to be minimized: _____

_____

_____

( ) FINDINGS & FACTS ATTACHED.

DATED: _____

ZONING BOARD OF APPEALS
TOWN OF WAPPINGER, NEW YORK

BY: _____
(Chairman)

PRINT: _____

RECORD OF VOTE

	MEMBER NAME	AYE	NAY
Chair	John Lorenzini	_____	_____
Co-Chair	David Barr	_____	_____
Member	Tom DellaCorte	_____	_____
Member	Don Denardo	_____	_____
Member	Christopher Hernandez	_____	_____

TOWN OF WAPPINGER

RECEIVED
AUG 06 2026
Building Department
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: 356 Old Hopewell Road

GRID: # 6257 04 505320

Name of APPLICANT/OWNER: Christopher Sollecito
(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, Christopher Sollecito *, 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.

8-6-26
Date

914 489 2569
Owner's Telephone Number

Owner's Signature

Christopher Sollecito
Print Name

P.O. Box 636, Fishkill, NY 12524
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

SAVE COMPLETED FORM

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

Mid Hudson Development Corp.

Name of Action or Project:

356 Old Hopewell Road.

Project Location (describe, and attach a location map):

Brief Description of Proposed Action:

Construct a single family home on an existing approved Building Lot.

Name of Applicant or Sponsor:	Telephone: 914. 489. 8518
Mid Hudson Development Corp.	E-Mail: John@MHDCNY.com

Address:

P.O. Box 1086 Fishkill

City/PO:	State:	Zip Code:
Fishkill	NY	12524

	NO	YES
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.	☒	☐
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:	☒	☐

3. a. Total acreage of the site of the proposed action? 3.33 acres
   b. Total acreage to be physically disturbed? Less Than .5 acres
   c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 3.33 acres

4. Check all land uses that occur on, are adjoining or near the proposed action:
   ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☑ Residential (suburban)
   ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):
   ☐ Parkland

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	☐	☑	☐
b. Consistent with the adopted comprehensive plan?	☐	☑	☐
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☑	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	☑	☐	
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?	☑	☐	
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: _____ _____	☑	☐	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: Well _____	☑	☐	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: OSWTS (Septic) _____	☑	☐	
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?	☑	☐	
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: _____ _____	☑	☐	

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

	NO	YES
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?	☒	☐
16. Is the project site located in the 100-year flood plan?	☒	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources?	☒	☐
If Yes,		
a. Will storm water discharges flow to adjacent properties?	☒	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	☒	☐
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:		
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:		
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:		

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: John Goetz Date: 4/29/26.

Signature: John Goetz Title: President

Town of Wappinger

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

To:
2537 Route 52
Hopewell Junction, NY

SBL: 6257-04-505320-0000
Date of this Notice: 07/31/2026
Zone:
Application: 47054

For property located at: 356 Old Hopewell Rd

Your application to:

NEW ONE FAMILY RES - INTERIOR SETBACKS - AREA VARIANCE - 11.8' FRONT SETBACK PER ASBUILT 632

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

Where 75 feet front yard setback is required on a State or County Road, the applicant can provide 63.2 feet for a new house being built.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	75 ft.	63.2 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,

Barbara Roberts

Zoning Administrator
Town of Wappinger

RECEIVED
JUL 29 2026
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: R40 DATE: 7/29/26
APPL #: 47054 PERMIT #
GRID: 6257-04-505320

APPLICANT NAME: Mid Hudson Development Corp
ADDRESS: P.O Box 636 Fishkill NY 12524
TEL #: CELL: 9144898518 FAX #: E-MAIL: John@MHDCNY.com

NAME OWNER OF BUILDING/LAND: Mid Hudson Development Corp
PROJECT SITE ADDRESS: 3556 Old Hopewell Road, W.F.
MAILING ADDRESS:
TEL #: CELL: FAX #: E-MAIL:

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME:
ADDRESS: Same -
TEL #: CELL: FAX #: E-MAIL:

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

APPLICATION FOR: New House - Interim Setbacks
Area Variance -
11.8' front Setback
(Req. 75' - As built 63.2)

SETBACKS: FRONT: 63.2 REAR: L-SIDEYARD: R-SIDEYARD:
SIZE OF STRUCTURE:
ESTIMATED COST: **TYPE OF USE:**

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

APPROVALS:
ZONING ADMINISTRATOR:
O Approved ⊘ Denied Date: 7.31.26
B Roberts
John Goetz
Signature of Applicant
John Goetz
Print Name or Company Name(if applicable)

FIRE INSPECTOR:
O Approved O Denied Date:

Barbara Roberts
Signature of Building Inspector

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 #** 47054

SITE LOCATION: 356 Old Hopewell Rd., W.F.

GRID: # 6257-04-505320

Name of APPLICANT: John Goetz president of Mid Hudson Development Corp.
(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, John Goetz ***, 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.

7-29-26
Date

914-489-8518
Owner's Telephone Number

Owner's Signature

John Goetz
Print Name

PO Box 1026 Pkill NY 12524
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____