

TOWN OF WAPPINGER

P.O. BOX 324 ~ 20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590

Zoning Board of Appeals
Office: 845.297.1373 ~ Fax: 845.297.4558
Zoning Enforcement Officer
Office: 845.297.6257
www.townofwappinger.us

Application for an Area Variance

Appeal # 20-7696

Dated: 3/11/2020

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

I(We), Ian Dawes residing at 46 Carroll Dr.
WAPPINGER FALLS NY. 12590, 914-258-2819 (phone), hereby appeal
to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 3/5/2020, ~~200~~, and do hereby apply for an area variance(s).

Premises located at 46 Carroll Dr
Tax Grid # 6257-04-818472
Zoning District: R-20

- Record Owner of Property Ian + Geneva Dawes
Address 46 Carroll Dr
Phone Number 914-258-2819
Owner Consent: Dated: 3-11-20

Signature:
Printed:

Ian M. Dawes
IAN. M. DAWES

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.

240-3T

(Indicate Article, Section, Subsection and Paragraph)

Required: 40 feet to rear yard
Applicant(s) can provide: 34' 2"
Thus requesting: 5' 8"
To allow: for the construction of a 34' x 17 rear deck

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.

No Deck will not affect any property in the neighborhood

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.

We wish to build a deck in the rear inside corner of the home to reach the forty(40) ft setback would cut 5'10" off one side of Deck Angling it back to other corner this would make deck much smaller and unattractive to the eye, and loosing over 100 sq feet of Deck space.

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.

its only 5'10" out of 40' and in an area not affecting anything. Its no larger than the existing home in both directions

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 there are no lakes, streams, ponds, trees, shrubs, or bush's that need to be rerouted, or moved. it might disrupt a couple of earth worms, but there pretty resilient they will find a new spot in the yard.

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

we wish to build a deck that squares off the back of the
house evenly, and the rear setback only is 5'10" to close
to boundary

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

its not unique only a distance issue,

4. List of attachments (Check applicable information)

- Survey Dated 2/18/2020, Last Revised 2/18/220 and Prepared by Johnson Surveying.
- Plot Plan Dated July 11 1966.
- 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 *Danny* **DATED:** 03.11.20
(Appellant)

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

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) / 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 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
20 Middlebush Road
Wappingers Falls, NY 12590

Planning Department
Office: 845.297.1373 ~ Fax: 845.297-0579
www.broberti@townofwappinger.us

Owner Consent Form

To be filed when the applicant is not the building or property owner

Project # 20-7696 Date: 3.18.20
Grid # 6257-04-818472 Zoning District: R20

Location of project: 46 Carroll Drive Wappingers Falls NY 12590

Name of Applicant: Ian Dawes
Print name and phone number

Description of project: Building a 43x17 Deck in rear of Home

I Ian Dawes, 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.

Date: 3/11/20 Owner's Signature: [Signature]

Owner's Telephone No. 1(914) 258-2819 Print Name and Title *** IAN M. DAWES

Owner's Address: 46 CARROLL DRIVE WAPPINGERS FALLS NY 12590

***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.

617.20
Appendix B
Short Environmental Assessment Form

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: IAN Dawes			
Project Location (describe, and attach a location map): 46 Carroll Dr. WAPPINGER Falls NY, 12590			
Brief Description of Proposed Action: Building a 34x11 rear deck			
Name of Applicant or Sponsor: IAN M. DAWES		Telephone: 1 (914) 258 2819	E-Mail:
Address: 46 CARROLL Dr.			
City/PO: WAPPINGER Falls NY 12590		State: N.Y.	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	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		0.436	acres
b. Total acreage to be physically disturbed?		.731	acres <input checked="" type="checkbox"/>
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, adjoining and near the proposed action.			
<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<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	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) 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 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: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<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	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: _____	<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"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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 plain?	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	
a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	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 AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. 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:		
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"/>

	No, or small impact may occur	Moderate to large impact may occur
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"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. 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.

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.

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

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

To: Dawes, Ian M
Dawes, Geneva
46 Carroll Dr

SBL: 6257-04-818472
Date of This Notice: 3/5/2020
Zone: R20
Application #: 39130

For Property Located at: 46 Carroll Dr

Your application to:

NEW 34' X 17' REAR DECK

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

Where 40 feet to the rear yard is required, the applicant can only provide 34'2" to the proposed new rear deck.

- "Accessory Structures must comply with all minimum yard setback requirements for buildings, but in no case shall they be permitted in the front yard."
- Does NOT MEET dimensional requirement for Zone.
- "This zoning district has a front yard requirement of seventy-five feet (75') from a state or County road."

As per code Section 240-26, which states: " The use of tents, trailers and mobile homes for

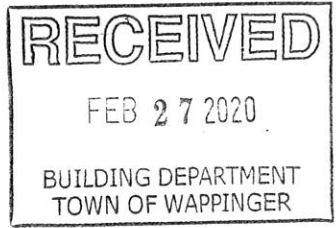
- permanent dwelling purposes shall not be permitted in any district except as permitted and regulated in Section 240-51, Mobile home park, of this chapter..."

	R E Q U I R E D:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>40</u> ft.	<u>34' 2"</u> 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. The 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.

Very truly,


 Barbara Roberti
 Zoning Administrator
 Town of Wappinger



TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date Feb 27th 2020

Address: 46 Carroll Drive

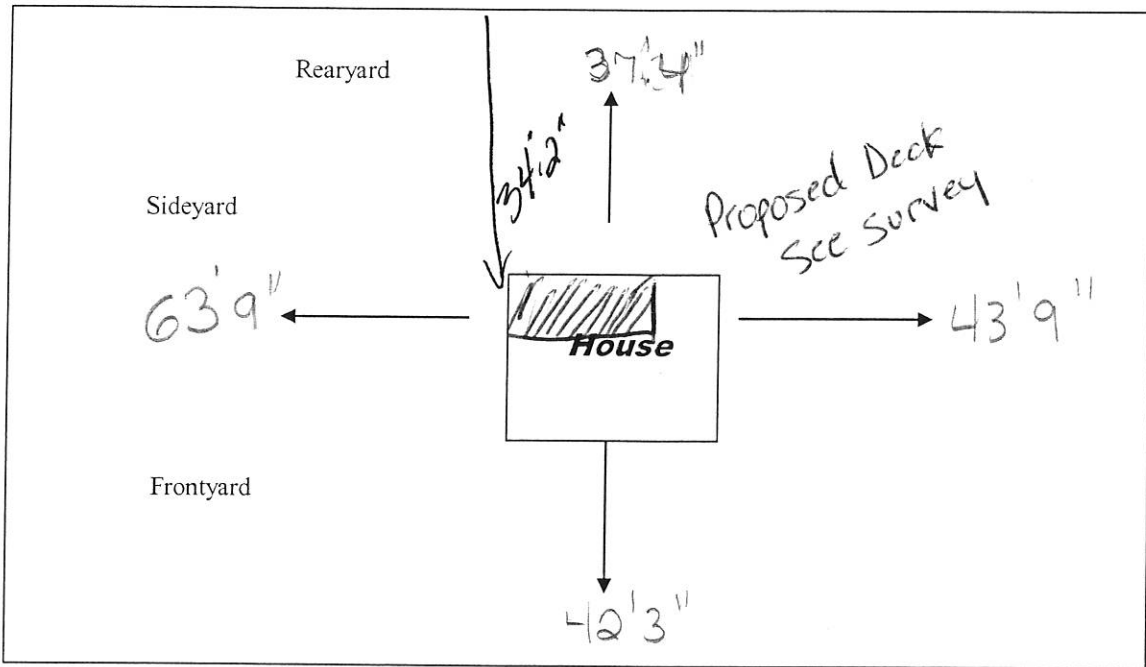
Interior/Corner Lot: circle one

Owner of Land Ian Dawes

Zone: R20

LIST ALL EXISTING STRUCTURES ON PROPERTY: (ie: Pool, shed, decks, detached garage)

1. House



Draw proposed structure on plot plan.
Indicate Location Setbacks to both sides and rear property line
measurement of structure you are applying for.

Ralph Smith

Signature

Approved: / Rejected: *Barbara Robert*

Zoning Administrator

Date: _____



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 ZONE: R20 DATE: 27 Feb 2020
 New Construction Commercial APPL #: 39130 PERMIT # _____
 Renovation/Alteration Multiple Dwelling GRID: 6257-04-818472

APPLICANT NAME: Ralph Smith / RS Construction
ADDRESS: 300 Pinebrook Drive, Hyde Park, NY 12538
TEL #: _____ CELL: 845 420 4854 FAX #: _____ E-MAIL: Roddy3900@gmail.com

NAME OWNER OF BUILDING/LAND: Ian Dawes
PROJECT SITE ADDRESS: 46 Carroll Drive, Wappingers, NY 12590
MAILING ADDRESS: _____
TEL #: _____ CELL: 914 258 2819 FAX #: _____ E-MAIL: _____

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: RS Custom Construction
ADDRESS: 300 Pinebrook Drive, Hyde Park, NY 12538
TEL #: _____ CELL: 845 420 4854 FAX #: _____ E-MAIL: Roddy3900@gmail.com

DESIGN PROFESSIONAL NAME: None
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

APPLICATION FOR: New Rear Deck 34' x 17'

SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: _____ R-SIDEYARD: _____

SIZE OF STRUCTURE: 34' x 17'

ESTIMATED COST: 20,000 TYPE OF USE: Recreational / personal

NON-REFUNDABLE APPL. FEE: 100 PAID ON: 2/28/20 CHECK # CASH RECEIPT #: 20-20879

BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:

ZONING ADMINISTRATOR:
 Approved Denied Date: 3.5.20

FIRE INSPECTOR:
 Approved Denied Date: _____

Sabrina Politi
Ralph Smith
Signature of Applicant

Signature of Building Inspector

SURVEY NOTES

1. Copyright Johnson Surveying. All Rights Reserved. Reproduction or copying of this document may be a violation of copyright law without the permission of the author and / or copyright holder is advised.
2. Unauthorized alteration or addition to a survey map being a amended land surveyor's seal, is a violation of Section 2703 Sub-Section 21 of the New York State Education Law.
3. Only boundary survey maps with the surveyor's embossed seal and signature are valid. A copy of this document without a proper application of the surveyor's embossed or red inked seal should be assumed to be an unauthorized copy.
4. Certifications on this boundary survey map signify that the map was prepared in accordance with the current existing laws and regulations of the State of New York State Association of Professional Land Surveyors. This certification is limited to persons for whom the boundary survey map is prepared, to the title company, to the surveying agency and to the lending institution listed on this boundary survey map.

- The certifications herein are not transferable.
6. The location of underground improvements or encroachments are not always known and often must be estimated. If any underground improvements or encroachments are not covered by this certificate.
 7. Subject to the findings of a current title search.
 8. Subject to comments, easements, restrictions, conditions and agreements of record.
 9. Subject to any right, title or interest the public may have for highway use.
 10. Bearings and North shown hereon are referenced to NAD 83-111 East using NAD83ET RM GRS.

FILED MAP REFERENCE

Survey shown hereon depicts lot(s) 125 as shown on a map entitled "Kochshophom Farms - Section II" prepared by Herbert L. Kochshophom and filed in the Dutchess County Clerk's office on July 11, 1968 as Map No. 3425.

DEED REFERENCE

Doc #02 2017 419
Dyle and Sadel Kucimo
Jon M. and Geneva Dawes
January 13, 2017

TAX PARCEL NUMBER

73 of Wappinger, Dutchess County, New York
237-04-018172
18,883 Square Feet
0.436 Acres

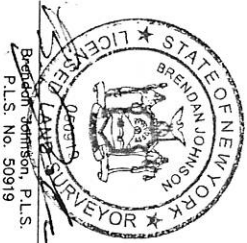
DATE OF SURVEY

Field Completion: February 17, 2020

CERTIFICATIONS

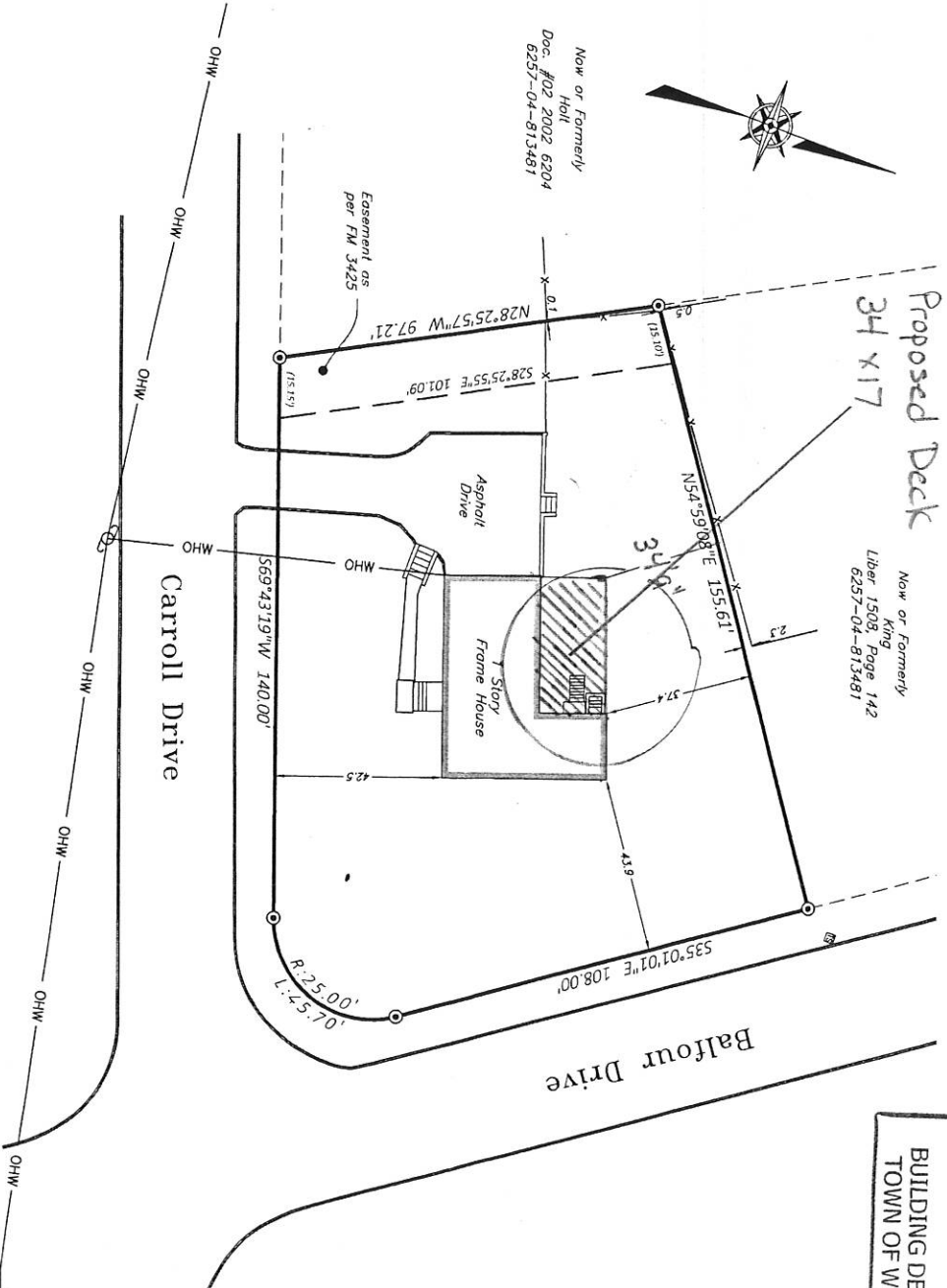
Jon M. Dawes
Geneva Dawes

JOHNSON SURVEYING
BRENDAN JOHNSON, PLS
10 Meadow Lane
Pleasant Valley, NY 12569
Phone No. (845) 380-0528
johnsonboudaries@gmail.com
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46 CARROLL DR
MAP OF A SURVEY
PREPARED FOR
DAWES
TOWN OF WAPPINGER, COUNTY OF DUTCHESS, STATE OF NEW YORK

tax id	818472
address	46 CARROLL DR
date	2/18/20
scale	1"=30'
project no.	20-009
project name	46 CARROLL DR
sheet	1 OF 1



RECEIVED
FEB 27 2020
BUILDING DEPARTMENT
TOWN OF WAPPINGER