

Extra



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

RECEIVED  
FEB 07 2020  
PLANNING DEPARTMENT  
TOWN OF WAPPINGER

### Application for an Area Variance

Appeal # 20-7695

Dated: February 11, 2020

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

I(We), Timothy & Nancy Fox residing at 14 MICHAEL DR  
Wappingers Falls NY 12590 845-661-4587 (phone), hereby appeal  
to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated FEB 7 2020, 200\_\_, and do hereby apply for an area variance(s).

Premises located at 14 MICHAEL DR.  
Tax Grid # 6157-04-999332  
Zoning District: R40

1. Record Owner of Property Timothy & Nancy Fox  
Address 14 MICHAEL DR. WAPPINGERS FALLS NY 12590  
Phone Number 845-661-4587  
Owner Consent: Dated: 2/7/2020 Signature: [Signature]  
Printed: TIMOTHY E. FOX

#### 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: 50 FT to the front  
Applicant(s) can provide: 36.96  
Thus requesting: 13'04"  
To allow: to construct a 28' x 11' 6" front Porch

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.

THERE SHOULD BE NO CHANGE. IT WOULD EXHAUCE  
THE APPEARANCE OF MY HOUSE. MOST KEEP THERE  
HOMES UP REALLY WELL

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.

NO. MY SET BACK DENIES ME ANY IMPROVEMENT  
IN THE FRONT

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.

NO NOT AT ALL MY WALKWAY AND ROCK GARDEN IN  
THE FRONT WOULD BE THE ONLY CHANGE

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 IMPACTE NOT GOING ANY FARTHER INTO THE  
YARD THAN THE WALK

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

Yes - WE like OUR Neighbor Hood so IT would  
BE NICE TO SIT OUT FRT WITH THIS PORCH  
I CAN LANDSCAPE BETTER TOO

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

No

4. List of attachments (Check applicable information)

- Survey Dated 5/24/1955, Last Revised \_\_\_\_\_ and Prepared by ERNST MARTIN LLS.
- Plot Plan Dated 2-3-20.
- Photos
- Drawings Dated \_\_\_\_\_.
- Letter of Communication which resulted in application to the ZBA. (e.g., recommendation from the Planning Board/Zoning Denial)  
Letter from Barbara Roberti Dated: 2-3-20  
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 W4 Tex Timothy E Fox DATED: 2/20/2020  
(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.broberty@townofwappinger.us

### Owner Consent Form

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

Project # 20-7695 Date: February 11, 2020  
Grid # 6157-04-999332 Zoning District: R40

Location of project: 14 MICHAEL DR. WAPPINGERS FALLS NY 12590

Name of Applicant: TIMOTHY E FOX 845-661-4587  
Print name and phone number

Description of project: FRONT PORCH ON RE BRK SIDE

I Timothy E Fox, 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 2/11/2020

[Signature]  
Owner's Signature

Owner's Telephone No. 845-661-4587

Timothy E Fox OWNER  
Print Name and Title \*\*\*

14 MICHAEL DR. WAPPINGERS FALLS NY  
Owner's Address

\*\*\*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: <p style="text-align: center; font-size: 1.2em;">ADD FRONT PORCH TO HOUSE</p>			
Project Location (describe, and attach a location map): <p style="text-align: center; font-size: 1.2em;">14 MICHAEL DR WAPPINGERS FALLS NY 12590</p>			
Brief Description of Proposed Action: <p style="text-align: center; font-size: 1.2em;">ADD 11'6" X 25' FRN PORCH</p>			
Name of Applicant or Sponsor: <p style="text-align: center; font-size: 1.2em;">TIMOTHY E FOX</p>		Telephone: 845-661-4587	
Address: <p style="text-align: center; font-size: 1.2em;">14 MICHAEL DR</p>		E-Mail: NANTIMFOX@YAHOO.COM	
City/PO: <p style="text-align: center; font-size: 1.2em;">WAPPINGER FALLS</p>		State: <p style="text-align: center; font-size: 1.2em;">NY</p>	Zip Code: <p style="text-align: center; font-size: 1.2em;">12590</p>
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: <p style="text-align: center; font-size: 1.2em;">BUILDING DEPT</p>			NO YES <input type="checkbox"/> <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		0.9848 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, 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			



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: Timothy E Fox Date: 2/17/2020

Signature: [Handwritten 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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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: Fox, Timothy  
Fox, Nancy  
14 Michael Dr

SBL: 6157-04-999332  
Date of This Notice: 2/3/2020  
Zone: R40  
Application #: 39051

**For Property Located at:** 14 Michael Dr

Your application to:

**28' X 11'6" FRONT PORCH**

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

**Where 50' to the front property line is required, the applicant can only provide 36.96'.**



- "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."

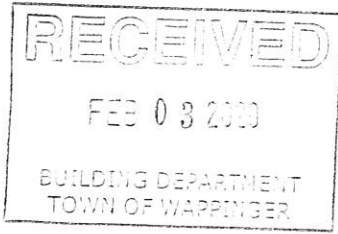
As per code Section 240-26, which states: " The use of tents, trailers and mobile homes for

- 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:	_____ft.	_____ft.
SIDE YARD (LEFT):	_____ft.	_____ft.
SIDE YARD (RIGHT):	_____ft.	_____ft.
FRONT YARD:	<u>50</u> ft.	<u>36.96</u> 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 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: R-40 DATE: 2-3-2020  
 New Construction  Commercial APPL #: 39051 PERMIT # \_\_\_\_\_  
 Renovation/Alteration  Multiple Dwelling GRID: 6157-04-999332

APPLICANT NAME: Timothy & Nancy Fox  
ADDRESS: 14 MICHAEL DR. WAPPINGERS FALLS NY 12590  
TEL #: 845-661-4587 CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: NANTIMFOX@YAHOO.COM

NAME OWNER OF BUILDING/LAND: \_\_\_\_\_  
\*PROJECT SITE ADDRESS\*: 14 MICHAEL DR. WAPPINGERS FALLS NY 12590  
MAILING ADDRESS: SAME  
TEL #: 845-661-487 CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: NANTIMFOX@YAHOO.COM

BUILDER/CONTRACTOR DOING WORK: \_\_\_\_\_  
COMPANY NAME: SELF  
ADDRESS: 14 MICHAEL DR. WAPPINGERS FALLS NY 12590  
TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
DESIGN PROFESSIONAL NAME: \_\_\_\_\_  
TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: NANTIMFOX@YAHOO.COM

APPLICATION FOR: FRT PORCH  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SETBACKS: FRONT: 38.6 REAR: 100 L-SIDEYARD: 59' R-SIDEYARD: 75'  
SIZE OF STRUCTURE: 28' X 11'6"

ESTIMATED COST: \$5,400 TYPE OF USE: PORCH

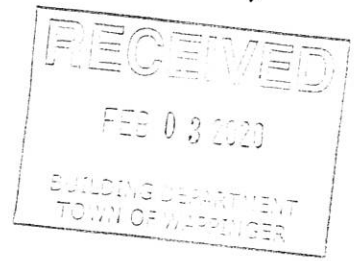
NON-REFUNDABLE APPL. FEE: 150 PAID ON: 2/3/20 CHECK # 204 RECEIPT #: 20-20739  
BALANCE DUE: \_\_\_\_\_ PAID ON: \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

*Handwritten calculation:*  
48.50'  
- 11.6'  
-----  
36.9'

APPROVALS:  
ZONING ADMINISTRATOR  
 Approved  Denied Date: 2/3/20  
[Signature]  
[Signature]  
Signature of Applicant

FIRE INSPECTOR:  
 Approved  Denied Date: \_\_\_\_\_  
\_\_\_\_\_  
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 # 39051

SITE LOCATION: 14 MICHAEL DR. WAPPINGERS FALLS NY 12590

GRID: # 6157-04-999332

Name of APPLICANT/OWNER: Timothy E Fox  
(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, Timothy E Fox, 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.**

2-3-2020

Date

845-661-4587

Owner's Telephone Number

Owner's Signature

Timothy E Fox

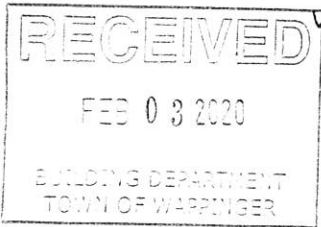
Print Name

14 MICHAEL DR WAPPINGERS FALLS NY 12590

Print Owner's Address

FOR OFFICE USE ONLY

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



# TOWN OF WAPPINGER PLOT PLAN

Building Permit # \_\_\_\_\_

Date 2-3-2020

Address: 14 MICHAEL DR.

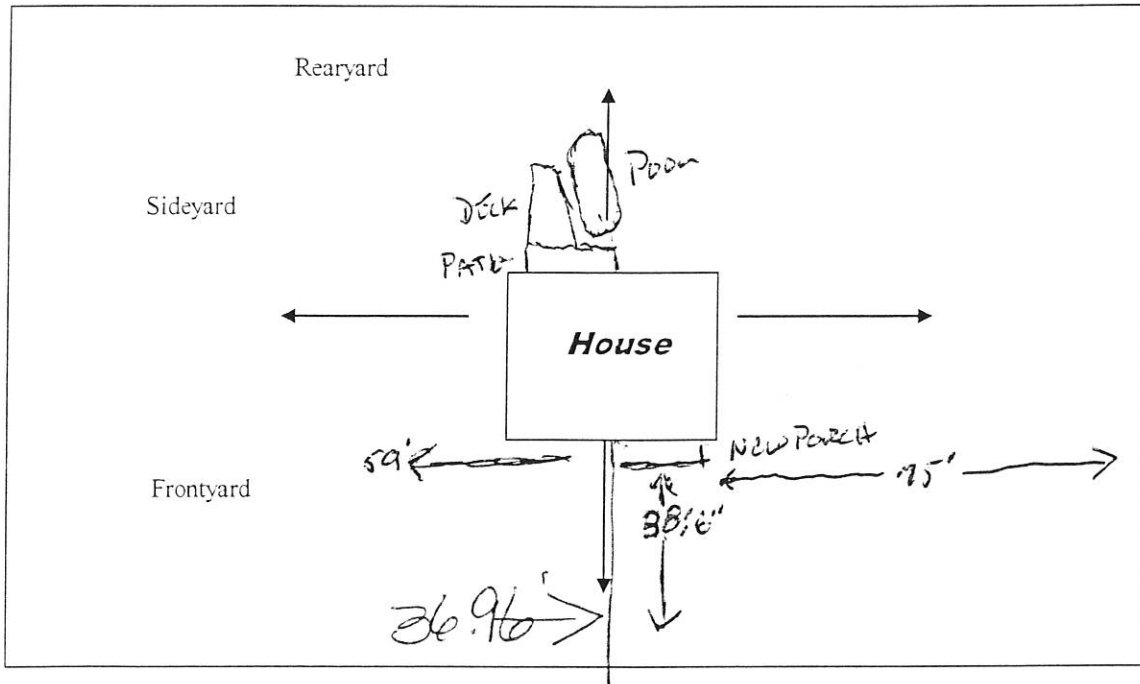
Interior/Corner Lot: *circle one*

Owner of Land Timothy & Nancy Fox

Zone: R-40

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

1. House, Pool, DECK, DECK, PORCH, PATIO



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

Signature

Approved: Rejected:

  
Zoning Administrator

Date: 2-3-20