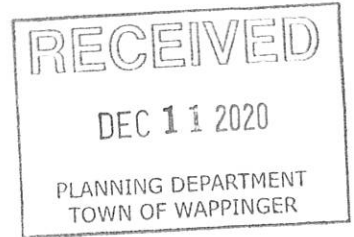


TOWN OF WAPPINGER



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.: 20-7717

Date: Dec. 11, 2020

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

I (We), Deanna M. Bohlinger residing at 5 Joan Lane
Wappingers Falls, NY 12590, (phone) 845-226-1263, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 11-20-20, and do hereby apply for an area variance(s).

Premises located at: 5 JOAN Lane, Wappingers Falls NY 12590
Tax Grid No.: 6459-03-100134
Zoning District: R40

1. Record Owner of Property:

Deanna M. Bohlinger
Address: 5 Joan Lane
Phone Number: 845-226-1263
Owner Consent dated: 12-11-2020

Signature: Deanna M. Bohlinger
Print Name: Deanna M. Bohlinger

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: 25 FEET to the side

Applicant(s) can provide: 19 FEET

Thus requesting: 6 FEET

To allow: for the legalization of a 12' x 20' existing shed.

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.

IF the variance is granted the 12' x 20' Shed brings beauty and value to the property, as well as the neighborhood. The shed causes no changes to nearby properties.

- 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.

The variance is needed to obtain a certificate of occupancy on the structure. There is no way to reach the same result without taking away the beauty of its existing location.

- 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.

The change would be 6 ft from the property line.

- 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.

IF the variance is granted, the 12' x 20' Shed does not cause any impact to the physical environmental conditions in the neighborhood or district. It only brings beauty to the property at its existing location.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: _____

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

In reviewing my paperwork for the sale of my home,
I found that I did not have a certificate
of occupancy for the shed.

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

I feel that my home stands out from others in
the neighborhood, the 12'x20' shed was custom
built to match the house. If moved it would not have
the same character or beauty.

4. List of attachments (Check applicable information)

- Survey dated: 12-13-76, Last revised 12-27-76 and
Prepared by: _____.
- 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: _____
- 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: Deanna M. Bohlinger
(Appellant)

DATED: 12-11-2020

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: 20-7717

Date: 12-11-2020

Grid No.: 6459-03-100134

Zoning District: R40

Location of Project:

5 JOAN Lane, Wappingers Falls, NY 12590

Name of Applicant:

Deanna M. Bohlinger 845-226-1263
Print name and phone number

Description of Project:

12' x 20' Shed to be legalized

I Deanna M. Bohlinger, 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.

12-11-2020
Date

Deanna M. Bohlinger
Owner's Signature

845-226-1263
Owner's Telephone Number

Deanna Bohlinger
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 dead.

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			
Name of Action or Project: <i>LEGALIZE Existing 12' x 20' SHED</i>			
Project Location (describe, and attach a location map): <i>5 JOAN Lane, Wappingers Falls NY 12590</i>			
Brief Description of Proposed Action: <i>Legalization of a 12' x 20" existing Shed.</i>			
Name of Applicant or Sponsor: <i>Deanna M. Bohlinger</i>		Telephone: <i>845-226-1263</i>	
		E-Mail: <i>dmbohlinger@aol.com</i>	
Address: <i>5 JOAN Lane</i>			
City/PO: <i>WAPPINGERS FALLS</i>		State: <i>NY</i>	Zip Code: <i>12590</i>
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 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 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 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, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<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?	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? 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<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 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?	NO	YES	
	<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? 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: _____ _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<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 checked="" 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 plan?	NO	YES
	<input 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"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>

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: <u>Deanna M. Bohlinger</u> Date: <u>12-11-2020</u>		
Signature: <u>Deanna M. Bohlinger</u> Title: _____		

Project:

Date:

*Short Environmental Assessment Form
Part 2 - Impact Assessment*

Part 2 is to be completed by the Lead Agency.

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"/>
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"/>

Agency Use Only [If applicable]

Project:

Date:

Short Environmental Assessment Form Part 3 Determination of Significance

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 FORM



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: B40 DATE: 11-17-2020
 New Construction Commercial APPL #: 39924 PERMIT # _____
 Renovation/Alteration Multiple Dwelling GRID: 6459-03-100134

APPLICANT NAME: Deanna Bohlinger
ADDRESS: 5 Joan Lane, Wappingers Falls NY 12590
TEL #: 845-226-1263 CELL: 914-475-1986 FAX #: N/A E-MAIL: dmbohlinger@aol.com

NAME OWNER OF BUILDING/LAND: Deanna Bohlinger
PROJECT SITE ADDRESS: 5 Joan Lane, Wappingers Falls NY 12590
MAILING ADDRESS: Same as above
TEL #: 845-226-1263 CELL: 914-475-1986 FAX #: _____ E-MAIL: dmbohlinger@aol.com

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: _____
ADDRESS: _____
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

DESIGN PROFESSIONAL NAME:

TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

APPLICATION FOR: Shed

legalize existing shed

SETBACKS: FRONT: _____ REAR: 76' L-SIDEYARD: _____ R-SIDEYARD: 19'
SIZE OF STRUCTURE: 12x20
ESTIMATED COST: \$8,000. TYPE OF USE: Storage

NON-REFUNDABLE APPL. FEE: 100 PAID ON: 11/17/2020 CHECK # cash RECEIPT #: 20-22409
legalization BALANCE DUE 250 PAID ON: 11/17/2020 CHECK # cash RECEIPT #: 20-22410

APPROVALS:

ZONING ADMINISTRATOR:

Approved Denied Date: 11-20-20

Barbara Collett
Deanna M. Bohlinger
Signature of Applicant

FIRE INSPECTOR:

Approved Denied Date: _____

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 11-10-2020

Address: 5 Joan Lane Wappingers Falls

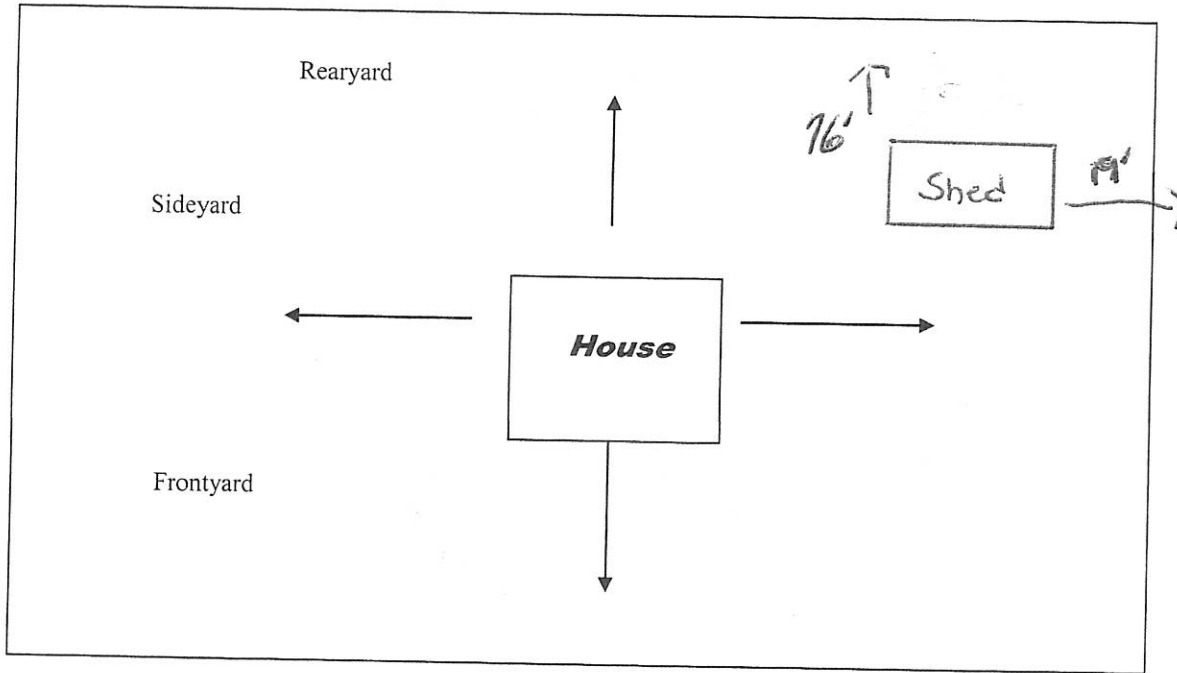
Interior/Corner Lot: *circle one*

Owner of Land Deanna Bohlinger

Zone: _____

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

1. House, Pool, Shed
 ↓
 With Pool Deck



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

Deanna M. Bohlinger
Signature

Approved:/Rejected: _____

Date: _____

Zoning Administrator

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 # 39924
SITE LOCATION: 5 Joan Lane, Wappingers Falls NY 12590
GRID: # 6459-03-100134
Name of APPLICANT/OWNER: Deanna Bohlinger
(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, Deanna Bohlinger, 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.

11-10-2020
Date
845-226-1263
Owner's Telephone Number

Deanna Bohlinger
Owner's Signature
Deanna Bohlinger
Print Name
5 Joan Lane, Wappingers Falls
Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

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

To: Bohlinger, Deanna
5 Joan Ln
Wappingers Falls NY

SBL: 6459-03-100134
Date of This Notice: 11/20/2020
Zone: R40
Application #: 39924

For Property Located at: 5 Joan Ln

Your application to:

LEGALIZE EXISTING 12' X 20' SHED

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


Where 25 feet to the side property line is required, the applicant can only provide 19 feet.

- "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):	<u>25</u> ft.	<u>19</u> 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

