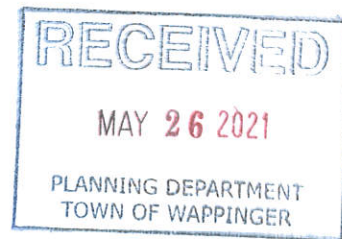
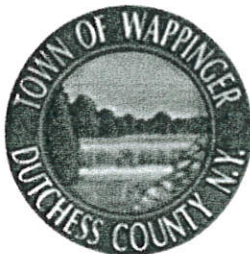


TOWN OF WAPPINGER



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.: 21-7730

Date: 5-26-21

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

I (We), Michael Mojica residing at 26 Relyea Ter
wappingers falls NY 12590, (phone) 845 444 4708, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 5/26/21, and do hereby apply for an area variance(s).

Premises located at: 26 Relyea Ter wappingers falls NY 12590
Tax Grid No.: 6256-02-608945
Zoning District: R40

1. Record Owner of Property:

Michael Mojica
Address: 26 Relyea Ter wappingers falls NY 12590
Phone Number: 845 444 4708
Owner Consent dated: 5/26/21

Signature: [Signature]
Print Name: Michael Mojica

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: no accessory structure is permitted in the front yard

Applicant(s) can provide: Pool in the front yard

Thus requesting: a Variance for a Pool in the front yard

To allow: for the installation of a 12' x 21' Above ground Pool

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.

I don't think it will, my neighbor across the street has a pool in their front yard if ~~it~~ it will be fenced so it won't be seen

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.

I need the variance because the side of my home is considered the front if moving it to the rear yard would be difficult due to my well if my propane being buried

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 don't think it is substantial because though it is considered to be the front it ~~is~~ is the side of the house.

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.

I don't think it will be impacted because it is not large enough to make an impact

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

Not sure how it came about but the
difficulty is both self created & builder
created because of the location of the well
& propane

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


No there are 2 homes with pools
in their direct front yard

4. List of attachments (*Check applicable information*)

- Survey dated: _____, Last revised _____ 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: 
(Appellant)

DATED: 5/26/21

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.**

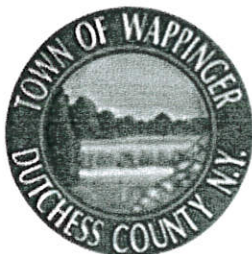
DATED: _____

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: 21-7730 Date: 5-26-21
Grid No.: 6256-02-608945 Zoning District: R40

Location of Project:
26 relyea ter wappingers falls NY 12590

Name of Applicant: Michael Mojica 845 444 4708
Print name and phone number

Description of Project: Oval pool install 12 x 21 feet

I Michael Mojica, 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.

5/26/21
Date

[Signature]
Owner's Signature

845 444 4708
Owner's Telephone Number

Michael Mojica Owner
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			
Michael Mojica 845 444 4708			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
side of home, 26 relaya ter wappingers falls NY			
Brief Description of Proposed Action:			
Installing pool			
Name of Applicant or Sponsor:		Telephone:	
Michael Mojica		845 444 4708	
Address:		E-Mail:	
26 Relaya ter		Mike of NY @ 901.com	
wapping falls NY 1			
City/PO:		State:	Zip Code:
wappingers falls		NY	12590
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
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.			YES
			<input checked="" type="checkbox"/>
			<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
			<input checked="" type="checkbox"/>
			<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? <u>1.2</u> acres			
b. Total acreage to be physically disturbed? <u>250</u> acres - sq feet			
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,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input checked="" 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?	NO	YES	
If Yes, identify: _____	<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 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?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: <u>delivered water</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____	<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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	NO	YES	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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: _____			

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

To: Lavish Lifestyle LLC
62 Carpenter Rd

SBL: 6256-02-608945
Date of this Notice: 05/26/2021
Zone: R40
Application: 40603

For property located at: 26 Relyea Ter

Your application to:

INSTALLATION OF 12 X 21 OVAL ABOVE GROUND POOL **CALL 811 PRIOR TO EXCAVATION **NEED ELECTRICAL INSPECTION BY TOWN APPROVED ELECTRICAL INSPECTOR** **POOL ALARM MUST MEET ASTM F 2208 REQUIREMENTS** **NEED FINAL INSPECTION BY TOWN BUILDING INSPECTOR** **POOL NOT TO BE USED WITHOUT CERTIFICATE OF COMPLIANCE****

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

No accessory structures are permitted in the front yard, where the applicant is proposing a 12' x 21' oval above ground pool.

	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:	_____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

Very Truly,



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 Commercial Multiple Dwelling
 New Construction Multiple Dwelling
 Renovation/Alteration Multiple Dwelling

ZONE: R40 **DATE:** 5/26/2021
APPL #: 40603 **PERMIT #:** _____
GRID: 6256-02-608945

APPLICANT NAME: Michael Mojica
ADDRESS: 26 Relyea Ter Wappingers NY 12590
TEL #: _____ **CELL:** 845 444 4708 **FAX #:** _____ **E-MAIL:** Mike of NY@aol.com

NAME OWNER OF BUILDING/LAND: Michael Mojica - Doc. #: 02 2021 373
***PROJECT SITE ADDRESS*:** 26 Relyea Ter Wappingers Falls NY 12590
MAILING ADDRESS: Same
TEL #: _____ **CELL:** 845 444 4708 **FAX #:** _____ **E-MAIL:** Mike of NY@aol

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: R & R Construction Inc
ADDRESS: PO Box 89 Hopewell Junction NY 12533
TEL #: _____ **CELL:** 845-590-9066 **FAX #:** _____ **E-MAIL:** BWRennhack1@gmail.com

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

APPLICATION FOR: Pool 12 x 21 - oval

SETBACKS: FRONT: 100 feet REAR: 25 feet L-SIDEYARD: 25ft R-SIDEYARD: 85 feet
SIZE OF STRUCTURE: 12 x 21 feet
ESTIMATED COST: 4500 **TYPE OF USE:** _____

NON-REFUNDABLE APPL. FEE: 150- **PAID ON:** 5/26/21 **CHECK #:** CC **RECEIPT #:** 2021-23807
BALANCE DUE: _____ **PAID ON:** _____ **CHECK #:** _____ **RECEIPT #:** _____

APPROVALS:
ZONING ADMINISTRATOR:
 Approved Denied **Date:** 5.26.21
[Signature]

FIRE INSPECTOR:
 Approved Denied **Date:** _____

Signature of Applicant

Signature of Building Inspector

