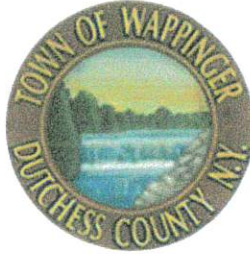


TOWN OF WAPPINGER



NOV 08 2021

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.: 21-7741

Date: 11/3/2021

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

I (We), Erika Garland residing at 110 Kent Road
Wappingers Falls NY 12590 (phone) 845-549-8793, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 11-1-21, and do hereby apply for an area variance(s).

Premises located at: 110 Kent Rd Wappinger NY 12590
Tax Grid No.: 6258-04-713096
Zoning District: R20

1. Record Owner of Property:

Erika Garland
Address: 110 Kent Rd Wappingers NY 12590
Phone Number: 845-549-8793
Owner Consent dated: 11/3/2021

Signature: [Signature]
Print Name: Erika Garland

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: 20 feet to Side (Left) yard

Applicant(s) can provide: 17.5 feet

Thus requesting: 2.5 feet

To allow: for the installation of a 15 x 30 x 54 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.

Nothing will change the character Both neighbors
(Side & Back) Have pools (Above ground)

- 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 am a corner lot with 2 front yards. Per Barbara
Roberti she is going to consider my "Backyard my side yard"
and my side yard (facing Kent Road) my back yard. The "Side yard"
is not that big I only have one place to put the pool as to where I have
the privacy from both main roads.

- 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.

N/A

- 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 we are just putting an above ground pool up.

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 21-7741

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

I am a corner lot with 2 Front yards. My backyard
has very minimal space. No my difficulty is not self-created.

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

Yes I am a corner lot of 2 main Roads. Kent Rd
and all angels Road.

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

- ☒ Survey dated: 8-12-2020, Last revised _____ and
Prepared by: Larry L. Lyon LS.
- ☐ 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: 11/3/2021

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.**

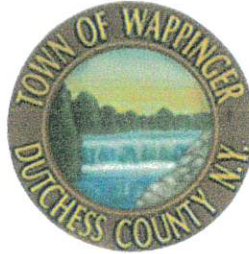
DATED: _____

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: 21-7741 Date: 11/3/2021
Grid No.: 6258-04-713096 Zoning District: R20

Location of Project:

110 Kent Road Wappinger NY 12590

Name of Applicant:

Erika Garland 845-549-8793
Print name and phone number

Description of

Project: Install Above ground pool

I Erika Garland, 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.

11/3/2021
Date

[Signature]
Owner's Signature

845-549-8793
Owner's Telephone Number

Erika Garland 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 deed.

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: <u>Above Ground Pool</u>			
Project Location (describe, and attach a location map): <u>110 Kent Road Wappinger NY 12590</u>			
Brief Description of Proposed Action: <u>Installation of an above ground Pool</u>			
Name of Applicant or Sponsor: <u>Erika Garcia</u>		Telephone: <u>845-549-8793</u>	
Address: <u>110 Kent Rd Wappinger NY</u>		E-Mail: <u>Egarcia615@gmail.com</u>	
City/PO: <u>Wappinger NY</u>		State: <u>NY</u>	Zip Code: <u>12590</u>
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 checked="" 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 checked="" 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,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<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 checked="" type="checkbox"/>	<input 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	
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 checked="" type="checkbox"/>	<input 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: _____ _____	<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	
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	
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: _____ _____ _____			

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 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"/>	<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 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>Erika Garland</u> Date: <u>11/3/2021</u>		
Signature: <u>[Signature]</u> Title: <u>Owner</u>		

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

To: Garland Jr, Richard
110 Kent Rd

SBL: 6258-04-713096-0000
Date of this Notice: 11/01/2021
R20 Zone:
Application: 41136

For property located at: 110 Kent Rd

Your application to:

INSTALLATION OF 15 X 30 X 54 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****

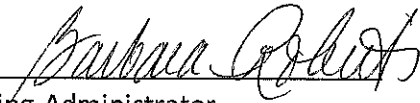
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 20 feet is required to the side property line, the applicant can only provide 17.5 feet to the side property line.

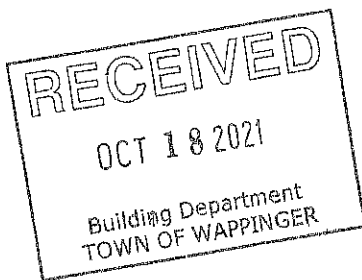
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>20</u> ft.	<u>17.5</u> ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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

ZONE: R20 **DATE:** 10/29/2021

APPL #: 41136 **PERMIT #** _____

GRID: 6258-04-713096

APPLICANT NAME: Erika Garland

ADDRESS: 110 Kent Rd Wappingers NY 12590

TEL #: _____ **CELL:** 845-549-8793 **FAX #:** _____ **E-MAIL:** Egarland615@gmail.com

NAME OWNER OF BUILDING/LAND: Erika Garland

***PROJECT SITE ADDRESS*:** 110 Kent Rd Wappingers NY 12590

MAILING ADDRESS: Same

TEL #: _____ **CELL:** 845-549-8793 **FAX #:** _____ **E-MAIL:** _____

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: ~~XXXX~~ Hewell Septic Pumping / Charles Hulsair Excavating

ADDRESS: _____

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

DESIGN PROFESSIONAL NAME: _____

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

APPLICATION FOR: Above Ground Pool

15 x 30 x 54

SETBACKS: FRONT: _____ **REAR:** _____ **L-SIDE/BACK:** _____

SIZE OF STRUCTURE: _____

ESTIMATED COST: \$2,000.00 **TYPE OF USE:** _____

NON-REFUNDABLE APPL. FEE: 150 **PAID ON:** 10/29/21 **CHEQUE #:** _____

BALANCE DUE: _____ **PAID ON:** _____ **CHEQUE #:** _____

APPROVALS:

ZONING ADMINISTRATOR:

☐ Approved ☐ Denied **Date:** _____

FIRE INSPECTOR:

☐ Approved ☐ Denied

Pool information will be supplied once variance is approved.

Please contact applicant once application is denied.


Signature of Applicant

Signature of Building Inspector

TOWN OF WAPPINGER

PLOT PLAN

Building Permit # _____

Date 10-18-2021

Address: 110 Kent Rd Wappinger

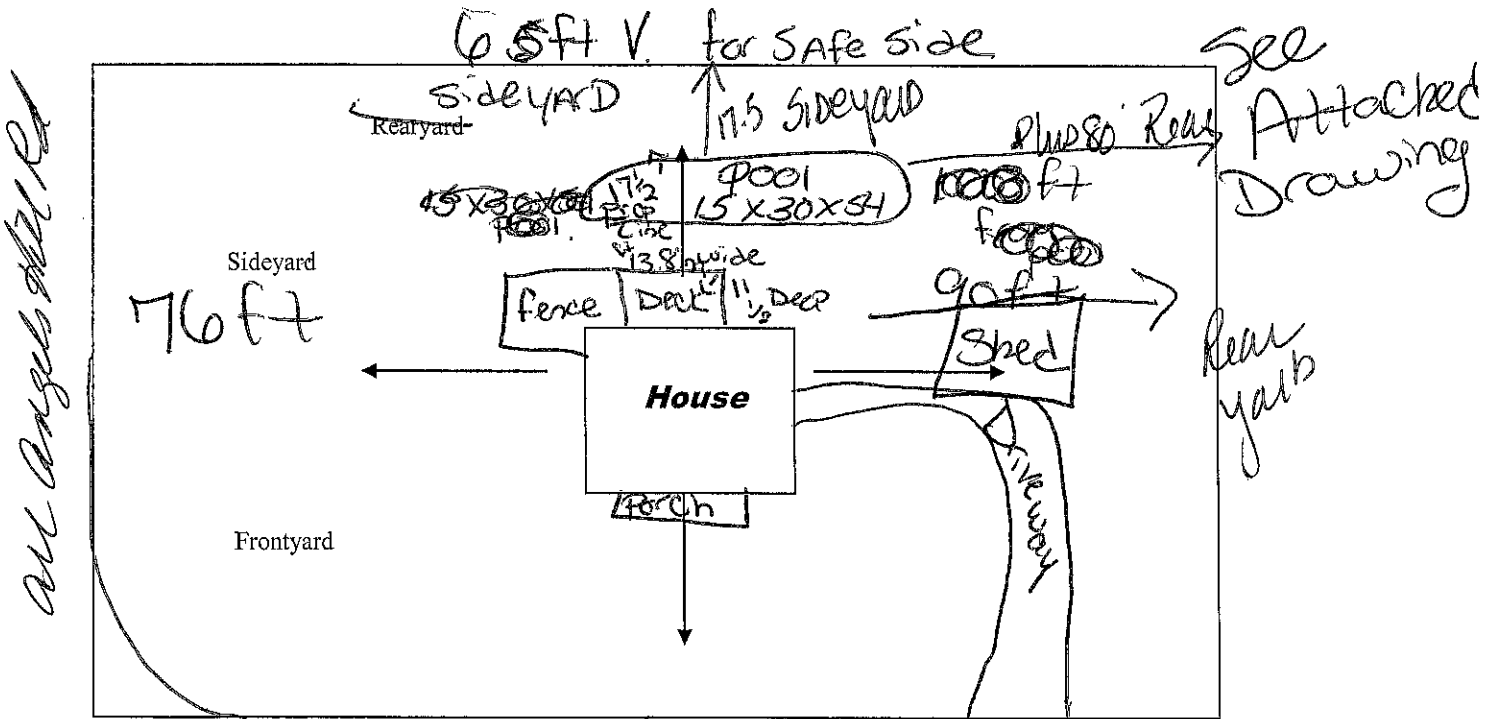
Interior/Corner Lot: circle one

Owner of Land Erika Garland

Zone: R20

LIST ALL EXISTING STRUCTURES ON PROPERTY: (i.e.: Pool, shed, decks, detached garage)

1. House, Shed, Back deck, Front porch



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: Barbara Roberts
Zoning Administrator

Date: 11.1.21

All Angels Hill Rd

64.5

Front
Yard

6 ft Variance
Needed

Side Yard 41.9'

Per
Barbara

17 1/2 ft
From end
of pool
to prop
cane

15 X 30 X 54
Oval pool

Pool
starts
4ft off
deck

4ft

Deck
13 ft 8 inch
wide
11 ft 8 inch deep

Fence
Area

House

Porch

Front
Yard

33.4'

Back
Yard

Shed
91.3'

Per Barbara

Driveway

Kent Rd

LUT 62
N/F
VTCGAMJ
L2029/P258

TPN 713096
AREA=0.49 ACRES
#110 KENT RD.

DRIVEWAY (811)

RAISED
BASIS

325

4. {E

THIS SURVEY IS ACCURATE
AND CORRECT BY:
LARRY L. LYNN, L.S.

UNIVERSITY OF CALIFORNIA
N.Y.S. 0.1, 5. NO. 050301

WATERBURY, CT 06205

STILLINGHAM'S OF NEWCASTLE
CUMMERBURY ROAD, L1 1TH, N.S.

**THE COMMUNICATIONS AND
TRANSFERABLE**

0 1 2000 (2002)

5/15/2014

100

Abstract

RICHARD R. GARLAND, JR.
&

RICHARD & ERIKA
GARLAND

SURVEY FOR/TO

SCALE: 1"=2'

ALL ANGELS HILL RD. (BIT.)

40-19

All Angels

Kent Rd



Prop Line



R-20 1/2 acre 20'-Side 40' near -35' front

