

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.: 22-7750

Date: 3/31/22

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

I (We), Dorothy Brusie residing at 64 Gold Road

Wappinger Falls NY 12590, (phone) 845-264-4737, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 3/31/22, and do hereby apply for an area variance(s).

Premises located at: 64 Gold Road Wappinger Falls NY 12590

Tax Grid No.: 6358-03-001427-0600

Zoning District: \_\_\_\_\_

1. Record Owner of Property:

Address: 64 Gold Road Wappinger Falls NY 12590

Phone Number: 845-264-4737

Owner Consent dated: 3/31/22

Signature: Dorothy Brusie

Print Name: Dorothy Brusie

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.

240-3'7

(Indicate Article, Section, Subsection and Paragraph)

Required: 25 feet to the side (Right)

Applicant(s) can provide: 15 feet

Thus requesting: 10 feet

To allow: for the construction of a 29x17 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.

There would be no change to neighborhood or 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.

Need Deck to be close to the property line. No way to reach results without variance. The sliding glass door would lead to the ground. The Hoop art has a variance already.

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 is 10 feet. The Deck would be even with the side of the house, which already has a variance. ~~to~~ from years ago. Just replacing the same deck due to tree damage.

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 granted the physical environmental conditions would not be impacted. Simply taking down a deck & replacing with the new one.

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

Replacing the deck that was damaged due to tree. The new deck is the same size as the old deck. in the same exact location that it was before.

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

Years ago the neighbor to the left built their house on our property line. we had to shift location of the house bringing it close to opposite property line. A variance was granted for the

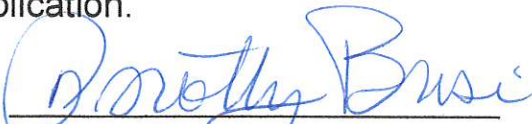
4. List of attachments (Check applicable information)

*these house. now need for replacement Deck.*

- Survey dated: 5/21/73, Last revised 6/6/73 and Prepared by: Richard Barger.
- Plot Plan dated: 3/20/22.
- 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: 3/24/22
- 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:  DATED: 3/31/22  
(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** 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: 22-7750

Date: 3/31/22

Grid No.: 4358-03-001427-0000

Zoning District: R40

Location of Project:

64 Gold Road Wappinger Falls NY 12590

Name of Applicant:

Dorothy Brusie 845-264-4737  
Print name and phone number

Description of

Project: Replacement of existing Deck Due to tree  
Damase. needs footing, framing and final  
Inspection.

I Dorothy Brusie, 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.

3/31/22  
Date

Dorothy Brusie  
Owner's Signature

845-264-4737  
Owner's Telephone Number

Dorothy Brusie - 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			
Name of Action or Project: <i>Replacement of existing deck.</i>			
Project Location (describe, and attach a location map): <i>64 Gold Road Wappinger Falls NY 12590</i>			
Brief Description of Proposed Action: <i>replacement of existing Deck Due to tree damage 29x17. Footing, framing and final inspection.</i>			
Name of Applicant or Sponsor: <i>Dorothy Brusie</i>		Telephone: <i>845.264.4737</i>	
Address: <i>64 Gold Road</i>		E-Mail: <i>Dojak7365@hotmail.com</i> <i>Kgendron1812@gmail</i>	
City/PO: <i>Wappinger 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 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?	<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? 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?	<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? 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? 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? 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?	<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?	<input checked="" type="checkbox"/>	<input 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: _____ _____ _____			

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?	NO	YES
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		
_____		
_____		
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)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____	<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?	NO	YES
If Yes, describe: _____	<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?	NO	YES
If Yes, describe: _____	<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: Dorothy Brusie Date: 3/31/22

Signature: *Dorothy Brusie* Title: owner

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

To: Brusie, Dorothy  
64 Gold Rd

SBL: 6358-03-001427-0000  
Date of this Notice: 03/24/2022  
Zone:  
Application: 41563

For property located at: 64 Gold Rd

Your application to:

**REPLACEMENT OF EXISTING DECK DUE TO TREE DAMAGE- 29' X 17' \*\*NEED FOOTING, FRAMING AND FINAL INSPECTION BY TOWN BUILDING INSPECTOR\*\***

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

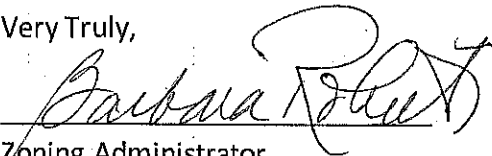
Where 25 feet to the side property line is required, the applicant can provide 15 feet to the side property line for a replacement of a deck.

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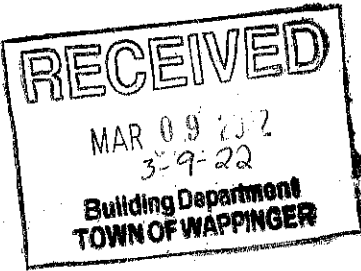
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	<u>25</u> ft.	<u>15</u> ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

You have the right to appeal this decision to the Zoning Board of Appeals within 60 days of the date of this letter. 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](http://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 ZONE: R40 DATE: 3/22/22  
 New Construction  Commercial APPL #: 41563 PERMIT # \_\_\_\_\_  
 Renovation/Alteration  Multiple Dwelling GRID: 6358-03-001427

APPLICANT NAME: Dan Galin  
ADDRESS: 42 Hillside Rd Cornet NY  
TEL #: \_\_\_\_\_ CELL: 914-557-0029 FAX #: \_\_\_\_\_ E-MAIL: dan@zoffconstruction.co  
\* Kim 914-456-3229

NAME OWNER OF BUILDING/LAND: Dorothy Brusie  
\*PROJECT SITE ADDRESS\*: 64 Gold Rd  
MAILING ADDRESS: 11 11  
TEL #: 845-264-4737 CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUILDER/CONTRACTOR DOING WORK:  
COMPANY NAME: Zoff Construction  
ADDRESS: 551 Hoesel Mtn Rd Stormville NY 12582  
TEL #: 227-4141 CELL: \_\_\_\_\_ FAX #: 845-227-4141 E-MAIL: dan@zoffconstruction.co  
DESIGN PROFESSIONAL NAME: Cass Engineering  
TEL #: 845-462-0607 CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICATION FOR: Replacement of existing deck due to  
tree damage 29' x 17' - no stairs.

SETBACKS: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ L-SIDEYARD: \_\_\_\_\_ R-SIDEYARD: \_\_\_\_\_

SIZE OF STRUCTURE: \_\_\_\_\_

ESTIMATED COST: 20152.00 TYPE OF USE: \_\_\_\_\_

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 3/22/22 CHECK # 546 RECEIPT #: 2022-004489  
legalization BALANCE DUE: 250 PAID ON: 3/22/22 CHECK # 546 RECEIPT #: 2022-00448

APPROVALS:  
ZONING ADMINISTRATOR:  
 Approved  Denied Date: 3-24-22  
[Signature]  
Signature of Applicant

FIRE INSPECTOR:  
 Approved  Denied Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Building Inspector

TOWN OF WAPPINGER  
PLOT PLAN

RECEIVED  
MAR 24 2022  
Building Department  
TOWN OF WAPPINGER

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

Date 3/20/22

Address: 64 Gold Road

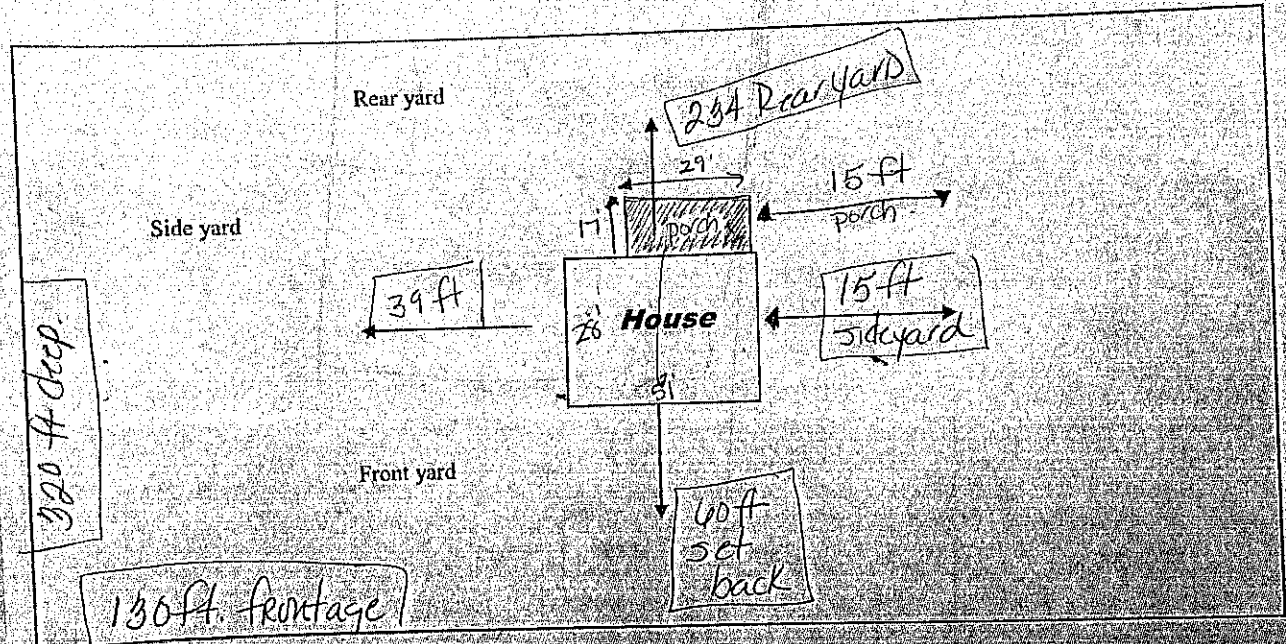
Interior/Corner Lot: circle one

Owner of Land Dorothy (Doris) Brusie

Zone: B40

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

1. House, porch



- Draw proposed structure/pool on plot plan
- Indicate location with setbacks to both sides and rear/front property line
- Show dimensions of structure/pool you are applying for
- If property is corner lot, show both streets
- Show utility, well and sewage systems (Call 811 before you dig - [www.digsafelynewyork.com](http://www.digsafelynewyork.com))

Doris (Dorothy) Brusie  
Signature of Applicant

Approved/Rejected \_\_\_\_\_

[Signature]  
Zoning Administrator

Date 3/24/22