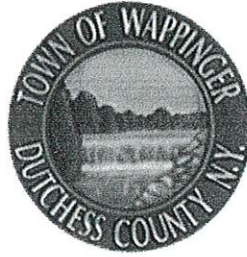


RECEIVED

JAN 03 2023

Zoning Board of Appeals
Town of Wappinger

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.: 23-7776

Date: 1/3/2023

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

I (We), Frank Lingardo residing at 139 Curry Road
Wappinger falls NY 12590, (phone) 845-337-7848, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,

dated 12/27/2022, and do hereby apply for an area variance(s).

Premises located at: 139 Curry Road Wappinger falls NY 12590

Tax Grid No.: 6157-01-475622

Zoning District: R20/40

1. Record Owner of Property:

Address: 139 Curry Road Wappinger falls NY 12590

Phone Number: 845-337-7848

Owner Consent dated: 1/3/2023

Signature: Frank Lingardo

Print Name: Frank Lingardo

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 can be greater than 600 sf.

Applicant(s) can provide: proposing a 40'x60' (2400sf) detached garage

Thus requesting: a variance of 1800 sf

To allow: for the construction of a 40'x60' (2400sf) detached garage

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.

240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 50 feet to the front yard

Applicant(s) can provide: 35 feet

Thus requesting: a variance of 15 feet

To allow: for the construction of a 40' x 60' (2400 sq.) detached garage

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.

It will change because now there will be a structure where there once was none.

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 survey states 35' in front and town requires 50'. There is 155' of footage and I can alter garage length to 50' so I am within setbacks and move garage to 50' in front to meet setback requirement.

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 size of garage is substantial to what the town has as there size of 600 sq ft. The setback is adjustable for location

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 Because of size of Property and Location I am applying for. I am going to match colors to house the best that is available.

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

size and setback from front on building application
I would say it was self created

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

NO Because everyone has property available if they
wanted to do it for themselves.

4. List of attachments (Check applicable information)

- Survey dated: 4/26/2021, Last revised _____ and
Prepared by: Howard W. Weeden.
- Plot Plan dated: 4/26/2021.
- Photos
- Drawings dated: _____.
- Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Town of Wappinger Dated: 12/27/2022
- 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: Frank Lopez
(Appellant)

DATED: 4/3/2023

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: 23-7776

Date: 1/5/23

Grid No.: 6157-01-475622

Zoning District: R20/40

Location of Project:

139 Curry Road Wappinger Falls NY 12596

Name of Applicant:

Frank Lingardo 845-337-7848

Print name and phone number

Description of Project:

garage/detached

I Frank Lingardo, 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.

1/3/2023
Date

Frank Lingardo
Owner's Signature

845-337-7848
Owner's Telephone Number

Frank Lingardo 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>Frank Lingardo</i>			
Project Location (describe, and attach a location map): <i>139 Curry Road</i>			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor: <i>Frank Lingardo</i>		Telephone: <i>845-337-7848</i>	
Address: <i>139 Curry Road</i>		E-Mail: <i>Franklingardo@gmail.com</i>	
City/PO: <i>Wappinger Falls</i>		State: <i>New York</i>	Zip Code: <i>12550</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 checked="" 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: <i>Town of Wappinger Falls New York</i>			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<i>0.699</i> acres	
b. Total acreage to be physically disturbed?		_____ acres <i>2400 sq ft</i>	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>0.699</i> 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 type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES
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"/>	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>garden hose</u> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
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"/>	YES
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"/>	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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:

Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban Suburban *None*

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
	<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)? 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: _____ Date: _____

Signature: _____ Title: _____

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

To: Lingardo, Frank
139 Curry Rd

SBL: 6157-01-475622-0000
Date of this Notice: 12/27/2022

Zone: *R20/PD*
Application: 42617

For property located at: 139 Curry Rd

Your application to:

GARAGE - 40 X 60 DETACHED GARAGE WITH ELECTRIC. CH JOB #: 1-83552

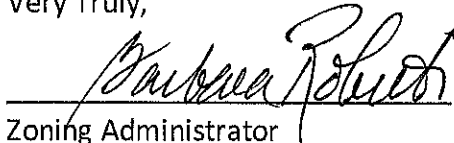
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where no accessory structure can be larger than 600 sf, the applicant is proposing a garage of 2400 sf.
Where 50 feet to the front property line is required, the applicant is proposing a 2,400 sf garage 35 ft from the front property line.

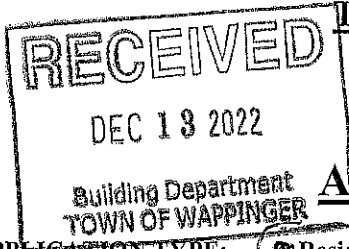
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	<u>50</u> ft.	<u>35</u> ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

You have the right to appeal this decision to the Zoning Board of Appeals within 60 days of the date of this letter. 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 Commercial
 Renovation/Alteration Multiple Dwelling

ZONE: R-20/40 DATE: 12/8/2022 12/21/2022
APPL #: 40617 PERMIT # _____
GRID: 6157-01-475622

APPLICANT NAME: Frank Lingardo
ADDRESS: 139 Curry Road Wappinger Falls New York 12590
TEL #: _____ CELL: 845-337-7848 FAX #: 845-632-1840 E-MAIL: FrankLingardo@gmail.com

NAME OWNER OF BUILDING/LAND: _____
PROJECT SITE ADDRESS: SAME as above
MAILING ADDRESS: _____
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: Owner same as above
ADDRESS: _____
TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

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

APPLICATION FOR: 40x60 garage (see attached with elec. Detached garage.)
CM JOB #183552
2400 ST

SETBACKS: FRONT: 50 REAR: 50 L-SIDEYARD: 25 R-SIDEYARD: 25

SIZE OF STRUCTURE: 40x60
ESTIMATED COST: 40,000.00 TYPE OF USE: Personal, Recreational

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 12/1/22 CHECK # 115 RECEIPT #: 2022-02388
BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:
ZONING ADMINISTRATOR:
 Approved Denied Date: 12/27/22
[Signature]
Frank Lingardo
Signature of Applicant

FIRE INSPECTOR:
 Approved Denied Date: _____

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 12/8/2022

Address: 139 Curry Road Wappinger Falls NY

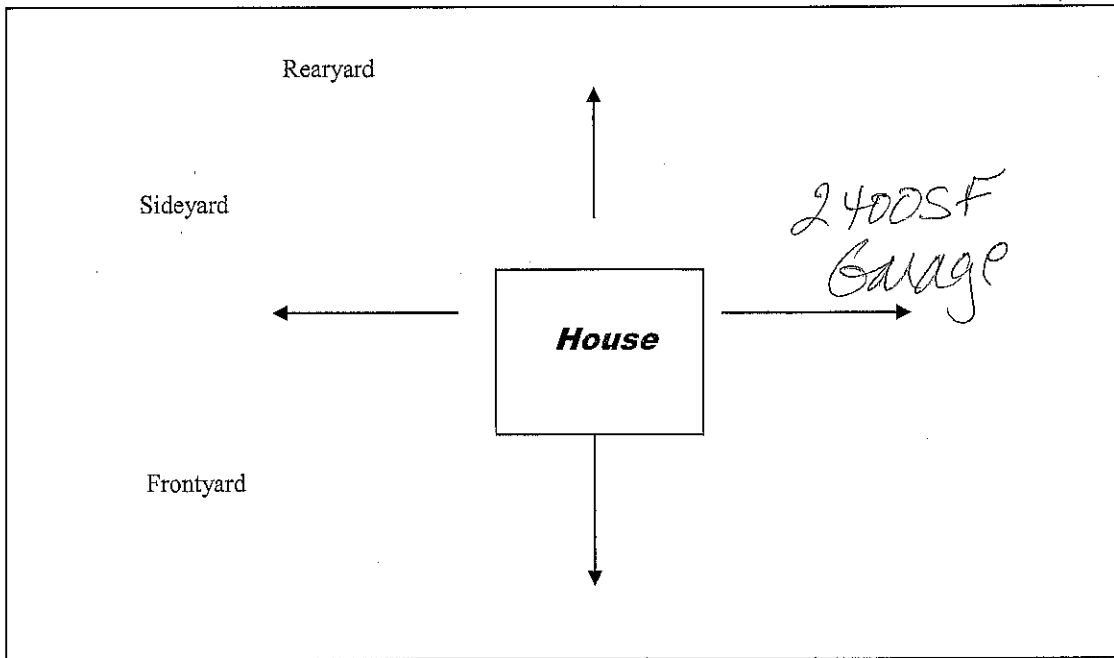
Interior/Corner Lot: circle one

Owner of Land Frank Lingardo

Zone: R-20/40

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

1. House, (see attached survey)



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

Frank Lingardo
Signature

Approved: (Signature) / Rejected: _____
Zoning Administrator

Date: 12-27-22

3.0 A(d)

441'

CURRY RD

100'

200'

146'
460625

151'

475622

WAPPINGER

161'

494

100'

200'

200'

476587

3.6 A(c)

0 50 100 ft



Dutchess County
New York

Parcel Lines
Dutchess County, NY

Printed By:
ParcelAccess

N
ParcelAccess
1/5/2023