

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.: 23-7800

Date: 7-10-23

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

I (We), Christopher/Sherry Di Cesare residing at 455 All Angels Hill Rd.  
Hopewell Jctn, NY 12533, (phone) 845 590 2623, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 5-17-23, and do hereby apply for an area variance(s).

Premises located at: 455 ALL Angels Hill Rd Hopewell Jctn, NY 12533  
Tax Grid No.: 6357-03-151049  
Zoning District: R20/40

1. Record Owner of Property:

Christopher/Sherry Di Cesare  
Address: 455 All Angels Hill Rd Hopewell Jctn, NY 12533  
Phone Number: 845-590-2623  
Owner Consent dated: 7-10-23

Signature: Christopher Di Cesare  
Print Name: Christopher Di Cesare

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 side (Left)

Applicant(s) can provide: 1'

Thus requesting: 24'

To allow: for the construction of a 12' x 24' 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: \_\_\_\_\_

N/A

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.

No, Not at all. The Shed is only visible partly from the Road and there's a few Acres of woods between the Shed and the neighbor to my left.

**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.

No, it's the only place available without losing the backyard space.

**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.

yes it's substantial, it's only 1' instead of 25'

**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, it's just a shed in my backyard barely visible

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

I'm finishing my basement and garage  
so I need a place for my tools, mower, ATV  
kayaks, and all the other things in my garage

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

Yes, all the property lines on my side of  
the street are on sharp angles making it wierd  
for the setbacks

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

- Survey dated: January 26, 1998, Last revised \_\_\_\_\_ and  
Prepared by: Eric W. Gardell, P.E.
- Plot Plan dated: 5-4-23
- Photos
- Drawings dated: \_\_\_\_\_
- Letter of Communication which resulted in application to the ZBA.  
(e.g., recommendation from the Planning Board/Zoning Denial)  
Letter from: Zoning Administrator Dated: 5-17-23
- 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:** Christopher DiCarone  
(Appellant)

**DATED:** 7-10-23

**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: 23-7800  
Grid No.: 6357-03-151049

Date: 7-10-23  
Zoning District: \_\_\_\_\_

Location of Project:  
455 All Angles Hill Road, Hopewell Jct, NY 12533

Name of Applicant: Christopher Di Cesare 8455902623  
Print name and phone number

Description of Project: I'm building a shed on a concrete slab

Christopher Di Cesare, 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.

7-10-23

Date

8455902623

Owner's Telephone Number

Christopher Di Cesare

Owner's Signature

Christopher Di Cesare/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.

<b>Part 1 – Project and Sponsor Information</b>				
Shed				
Name of Action or Project: 455 All Angels Hill Rd Hopewell Jctn, NY 12533				
Project Location (describe, and attach a location map): Build a shed on a concrete slab				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor: Christopher D. Cesare		Telephone: 845590-2623		
		E-Mail: cdjentertainment@aol.com		
Address: 455 ALL ANGELS HILL RD				
City/PO: Hopewell Jctn		State: NY	Zip Code: 12533	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO	YES
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.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO	YES
If Yes, list agency(s) name and permit or approval:			<input checked="" type="checkbox"/>	<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 checked="" 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 <input type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input 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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input 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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input 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 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"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor/name: <u>Christopher D. Cesare</u> Date: <u>7-10-23</u> Signature: <u>Christopher D. Cesare</u> Title: <u>Owner</u>		

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

To: DiCesare, Sherry  
455 All Angles Hill Rd

SBL: 6357-03-151049-0000  
Date of this Notice: 05/17/2023  
Zone:  
Application: 43101

For property located at: 455 All Angels Hill Rd

Your application to:

**SHED- CONSTRUCT 12' X 24' SHED FOR STORAGE- NO ELECTRIC \*\*SHED MUST BE PLACED ON STONE, GRAVEL OR CONCRETE BASE\*\* \*\*NEED 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.

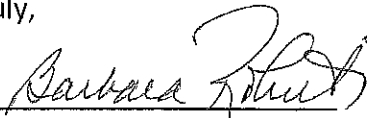
Where 25 feet to the side property line is required, the applicant can provide 1 ft to the side property line for a 12' x 24' shed.

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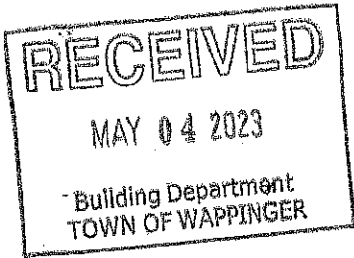
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	<u>25</u> ft.	<u>1</u> ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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](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  
 New Construction  Commercial  
 Renovation/Alteration  Multiple Dwelling

**ZONE:** R20/40 **DATE:** 5-12-23  
**APPL #:** 43101 **PERMIT #** \_\_\_\_\_  
**GRID:** 6357-03-151049

**APPLICANT NAME:** Christopher D. Cesare  
**ADDRESS:** 455 ALL Angels Hill Rd Hopewell Jctn, NY 12533  
**TEL #:** \_\_\_\_\_ **CELL:** 845-590-2623 **FAX #:** \_\_\_\_\_ **E-MAIL:** cdjentertainment@Aol.com

**NAME OWNER OF BUILDING/LAND:** Christopher D. Cesare  
**\*PROJECT SITE ADDRESS\*:** 455 ALL Angels Hill Rd Hopewell Jctn, NY 12533  
**MAILING ADDRESS:** 455 ALL Angels Hill Rd Hopewell Jctn, NY 12533  
**TEL #:** \_\_\_\_\_ **CELL:** 845-590-2623 **FAX #:** \_\_\_\_\_ **E-MAIL:** cdjentertainment@Aol.com

**BUILDER/CONTRACTOR DOING WORK:**  
**COMPANY NAME:** Christopher D. Cesare  
**ADDRESS:** 455 ALL Angels Hill Rd Hopewell Jctn, NY 12533  
**TEL #:** \_\_\_\_\_ **CELL:** 845-590-2623 **FAX #:** \_\_\_\_\_ **E-MAIL:** cdjentertainment@Aol.com

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

**APPLICATION FOR:** To Construct a Shed for storage  
Because I'm finishing My Basement  
and garage w/ electric - 12x24

**SETBACKS: FRONT:** 75.6 **REAR:** \_\_\_\_\_ **L-SIDEYARD:** 26.5 **R-SIDEYARD:** 51  
**SIZE OF STRUCTURE:** 12X24  
**ESTIMATED COST:** \$2,500.00 **TYPE OF USE:** Storage

**NON-REFUNDABLE APPL. FEE:** 100 **PAID ON:** 5/12/23 **CHECK #** 121 **RECEIPT #:** 2023-00830  
**SF** **BALANCE DUE:** 115.20 **PAID ON:** 5/12/23 **CHECK #** 121 **RECEIPT #:** 2023-00829

**APPROVALS:**  
**ZONING ADMINISTRATOR:**  
 Approved  Denied **Date:** 5-17-23  
Barbara Rubin

**FIRE INSPECTOR:**  
 Approved  Denied **Date:** \_\_\_\_\_

Christopher D. Cesare  
Signature of Applicant  
Christopher D. Cesare owner  
Print Name or Company Name(if applicable)

\_\_\_\_\_  
Signature of Building Inspector

# TOWN OF WAPPINGER PLOT PLAN

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

Date 5-4-23

Address: 455 All Angels Hill Rd.  
Hopewell Jctn, NY 12533

Interior/Corner Lot: circle one

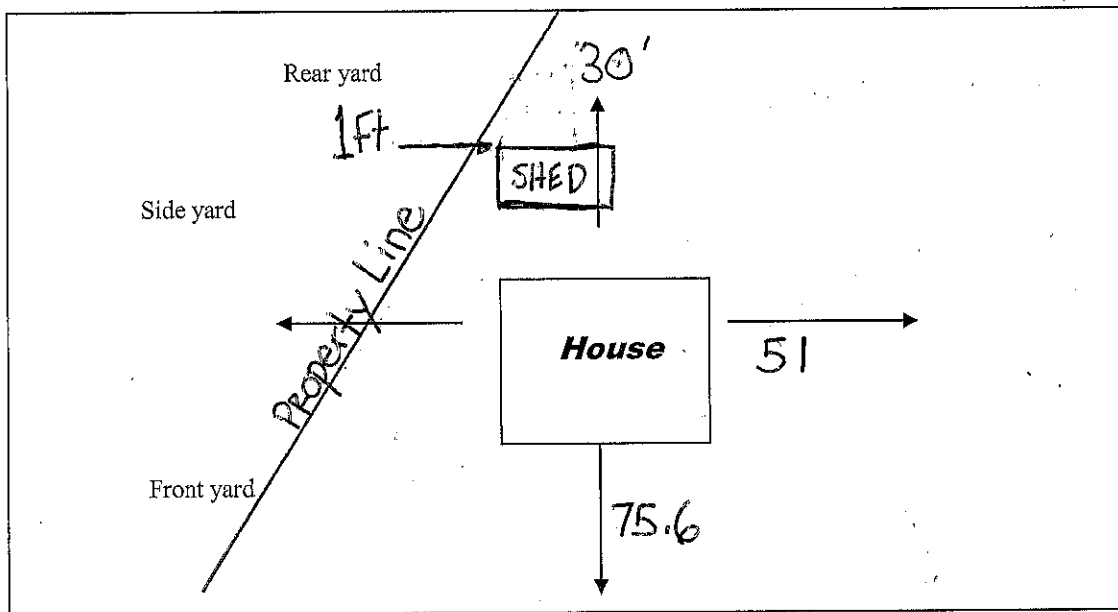
Owner of Land Christopher & Sherry D. Cesare

Zone: R20/40

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

1. House, Pool w/DECK

**STRUCTURE MUST MEET REQUIRED SETBACKS. PLEASE CONTACT OUR OFFICE TO FIND OUT HOW FAR YOU NEED TO BE FROM YOUR PROPERTY LINES.**



## INSTRUCTIONS:

- Draw proposed location of structure on plot plan.
- Indicate location setbacks to both sides and rear property line (How far away is the structure from all property lines, measure in feet) Structure must meet setback requirements.

**\*\*Please contact our office to verify your setback requirements. \*\***

Christopher D. Cesare

Signature

Approved: / Rejected: (circle one)

Barbara [Signature]  
Zoning Administrator

Date: 5-17-23