

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.: 23-7799 Date: June 20, 2023

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

I (We), Julius Morton residing at 12 Fox Hill Road
Wappingers Falls, NY 12590, (phone) (347) 866-1439, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated June 15, 2023, and do hereby apply for an area variance(s).

Premises located at: 12 Fox Hill Road Wappingers Falls, NY 12590
Tax Grid No.: 6257-01-403820
Zoning District: R20

1. Record Owner of Property:

JULIUS & VIVIENNE MORTON
Address: 12 Fox Hill Road Wappingers Falls, NY 12590
Phone Number: (347) 866-1439
Owner Consent dated: 6/20/2023
Signature: Julius Morton / Vivienne Morton
Print Name: JULIUS MORTON / VIVIENNE MORTON

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.

SECTION 240-37 of Zoning Laws of Town of Wappinger

(Indicate Article, Section, Subsection and Paragraph)

Required: Rear Yard: 40 feet

Applicant(s) can provide: 27 feet

Thus requesting: 13 feet

To allow: Construction of a 16'x32' IN-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.

If variance is granted, there will be no change of the
character of the 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.

Due to shape and configuration of pool as designed,
we will need 13 feet from rear setback of property.
The shape and design of pool does not allow for another placement option.

- 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.

This is not a substantial variance or a big change from the
standards set out in the zoning law.

- 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 variance is granted, there will be no impacts to the physical
environmental conditions in the neighborhood or district.

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

This is a self created situation.

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

This property is not unique in the neighborhood.

4. List of attachments (Check applicable information)

- (✓) **Survey** dated: MAY 12, 2023, Last revised _____ and
Prepared by: Larry L. Lynn, L.S.
- () 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: Barbara Roberti **Dated:** 6/15/2023
- (✓) Other (Please list): Building-Fire-Zoning Inspection Report, dated 6/8/2023

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: Julia M. Mof...
(Appellant)

DATED: 6/20/2023

SIGNATURE: Vivienne Morton
(If more than one Appellant)

DATED: 6/20/2023

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: 23-7799

Date: 6/20/2023

Grid No.: 6257-01-A03820

Zoning District: R20

Location of Project:

12 FOX HILL ROAD WAPPINGERS FALLS, NY 12590

Name of Applicant: Julius Morton, (347) 866-1439

Print name and phone number

Description of

Project: Construction and installation of a 16'x32' (propone-heated)
IN-GROUND swimming pool.

I, Julius Morton, 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.

6/20/2023
Date

(347) 866-1439
Owner's Telephone Number

Julius Morton
Owner's Signature
Julius Morton, property 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: Construction/Installation of a 16'x32' IN-GROUND swimming pool.			
Project Location (describe, and attach a location map): 12 FOX HILL ROAD WAPPINGERS FALLS, NY 12590			
Brief Description of Proposed Action: Construct/Install a 16'x32' propane-heated pool in backyard on residence.			
Name of Applicant or Sponsor: JULIUS MORTON		Telephone: (347) 866-1439	
		E-Mail: Cincocero@AOL.com	
Address: 12 FOX HILL ROAD WAPPINGERS FALLS, NY 12590			
City/PO: WAPPINGERS FALLS		State: NY	Zip Code: 12590
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 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 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	
	<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 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? 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)? 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>JULIUS MORTON</u> Date: <u>6/20/2023</u>		
Signature: <u><i>Julius Morton</i></u> Title: <u>Property Owner</u>		

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

To: Morton, Julius
12 Fox Hill Rd

SBL: 6257-01-403820-0000
Date of this Notice: 06/20/2023

Zone:
Application: 43232

For property located at: 12 Fox Hill Rd

Your application to:

POOL - INSTALLATION OF 16'x32' RECTANGLE INGROUND POOL WITH PROPANE SOURCED POOL HEATER **CALL 811 PRIOR TO EXCAVATION **FOUR COPIES OF FINAL AS BUILT REQUIRED TO CLOSE POOL AND GRADING PERMIT** **POOL ALARM ASTM F 2208 REQUIRED** **ALARM AFFIDAVIT REQUIRED** **FINAL INSPECTION BY CERTIFIED ELECTRICAL INSPECTOR** **CALL INTO OUR OFFICE FOR FINAL INSPECTION BY TOWN BUILDING INSPECTOR** **MUST HAVE TEMPORARY BARRIER INSTALLED IMMEDIATELY AFTER COMMENCEMENT OF CONSTRUCTION** **PERMANENT BARRIER MUST BE INSTALLED WITHIN 90 DAYS OF COMMENCEMENT OR 90 DAYS OF PERMIT ISSUANCE** **POOL NOT TO BE USED WITHOUT CERTIFICATE OF COMPLIANCE****

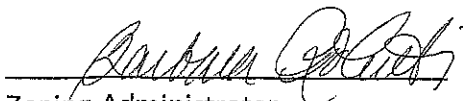
is denied for the following deficiency under Section **240-37** of the Zoning Laws of the Town of Wappinger.

Where 40 feet to the rear yard is required, the applicant can provide 27 feet for a new inground pool.

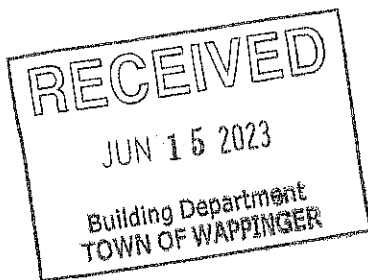
	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	<u>40</u> ft.	<u>27</u> ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.

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

ZONE: R-20 DATE: 6/15/2023
APPL #: 43232 PERMIT # _____
GRID: 6057-01-403820

APPLICANT NAME: Julius & Vivienne Morton
ADDRESS: 12 FOX HILL ROAD, WAPPINGERS FALLS, NY 12590
TEL #: (347) 866-1439 CELL: (347) 866-1439 FAX #: _____ E-MAIL: Cincocero@AOL.com

NAME OWNER OF BUILDING/LAND: Julius & Vivienne Morton
PROJECT SITE ADDRESS: 12 Fox Hill Rd. Wappingers Falls, NY 12590
MAILING ADDRESS: 12 Fox Hill Rd. Wappingers Falls, NY 12590
TEL #: (347) 866-1439 CELL: _____ FAX #: _____ E-MAIL: Cincocero@AOL.com

BUILDER/CONTRACTOR DOING WORK:
COMPANY NAME: Under The Sun Improvements
ADDRESS: 168 Overlook Road Poughkeepsie, NY 12603
TEL #: (914) 490-1695 CELL: _____ FAX #: _____ E-MAIL: Underthesunimprovements@gmail.com

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

APPLICATION FOR: Installation of IN-GROUND POOL (size 16'x32') -rectangle.
propane sourced pool heater

SETBACKS: FRONT: _____ REAR: 40' L-SIDEYARD: 20' R-SIDEYARD: 20'
SIZE OF STRUCTURE: 16' x 32' IN GROUND POOL
ESTIMATED COST: \$61,000 - Pool TYPE OF USE: Residential - recreational

NON-REFUNDABLE APPL. FEE: 250 PAID ON: 6/15/23 CHECK # 344 RECEIPT #: 2023-01060
BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:

ZONING ADMINISTRATOR:
O Approved O Denied Date: 6-15-23

FIRE INSPECTOR:
O Approved O Denied Date: _____

Signature of Applicant Julius Morton

Signature of Building Inspector _____

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date 6/8/2023

Address: 12 Fox Hill Rd Wappingers Falls, NY 12590 Interior/Corner Lot: circle one

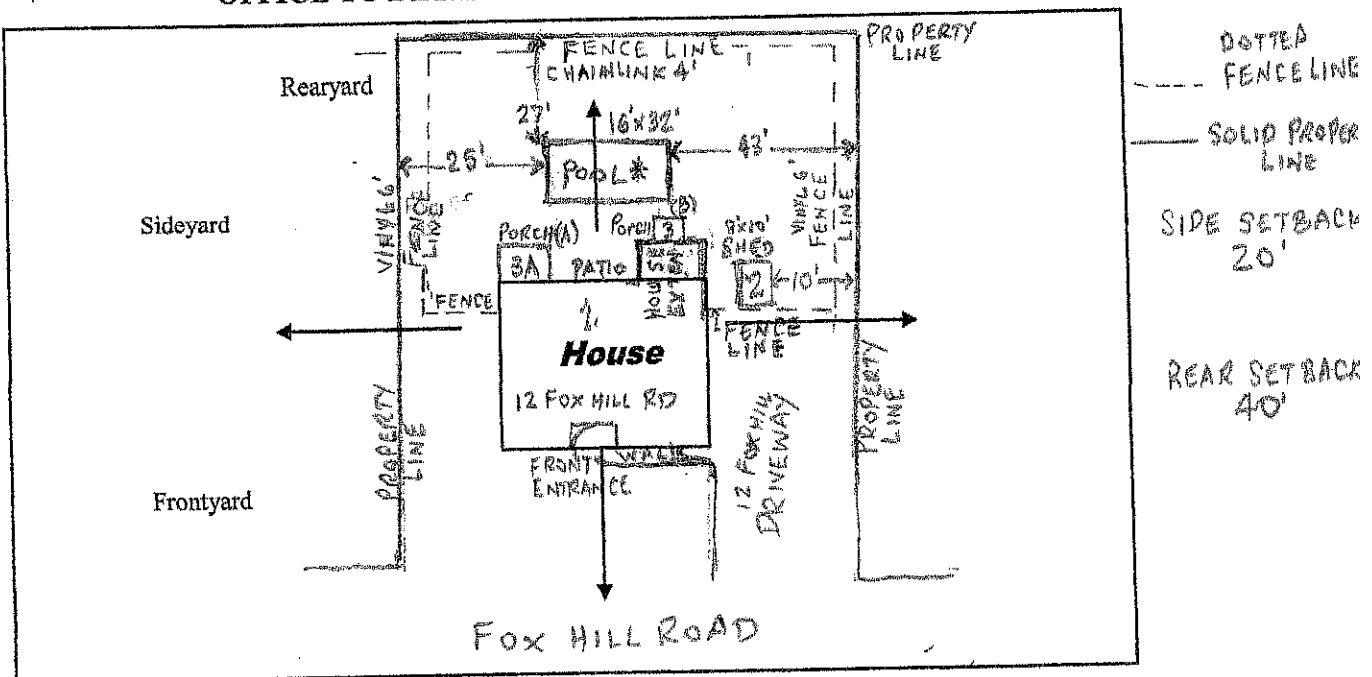
Owner of Land Julius Morton

Zone: R-20

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

1. House, 2. SHED, 3. ^{NB} Porches at rear exits A/B

****STRUCTURE MUST MEET REQUIRED SETBACKS FROM PROPERTY LINES. CHECK WITH OFFICE TO DETERMINE SETBACK REQUIREMENTS****



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

Julius Morton
Signature

Approved: Rejected:

Bubba P. Peltz
Zoning Administrator

Date: 6.15.23