

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.: 23-7803

Date: 8-29-23

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

I (We), SHOAIB NAWAED & TARIQ MAHMOOD residing at 21 - Macintosh Ln Wappingers Falls
, (phone) 845-505-5561, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated Aug 29th, 2023, and do hereby apply for an area variance(s).

Premises located at: 21 - Macintosh Ln Wappingers Falls NY 12590
Tax Grid No.: 6258-04-610023
Zoning District: R-20

1. Record Owner of Property:

Shoaib Nawaed & Tariq Mahmood
Address: 21 Macintosh Ln Wappingers Falls
Phone Number: 845-505-5561
Owner Consent dated: Aug 29th, 2023

Signature: Sloan's
Print Name: SHOAIB NAWAED

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

Article, Section, Subsection and Paragraph

Required: 35 ft

Applicant(s) can provide: 29.5 ft

Thus requesting: New Variance of 5.5 ft

To allow: a new front porch

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.

None

(Indicate Article, Section, Subsection and Paragraph)

Required: _____
Applicant(s) can provide: _____
Thus requesting: _____
To allow: _____

Not applicable

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.

As we are adding a new porch it will give a better look, so the impact will be positive there is no negative side.

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.

* It will provide the shelter before entering the house.
* Need a place to enjoy from the front of the property.
* Will provide Security, Safety & Space
* will to improve the character of the house.

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.

It's 5.5ft, which I believe is not substantial as I can see the same structure in the next house.

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.

It's not going to change any physical environmental condition of the neighborhood.
It add the beauty ^{& value} of home & neighbourhood

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

from a denial letter from Zoning
Administrator

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

Have seen Couple of houses in the neighbourhood
with porch and I am convinced that my
house need to be like same & similar and
on top of this it has lot of advantages mentioned earlier.

4. List of attachments (Check applicable information)

- ☒ Survey dated: August 16, 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 Roberts Dated: 8-28-23
☐ 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: Stoais
(Appellant)

DATED: Aug 29th, 2023

SIGNATURE: _____
(If more than one Appellant)

DATED: _____

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12580
PH: 845-297-6256
Fax: 845-297-0579

Owner Consent Form

Project No: 23-7803

Date: 8-29-23

Grid No.: 6258-04-610023

Zoning District: R20

Location of Project:

21- Macintosh Ln Wappi

Name of Applicant:

Shoaib Naweed

Print name and phone number

Description of Project:

New Porch - front of house
34 x 6

I, Shoaib Naweed, 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.

Date Aug 29th, 2023
845-505-5561

Owner's Telephone Number

Shoaib Naweed

Owner's Signature

SHOAIB NAWEED

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: Shoaib Naweed			
Project Location (describe, and attach a location map): 21 - Macintosh Ln Wappingers Falls 12890			
Brief Description of Proposed Action: Construction of a new porch			
Name of Applicant or Sponsor: Shoaib Naweed		Telephone: 845-505-5561	
		E-Mail:	
Address: 21 - Macintosh Ln Wap			
City/PO: Wappingers Falls		State: NY	Zip Code: 12890
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 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	
	<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 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>Shoaib Naweed</u> Date: <u>Aug 29th, 2023</u>		
Signature: <u>Shoaib</u> Title: <u>Owner</u>		

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

To: MaFadden Trustee, Daniel
c/o Joseph Halfon

SBL: 6258-04-610023-0000
Date of this Notice: 08/28/2023

Zone:
Application: 43515

For property located at: 21 Macintosh Ln

Your application to:
34X6 COVERED FRONT PORCH

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

Where 35 feet to the front yard is required, the applicant can provide 29.5 feet to the front property line for a new front porch.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	<u>35</u> ft.	<u>29.5</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: R20 **DATE:** 8/28/2023
APPL #: 93515 **PERMIT #** _____
GRID: 6258-04-610023

☒ **APPLICANT NAME:** SHOAIB NAWEEED
ADDRESS: 21 - Macintosh Ln Wappingers Falls 12590
TEL #: 845-5055561 **CELL:** 845-505-5561 **FAX #:** _____ **E-MAIL:** macintoshdevelopment6@gmail.com

☒ **NAME OWNER OF BUILDING/LAND:** Macintosh development Corp
***PROJECT SITE ADDRESS*:** 21 - Macintosh Ln Wappingers Falls 12590
MAILING ADDRESS: 21 - Macintosh Ln Wappingers Falls 12590
TEL #: _____ **CELL:** 845-505-5561 **FAX #:** _____ **E-MAIL:** _____

☒ **BUILDER/CONTRACTOR DOING WORK:**
COMPANY NAME: *Self*
ADDRESS: _____
TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

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

☒ **APPLICATION FOR:** Front Porch 34 x 6' covered porch

☒ **SETBACKS:** **FRONT:** 29'5" **REAR:** _____ **L-SIDEYARD:** _____ **R-SIDEYARD:** _____
☒ **SIZE OF STRUCTURE:** 34 x 6
☒ **ESTIMATED COST:** 1000 **TYPE OF USE:** Entrance

NON-REFUNDABLE APPL. FEE: 150 **PAID ON:** 8/28/23 **CHECK #** 9154 **RECEIPT #:** 2023-01588
BALANCE DUE: _____ **PAID ON:** _____ **CHECK #** _____ **RECEIPT #:** _____

APPROVALS:

ZONING ADMINISTRATOR:

☒ Approved ☐ Denied **Date:** 8-28-23

[Signature]

☒ [Signature]
Signature of Applicant

FIRE INSPECTOR:

☐ Approved ☐ Denied **Date:** _____

Signature of Building Inspector

☒ SHOAIB NAWEEED
Print Name or Company Name(if applicable)

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date _____

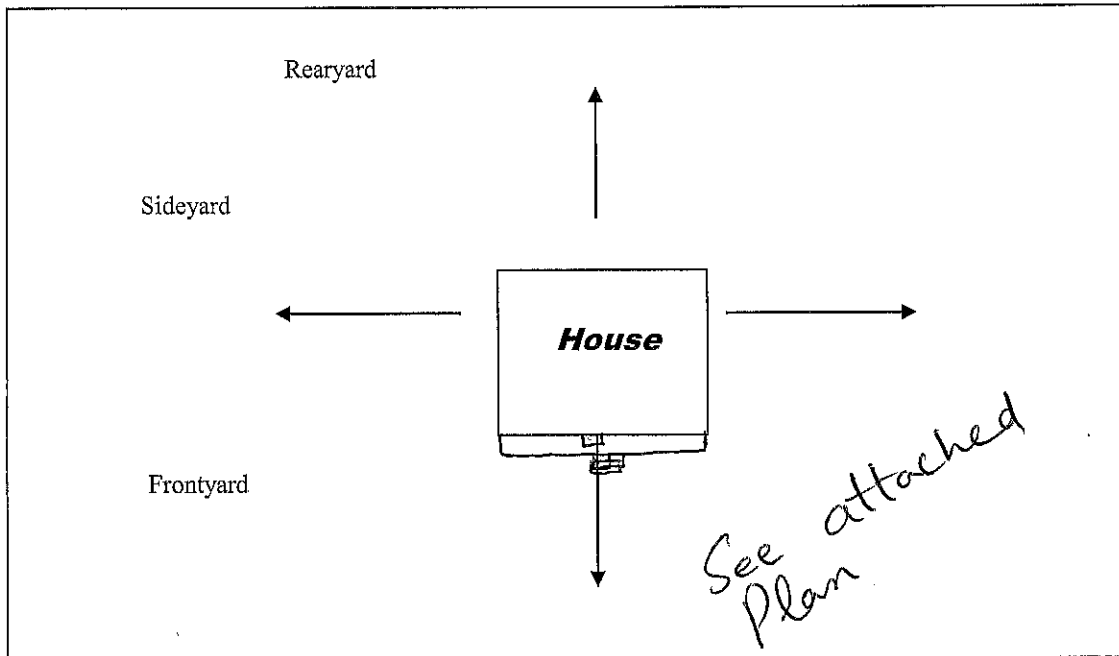
Address: 21- Macintosh Ln

Interior/Corner Lot: circle one

Owner of Land Macintosh development Co Zone: B20

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

1. House,



Draw proposed structure on plot plan.

Indicate Location Setbacks to both sides and rear property line
measurement of structure you are applying for.

Steven
Signature

Approved: Rejected:

Barbara R. Smith
Zoning Administrator

Date: 8-28-23