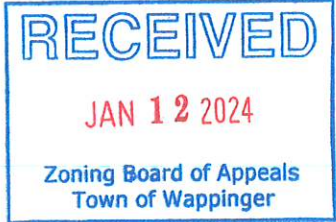


TOWN OF WAPPINGER



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.: 24-7813

Date: 1/11/2024

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

I (We), JOSEPH SABATELLI residing at 5 PETERS RD  
WAPPINGER NY, (phone) 914 456 1651, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 12/08/2023, and do hereby apply for an area variance(s).

Premises located at: 5 PETERS ROAD T/WAPPINGER  
Tax Grid No.: 6357-03-066044  
Zoning District: R 20/40

1. Record Owner of Property:

JOSEPH SABATELLI  
Address: 5 PETERS RD T/WAPPINGER (HOPEWELL JCT NY 12533) MAILING  
Phone Number: 914 456 1651  
Owner Consent dated: 1/11/24

Signature: [Signature]  
Print Name: JOSEPH SABATELLI

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.

SECT 240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: SIDE YARD 25 FT

Applicant(s) can provide: 20 FT

Thus requesting: 5 FT SIDE YD VARIANCE

To allow: CONSTRUCTION OF ADDITION TO EXISTING SINGLE FAMILY RES.

**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.

SECTION 270-37

(Indicate Article, Section, Subsection and Paragraph)

Required: FRONT YARD SETBACK OF 50 FT

Applicant(s) can provide: 12.3 FEET

Thus requesting: A 37.7 FOOT VARIANCE

To allow: CONSTRUCTION OF ADDITION TO SINGLE FAMILY RES.

**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.

WILL BE NO NEGATIVE IMPACT. ALL LOTS IN NEIGHBORHOOD ARE SMALL. MANY EXISTING HOMES IN NEIGHBORHOOD ARE CLOSE TO PROP LINES. ADDITION WILL GO ABOVE EXISTING, NO WORSE THAN EXISTING

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.

EXISTING HOME ALREADY IS BEYOND SETBACKS, THEREFORE ADDITION CAN NOT BE ATTACHED TO HOUSE AND BE OUTSIDE OF SETBACKS. PERMITTED BUILDABLE AREA IS TOO SMALL TO DO ANYTHING - EVEN ENTIRELY NEW BUILDING, PERHAPS DUE TO OVERSIGHT DURING RE-ZONING IN THE AREA.

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.

SIDE YD VARIANCE IS MODERATE AT 5 FT., A 20% VARIANCE  
FRONT YD VARIANCE IS MORE SUBSTANTIAL AT 37.7 FT, HOWEVER EXISTING BUILDING IS ALREADY OVER SETBACK, AND ZBA GRANTED A PRIOR FRONT YARD SETBACK FOR FRONT PORCH ADDITION, THIS ADDITION IS BEHIND THAT LINE.

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 IMPACT TO PHYSICAL ENVIRONMENT. USE REMAINS THE SAME, RESIDENTIAL.  
NO INCREASE TO WATER OR SEWER IS EXPECTED.

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

ADDITION NEEDED FOR FAMILY GROWTH, SO SELF-CREATED BY NEED FOR MORE SPACE.  
HOWEVER, WHEN LOOKING AT NEIGHBORHOOD, AND PER'D SETBACKS,  
NO EXISTING HOME SEEMS TO COMPLY WITH SETBACKS, PERHAPS AS A  
RESULT OF REZONING

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

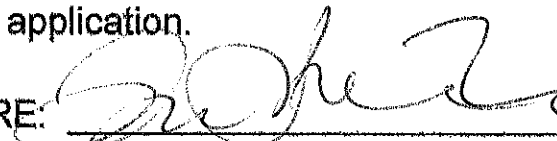
NOT UNIQUE IN THAT ALL LOTS APPEAR TO BE SAME SIZE, AND MANY  
MAY NOT COMPLY WITH CURRENT SETBACKS. UNIQUE ONLY IN THE  
SENSE THAT AN ADDITION IS NEEDED

4. List of attachments (Check applicable information)

- Survey dated: MAY 16, 2004, Last revised N/A and Prepared by: ROBERTA KALAKA, LS
- Plot Plan dated: 1/10/2024
- Photos
- Drawings dated: 1/10/2024
- Letter of Communication which resulted in application to the ZBA. (e.g., recommendation from the Planning Board/Zoning Denial)  
Letter from: BARBARA ROBERTI, Z.A. Dated: 12/8/23
- Other (Please list): GIS MAPS OF PERC'S IN NEIGHBORHOOD

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: 1-11-24  
(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: 24-7813

Date: 1/11/24

Grid No.: 6357-03-066044

Zoning District: R20/40

Location of Project:

5 PETERS RD, T/WAPPINGER NY (MAILING: HOPEWELL JCT, NY 12533)

Name of Applicant:

JOSEPH SABATELLI 914 456 1651

Print name and phone number

Description of

Project: ADDITION TO SINGLE FAMILY RESIDENCE, CONSTRUCTION  
ABOVE EXISTING AND TO SIDE OF EXISTING RES.  
NO INCREASE TO NUMBER OF BEDROOMS.  
INTERIOR ALTERATIONS AND NEW 2 CAR GARAGE.

I JOSEPH SABATELLI, 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.

1/11/24  
Date

[Signature]  
Owner's Signature

914 456 1651  
Owner's Telephone Number

JOSEPH SABATELLI, 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 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.

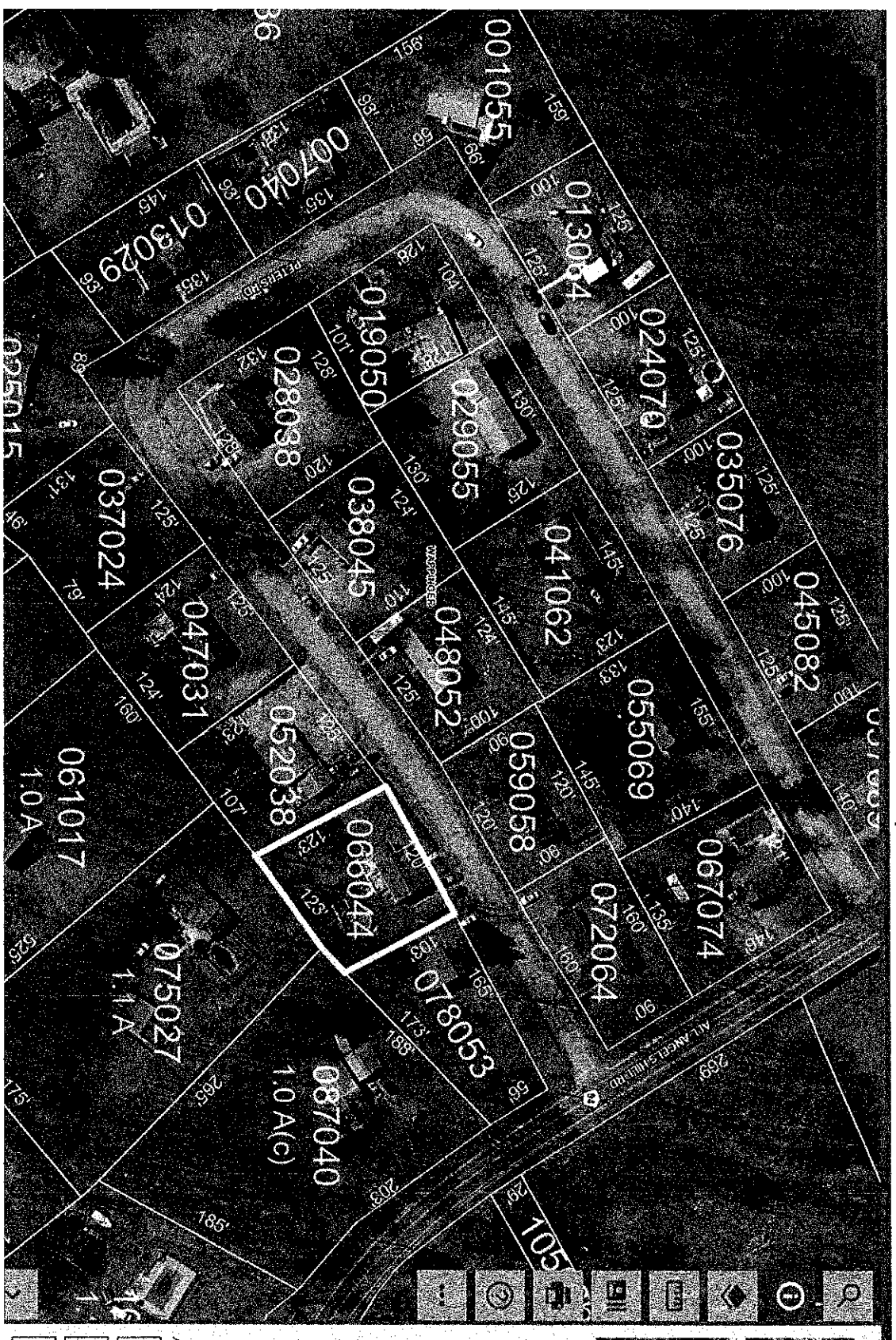
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: <b>SABATELLI RESIDENTIAL ADDITION TO SINGLE FAMILY HOUSE</b>			
Project Location (describe, and attach a location map): <b>5 PETERS RD, T/WAPPINGEN, NY</b>			
Brief Description of Proposed Action: <b>ADDITION TO SINGLE FAMILY HOUSE</b>			
Name of Applicant or Sponsor: <b>PAUL S. PILAT, D.A.</b>		Telephone: <b>845 790 0968</b>	
		E-Mail: <b>sparchitects @ optonline.net</b>	
Address: <b>1022 RTE 376, SUITE 21</b>			
City/PO: <b>WAPPINGERS FALLS NY 12590</b>		State: <b>NY</b>	Zip Code: <b>12590</b>
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"/>
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: <b>BUILDING PERMIT T/WAPPINGEN</b>			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>0.32</u> acres	
b. Total acreage to be physically disturbed?		<u>0.08</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>0.32</u> 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			

		NO	YES	N/A
5.	Is the proposed action,			
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"/>
		<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: <u>WILL MEET ENERGY CODE OF NYS REQUIREMENTS</u>	<input type="checkbox"/>	<input checked="" 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: <u>EXISTING PRIVATE WELL</u> <u>WILL CONTINUE TO BE USED</u>	<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: <u>EXISTING PRIVATE</u> <u>SEWER SYSTEM TO REMAIN IN USE.</u>	<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: <u>N/A</u>			



FOR: SABBATELLI ADDITION - ZONING BOARD OF APPEALS 1/11/24



AREA MAP OF PETERS ROAD, SHOWING SIZE OF EXISTING LOTS  
IN NEIGHBORHOOD, AND HOWER LOCATIONS.  
TAKEN FROM DUTHESS Co. GIS

FOR SPARTILLI ADDITION. ZONING BOARD OF APPEALS 1/11/24



PETERS BOARD AND SURROUNDING AREA SHOWING LOTS, UNDEVELOPED LOTS THAT COULD CONFORM TO ZONING REQUIREMENTS TAKEN FROM DUTCHESS CO. GIS

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

To: Sabatelli, Joseph  
5 Peters Rd

SBL: 6357-03-066044-0000  
Date of this Notice: 12/08/2023  
*R20/HO* Zone:  
Application: 43804

For property located at: 5 Peters Rd

Your application to:

**ADDITION - DEMOLITION AND ADDITION TO EXISTING SINGLE FAMILY RESIDENCE. REMODEL EXISTING 1ST FLOOR, ADD 2ND FLOOR (1200 SQ FT) FOR 3 BEDROOMS & 2 BATHROOMS. ADD 700 SQ FT 2 CAR GARAGE**

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

Where 50 ft. to the front property line is required, the applicant can provide 12.3 ft. to the front property line for a new addition.

Where 25 ft. to the side yard is required, the applicant can provide 20 ft. to the side yard property line for a new addition.

---

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	<u>25</u> ft.	<u>20</u> ft.
FRONT YARD:	<u>50</u> ft.	<u>12.3</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](http://www.townofwappingerny.gov)

Very Truly,

  
\_\_\_\_\_  
Zoning Administrator  
Town of Wappinger

RECEIVED

NOV 20 2023

Building Department  
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:** 11/16/23 11/27/2023  
**APPL #:** 43804 **PERMIT #** \_\_\_\_\_  
**GRID:** 6357-03-066044

**APPLICANT NAME:** Joseph Sabatelli  
**ADDRESS:** 5 Peters Rd - Wappingers Falls NY 12590  
**TEL #:** \_\_\_\_\_ **CELL:** 914-456-1651 **FAX #:** \_\_\_\_\_ **E-MAIL:** joe.sabatelli@crowncastle.com

**NAME OWNER OF BUILDING/LAND:** Joseph Sabatelli  
**\*PROJECT SITE ADDRESS\*:** 5 Peters Rd Town of Wappinger NY  
**MAILING ADDRESS:** 5 Peters Rd Wappingers Falls, NY 12590  
**TEL #:** \_\_\_\_\_ **CELL:** 914-456-1651 **FAX #:** \_\_\_\_\_ **E-MAIL:** joe.sabatelli@crowncastle.com

**BUILDER/CONTRACTOR DOING WORK:**  
**COMPANY NAME:** \_\_\_\_\_ Owner (application for rejection to attend ZBA - will revise)  
**ADDRESS:** \_\_\_\_\_

**TEL #:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

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

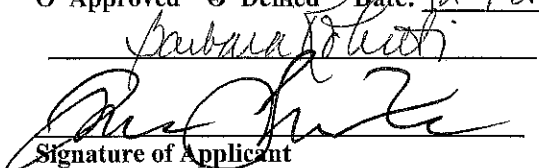
**APPLICATION FOR:** Demolition and addition to existing single family residence  
Remodel existing first floor, add 2nd floor (1200 sf) for 3 bedrooms and 2 bathrooms  
Add 2-car garage (700 SQ FT)

**SETBACKS: FRONT:** 11.75' **REAR:** 69.0' **L-SIDEYARD:** 27' **R-SIDEYARD:** 20.0'  
**SIZE OF STRUCTURE:** 39.5' X 27' ADDITION 1200 SF LIVING SPACE 2ND FL; 300 SF LIVING 1ST FL  
**ESTIMATED COST:** 200,000.00 **TYPE OF USE:** Residential - Single Family Res

**NON-REFUNDABLE APPL. FEE:** 150.00 **PAID ON:** 11/27/23 **CHECK #:** 2341 **RECEIPT #:** 2023-02292  
**BALANCE DUE:** \_\_\_\_\_ **PAID ON:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_

**APPROVALS:**  
**ZONING ADMINISTRATOR:**  
 Approved  Denied **Date:** 12.4.23

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

  
Signature of Applicant

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

JOSEPH SABATELLI  
Print Name or Company Name(if applicable)

# TOWN OF WAPPINGER PLOT PLAN

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

Date 11/16/23

Address: 5 Peter Rd

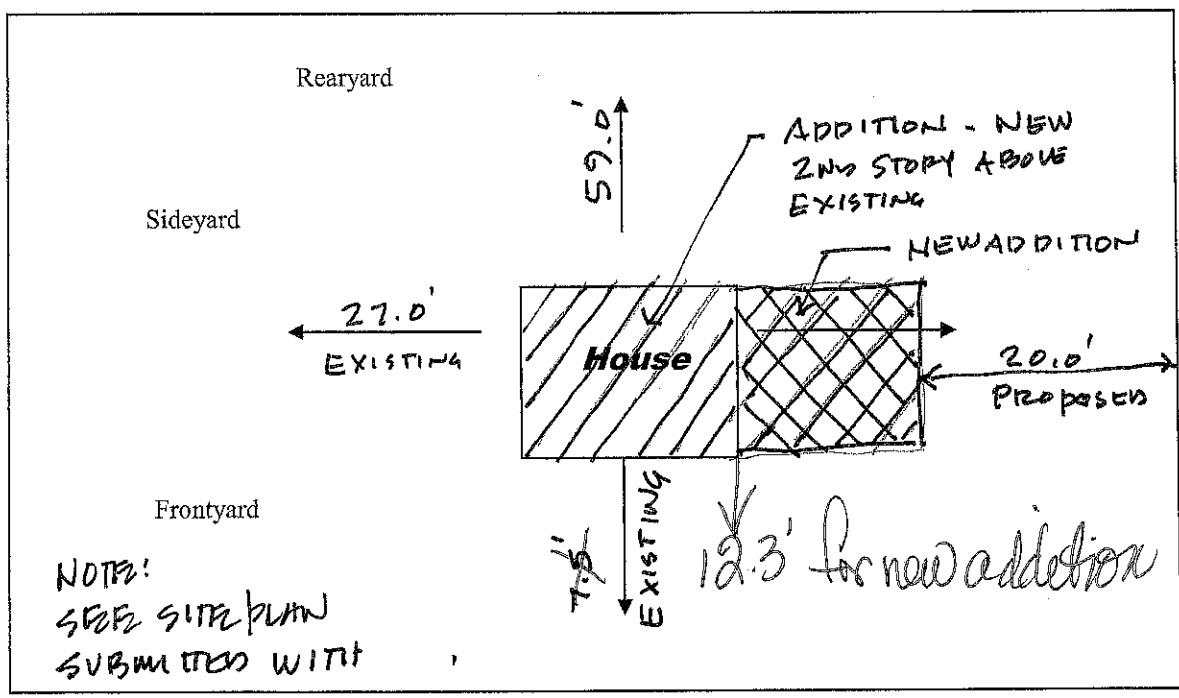
Interior/Corner Lot: *circle one*

Owner of Land Joseph Sabatelli

Zone: R-20/40

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

1. House, detached garage, above ground pool



NOTE: SEE SITE PLAN SUBMITTED WITH ARCH. DRAWINGS PETERS RD

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

*[Signature]*  
Signature

Approved: *[Signature]*  
Zoning Administrator

Date: 12-7-23