

TOWN OF WAPPINGER



RECEIVED

JAN 22 2024

Planning Department  
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.: 24-7814

Date: 1-22-24

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

I (We), Dominick Quitoni residing at 39 Vandewater Dr  
Wappinger Falls, New York, 12590, (phone) 845.245.7100, hereby,

appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,  
dated 1-12-24, and do hereby apply for an area variance(s).

Premises located at: 39 Vandewater Dr Wappinger Falls, New York 12590

Tax Grid No.: 135689-6259-04-796275-0000

Zoning District: R 40

1. Record Owner of Property:

Dominick Quitoni

Address: 39 Vandewater Dr Wappinger Falls, New York 12590

Phone Number: 845.245.7100

Owner Consent dated: 1-8-24

Signature: [Signature]

Print Name: APPLICANT

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.

5 Side Yard Setback 240-37

(Indicate Article, Section, Subsection and Paragraph)

Required: 25'-0"

Applicant(s) can provide: 15' 8"

Thus requesting: 9' 4"

To allow: Addition to living room.

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
Appeal No.: 24-7814

**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.

No, The addition will update and enhance the overall look of the front elevation.

- 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, the existing house is already non-conforming. The existing living room location is in the non-conforming portion 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.

The request is 9'-6" or 40% of the required side yard setback, therefore we fell it is not a substantial request.

- 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.

The proposed addition will enhance the aesthetics of the neighborhood.

Town of Wappinger Zoning Board of Appeals  
Application for an Area Variance  
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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.

Yes, the need for the variance is self created. The area the variance is needed is in the area thats existing non-conforming.

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

The existing lot is on the cul de sac and is a pie shaped lot. The existing house was constructed within the current side yard setback.

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

- (x) Survey dated: 12/28/2022, Last revised \_\_\_\_\_ and  
Prepared by: Brendan Johnson, PLS.
- (x) Plot Plan dated: 1/8/2024.
- (x) Photos
- (x) Drawings dated: 1/8/2024.
- (x) Letter of Communication which resulted in application to the ZBA.  
(e.g., recommendation from the Planning Board/Zoning Denial)  
Letter from: Barbara Roberti Dated: 1-25-24
- ( ) 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:   
(Appellant)

DATED: 1/8/24

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:** \_\_\_\_\_

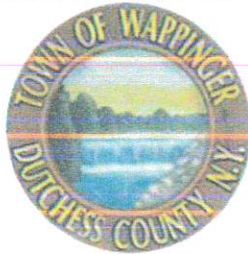
ZONING BOARD OF APPEALS  
TOWN OF WAPPINGER, NEW YORK

**BY:** \_\_\_\_\_  
(Chairman)

**PRINT:** \_\_\_\_\_



TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD  
WAPPINGERS FALLS, NY 12590

PH: 845-297-6250

Fax: 845-297-0579

Owner Consent Form

Project No: 24-7814

Date: 1/8/2024

Grid No.: 135689-6259-04-796275-0000

Zoning District: R 40

Location of Project:

39 Vandewater Dr Wappinger Falls, New York 12590

Name of Applicant:

Dominick Quitoni 845-245-7100

Print name and phone number

Description of

Project: Proposed addition to existing living room & new front porch

I Dominick Quitoni, 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.

1/8/2024

Date

Owner's Signature

845-245-7100

Owner's Telephone Number

Dominick Quitoni

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

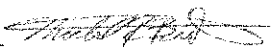
### Instructions for Completing

**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.

<b>Part 1 – Project and Sponsor Information</b>							
<b>Name of Action or Project:</b> Proposed addition / alteration to residence for the Quito family.							
<b>Project Location (describe, and attach a location map):</b> 39 Vandewater Dr Wappinger Falls, New York 12590							
<b>Brief Description of Proposed Action:</b> Addition / expansion of the existing living room space & new front porch.							
<b>Name of Applicant or Sponsor:</b>  Michael R. Berta, AIA Architecture & Planning		<b>Telephone:</b> 845-489-1638  <b>E-Mail:</b> mike@bertaarchitects.com					
<b>Address:</b> 7 Robert Road							
<b>City/PO:</b> Poughkeepsie		<b>State:</b> New York	<b>Zip Code:</b> 12603				
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NO</td> <td style="width: 50%;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<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:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NO</td> <td style="width: 50%;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3.   a. Total acreage of the site of the proposed action? <span style="float: right;">0.876 acres</span> b. Total acreage to be physically disturbed? <span style="float: right;">0.175 acres</span> c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <span style="float: right;">0.876 acres</span>							
4. Check all land uses that occur on, are adjoining or near the proposed action: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Urban</div> <div style="width: 50%;"><input type="checkbox"/> Rural (non-agriculture)</div> <div style="width: 50%;"><input type="checkbox"/> Industrial</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Residential (suburban)</div> <div style="width: 50%;"><input type="checkbox"/> Forest</div> <div style="width: 50%;"><input type="checkbox"/> Agriculture</div> <div style="width: 50%;"><input type="checkbox"/> Aquatic</div> <div style="width: 50%;"><input type="checkbox"/> Other(Specify):</div> <div style="width: 50%;"><input type="checkbox"/> Parkland</div> </div>							

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: <u>Spray foam insulation will be used and a continuous insulation barrier will be installed on the envelope.</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: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____	<input type="checkbox"/>	<input checked="" 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"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>Michael R. Berta, AIA Architect</u> Date: <u>1-8-2024</u>		
Signature: <u></u> Title: <u>Architect</u>		



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

To: Quitoni, Dominick  
39 Vandewater Dr

SBL: 6259-04-796275-0000  
Date of this Notice: 01/12/2024

Zone:  
Application: 43914

For property located at: 39 Vandewater Dr

Your application to:

**ADDITION/ALTERATION - 1460 SQ FT ADDITION / EXPANSION OF EXISTING LIVING ROOM AND MASTER BEDROOM SUITE ADDITION. LOWER LEVEL FINISHED BASEMENT, CABANA, PLAYROOM, KIDS PLAY AREA AND COVERED PATIO AREA \*NOT TO BE USED AS AN APARTMENT\***

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

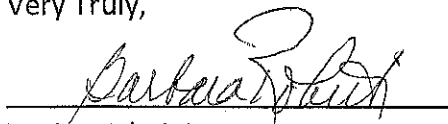
Where 25 feet to the side property line is required, the applicant can provide 15'8" to the side property line for a new addition.

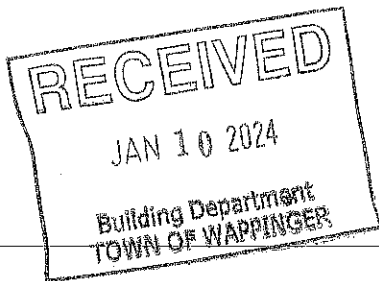
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	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	<u>25</u> ft.	<u>15' 8"</u> 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: R 40 DATE: January 9, 2024 1/10/2024  
APPL #: 43914 PERMIT #  
GRID: 135689-6259-04-796275-0000

APPLICANT NAME: Dominick Qultoni

ADDRESS: 39 Vandewater Dr Wappinger Falls, New York 12590

TEL #: CELL: 845.245.7100 FAX #: E-MAIL: dominickqultoni@gmail.com

NAME OWNER OF BUILDING/LAND: Dominick Qultoni

\*PROJECT SITE ADDRESS\*: 39 Vandewater Dr Wappinger Falls, New York 12590

MAILING ADDRESS: 39 Vandewater Dr Wappinger Falls, New York 12590

TEL #: CELL: 845.245.7100 FAX #: E-MAIL: dominickqultoni@gmail.com

BUILDER/CONTRACTOR DOING WORK:  
COMPANY NAME: TBD

ADDRESS:

TEL #: CELL: FAX #: E-MAIL:

DESIGN PROFESSIONAL NAME: Michael R. Berta, AIA Architecture & Planning

TEL #: CELL: 845-489-1838 FAX #: 845-483-9887 E-MAIL: mlke@bertaarchitects.com

APPLICATION FOR: Proposed addition / expansion of existing living room and master bedroom suite addition.

Lower level finished basement, cabana, play room, kids play area and covered patio area.

\* NOT to be used as an apartment \*

SETBACKS: FRONT: 58'-5" REAR: 91'-7" L-SIDEYARD: 30'-0" R-SIDEYARD: 15'-8"

SIZE OF STRUCTURE: Left side addition +/- 60' x 21'-6" - Right side addition 15'-0" x 9'-4"

ESTIMATED COST: +/- 1,460 sf TYPE OF USE: Single Family Residence

NON-REFUNDABLE APPL. FEE: 150- PAID ON: 1/10/24 CHECK # 317 RECEIPT #: 2024-00031

BALANCE DUE: PAID ON: CHECK # RECEIPT #:

### APPROVALS:

ZONING ADMINISTRATOR:

O Approved O Denied Date: 1-12-24

FIRE INSPECTOR:

O Approved O Denied Date:

Signature of Applicant

Signature of Building Inspector

Print Name or Company Name(if applicable)

# TOWN OF WAPPINGER PLOT PLAN

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

Date January 9, 2024

Address: 39 Vandewater Dr

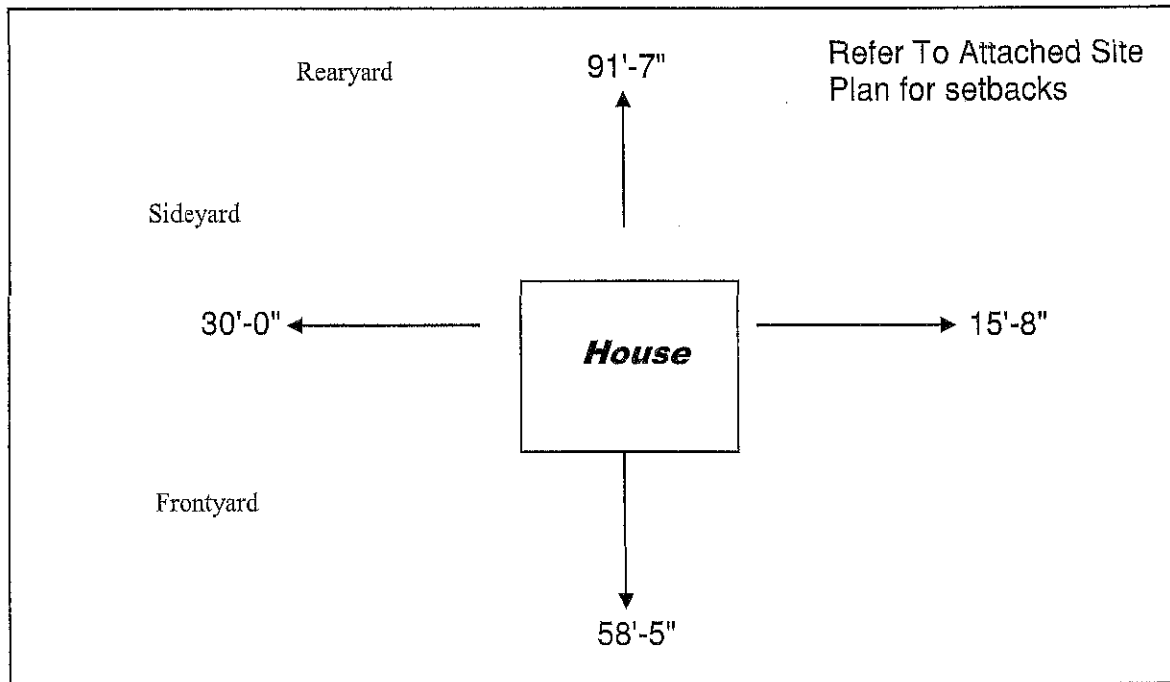
Interior/Corner Lot: *circle one*

Owner of Land Dominick Quitoni

Zone: R 40

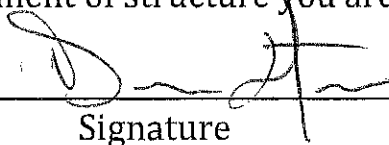
**LIST ALL EXISTING STRUCTURES ON PROPERTY:** (ie: Pool, shed, decks, detached garage)

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.

  
\_\_\_\_\_  
Signature

Approved:/Rejected: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Administrator