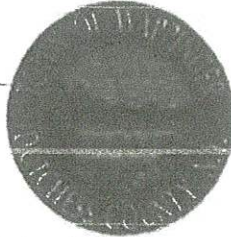


TOWN OF WAPPINGER



RECEIVED

MAR 20 2024

Zoning Board of Appeals
Town of Wappinger

PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-8256
Fax: 845-297-0579

Application for an Area Variance

Appeal No.: 24-7819

Date: 3-20-24

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

I (We), DAN PIZZARELLI residing at 17 Robin Rd
Poughkeepsie, NY 12601, (phone) 914-475-5419, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated _____, and do hereby apply for an area variance(s).

Premises located at: 1630 Route 9

Tax Grid No.: 6158-5513290000

Zoning District: HO

1. Record Owner of Property:

Redl Properties

Address: 80 Washington St. Poughkeepsie, NY 12601

Phone Number: 845-471-3388

Owner Consent dated: 12/27/23

Signature: Kori Redl Daniels
Print Name: Kori Redl Daniels

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-Attachment 4 Schedule of Dim. Reg. Non-Residential - Front yard, HO, State Highway
(Indicate Article, Section, Subsection and Paragraph)

Required: 75' Front yard setback

Applicant(s) can provide: 15'

Thus requesting: 60' Variance

To allow: for construction of a ropes/aerial course

Town of Wappinger Zoning Board of Appeals
Application for an Area Variance
Appeal No.: 24-7819

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.

The character of the neighborhood and properties nearby will not change. The existing facility is an entertainment family place and with the ropes/aerial course in lieu of the bumper boats.

- 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.

This is the only location the ropes/aerial course can be located and keep the miniature golf course (existing).

- 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.

We are requesting a front yard setback of 15' vs 75' in the pool area which is existing and 9'-8" from front yard

- 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, with the exception of a ropes/aerial course replacing the bumper boat ride

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.

The bumper boats activity in the pool area needs an update
for family entertainment, and the Ropes/Aerial course is
very popular.

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

This facility DC Sports/formerly Fun Central needs this
activity update.

4. List of attachments (Check applicable information)

- (X) Survey dated: _____, Last revised 6/28/12 and
Prepared by: Antiel Gyver by Marri Associate
(X) Plot Plan dated: 51/52 - 2/19/23 - LMV
(X) Photos
(X) Drawings dated: Eclipse Engineering - Ropes Course - 2-14-24
() Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: _____ Dated: _____
() 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: [Signature]
(Appellant)

DATED: 3/19/24

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: 845-297-8268
Fax: 845-297-0579

Owner Consent Form

Project No: 23-3495 Date: 12/27/23
Grid No.: 6158-04-551329 Zoning District: HD
Location of Project:
DC Sports 1630 Route 9 Wappingers Falls NY 12590
Name of Applicant: Dan Pizzarelli 914-475-6419
Print name and phone number

Description of
Project: Renovating the bumper boat pool & adding
a ropes course.

I, KALI KEDL DANIELS, 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.

12/27/23
Date

KALI
Owner's Signature

845-471-3388
Owner's Telephone Number

KALI KEDL DANIELS
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: <div style="font-size: 1.2em; font-family: cursive;">DC Sports, LLC</div> | | | |
| Project Location (describe, and attach a location map): <div style="font-size: 1.2em; font-family: cursive;">DC Sports</div> | | | |
| Project Location (describe, and attach a location map): <div style="font-size: 1.2em; font-family: cursive;">1630 Rte. 9</div> | | | |
| Brief Description of Proposed Action: <div style="font-size: 1.2em; font-family: cursive; padding: 10px;">Converting existing bumper pool into a state of the art Ropes/aerial course</div> | | | |
| Name of Applicant or Sponsor: <div style="font-size: 1.2em; font-family: cursive;">DAN PIZZARELLI</div> | | Telephone: 914-475-5419 | |
| Address: <div style="font-size: 1.2em; font-family: cursive;">17 Robin Rd</div> | | E-Mail: pizzard55@hotmail.com | |
| City/PO: <div style="font-size: 1.2em; font-family: cursive;">Poughkeepsie</div> | | State: NY. | Zip Code: 12601 |
| 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 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: | | | YES <input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? | | | NO <input type="checkbox"/> |
| b. Total acreage to be physically disturbed? | | | YES <input checked="" type="checkbox"/> |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | | NO <input type="checkbox"/> |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | YES <input checked="" type="checkbox"/> |
| <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 checked="" type="checkbox"/> Commercial</div> <div style="width: 50%;"><input 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 | |
| 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 type="checkbox"/> | <input checked="" 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 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 |
| 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"/> |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE | | |
| Applicant/sponsor/name: <u>DAN PIZZARELI</u> Date: <u>3/19/24</u> | | |
| Signature: <u>[Signature]</u> Title: <u>owner</u> | | |

PRINT FORM