

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.: 24-7822

Date: 5-7-24

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

I (We), Shoaib Naweed residing at 21 Lenny CT
Wappingers Falls 12590, (phone) 845-505-5561, hereby,
appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,
dated 5/2/24, and do hereby apply for an area variance(s).

Premises located at: 21 Lenny Court
Tax Grid No.: 6257-01-385552
Zoning District: R40

1. Record Owner of Property:

Macintosh development Corp
Address: 3 Creek bend Rd Poughkeepsie NY 12603
Phone Number: 845-505-5561
Owner Consent dated: 5-2-24

Signature: Shoaib
Print Name: SHOAIB NAWEED

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

(Indicate Article, Section, Subsection and Paragraph)

Required: 50 feet to front yard

Applicant(s) can provide: 48 feet

Thus requesting: 2 feet

To allow: for the construction of a 10'x6' portico over new
10'x6' new front steps.

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.

It has both aesthetic & practical reasons. It prevents exterior door during extreme rain & sunlight and serve as a shield. It will play a key role in boosting home & neighborhood curb appeal.

- 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.

As mentioned above it will protect exterior door during extreme temps. and facelift the exterior of the property.

- 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 not much. we need approx 2ft

- 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 will not impact environmental conditions.

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.

It is required to protect property &
family living inside in many ways.

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

It not unique but I feel it is
required looking at our personal requirement.

4. List of attachments (Check applicable information)

- (☒) Survey dated: Barger & Campbell Last revised _____ and
Prepared by: _____.
- (☒) Plot Plan dated: 4-4-24.
- () Photos
- () Drawings dated: _____.
- () Letter of Communication which resulted in application to the ZBA.
(e.g., recommendation from the Planning Board/Zoning Denial)
Letter from: Judith Subrize Dated: 5/2/24
- () 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: Shoaib
(Appellant) Shoaib Naweed

DATED: 5/2/24

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: 845-297-6256
Fax: 845-297-0579

Owner Consent Form

Project No: 24-7822 Date: 5-17-24
Grid No.: 6257-01-385552 Zoning District: R40

Location of Project:

21 Lenny Court

Name of Applicant: Shoaib Naweed

Print name and phone number

Description of Project: Porch Portico Over front door
with column 10' 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.

5/2/24
Date

845-585-5561
Owner's Telephone Number

Shoaib
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: <div style="font-size: 1.2em; color: blue;">Shoaib Naweed</div>			
Project Location (describe, and attach a location map): <div style="font-size: 1.2em; color: blue;">21 Lynee CT</div>			
Brief Description of Proposed Action: <div style="font-size: 1.5em; color: blue; text-align: center;">Porch Portico over front door with Column 10' x 6'</div>			
Name of Applicant or Sponsor: <div style="font-size: 1.2em; color: blue;">Shoaib</div>		Telephone: <div style="font-size: 1.2em; color: blue;">845 505 5561</div> E-Mail: <div style="font-size: 1.2em; color: blue;">macintoshdevelopment6@gmail.com</div>	
Address: <div style="font-size: 1.2em; color: blue;">3 Creek bend Rd Poughkeepsie 12603</div>			
City/PO: <div style="font-size: 1.2em; color: blue;">Poughkeepsie</div>		State: <div style="font-size: 1.2em; color: blue;">NY</div> Zip Code: <div style="font-size: 1.2em; color: blue;">12603</div>	
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: <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 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	
	<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 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 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 checked="" 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"/>
<hr/> <hr/>		
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"/>
<hr/> <hr/>		
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"/>
<hr/> <hr/>		
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"/>
<hr/> <hr/>		
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>SHOAIB NAWAEEED</u> Date: <u>05/02/24</u>		
Signature: <u>Shoaib</u> Title: <u>Owner</u>		

Town of Wappinger

20 Middlebush Rd.

Wappingers Falls, NY 12590

(845) 297-6256

To: Macintosh Development Corp.

21 Lenny Ct

For property located at: 21 Lenny Ct

SBL: 6257-01-385552-0000

Date of this Notice: 05/02/2024

Zone: R40

Application: 44171

Your application to:

Construct: **PORCH PORTICO OVER FRONT DOOR WITH COLUMNS 10' X 6'**

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

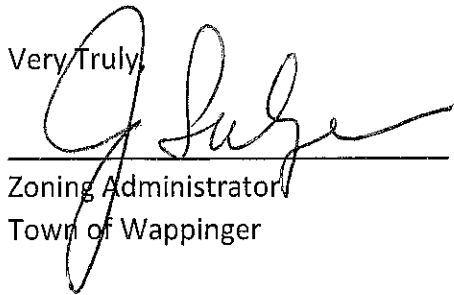
The Applicant is requesting a 10' x 6' Portico over new 10' x 6' ft Front Steps.

Where 50' is required for frontage the applicant can provide 48'.

	REQUIRED:	WHAT YOU CAN PROVIDE:
REAR YARD:	_____ ft.	_____ ft.
SIDE YARD (LEFT):	_____ ft.	_____ ft.
SIDE YARD (RIGHT):	_____ ft.	_____ ft.
FRONT YARD:	<u>50</u> ft.	<u>48</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

RECEIVED

APR 03 2024

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: R40 DATE: 4/4/24
APPL #: 44171 PERMIT # _____
GRID: 6257-01-385550

APPLICANT NAME:

Shoaib Naweed
ADDRESS: 3 Creek bend Rd Poughkeepsie NY 12603
TEL #: 845-505-5561 CELL: 845-416-2227 FAX #: _____ E-MAIL: macintoshdevelopmentco@gmail.com

NAME OWNER OF BUILDING/LAND:

Macintosh development Corp
PROJECT SITE ADDRESS: 21 Lenny Ct W.F 12590
MAILING ADDRESS: 3 Creek bend Rd, Poughkeepsie NY 12603
TEL #: 845-505-5561 CELL: 845-416-2227 FAX #: _____ E-MAIL: macintoshdevelopmentco@gmail.com

BUILDER/CONTRACTOR DOING WORK:

Self
COMPANY NAME: _____
ADDRESS: 21 Leme CT W.F
TEL #: 845-505-5561 CELL: 845-416-2227 FAX #: _____ E-MAIL: macintoshdevelopmentco@gmail.com
DESIGN PROFESSIONAL NAME: ROY A. Fredriksen
TEL #: _____ CELL: 845-621-4000 FAX #: _____ E-MAIL: Rayexdesign@gmail.com

APPLICATION FOR:

Portico over front door with Columns
10 x 6 = 60 S.F

* 50' frontage required R40 - can provide 48'
* need deck

SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: _____ R-SIDEYARD: _____

SIZE OF STRUCTURE: _____

ESTIMATED COST: \$1400 TYPE OF USE: _____

NON-REFUNDABLE APPL. FEE: 150 PAID ON: 4/4/24 CHECK # Cash RECEIPT #: 2024-00501

BALANCE DUE: _____ PAID ON: _____ CHECK # _____ RECEIPT #: _____

APPROVALS:

ZONING ADMINISTRATOR:

O Approved ☒ Denied Date: 5/2/24

[Signature]

Signature of Applicant

SHOAIB NAWEED

Print Name or Company Name(if applicable)

FIRE INSPECTOR:

O Approved O Denied Date: _____

Signature of Building Inspector

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

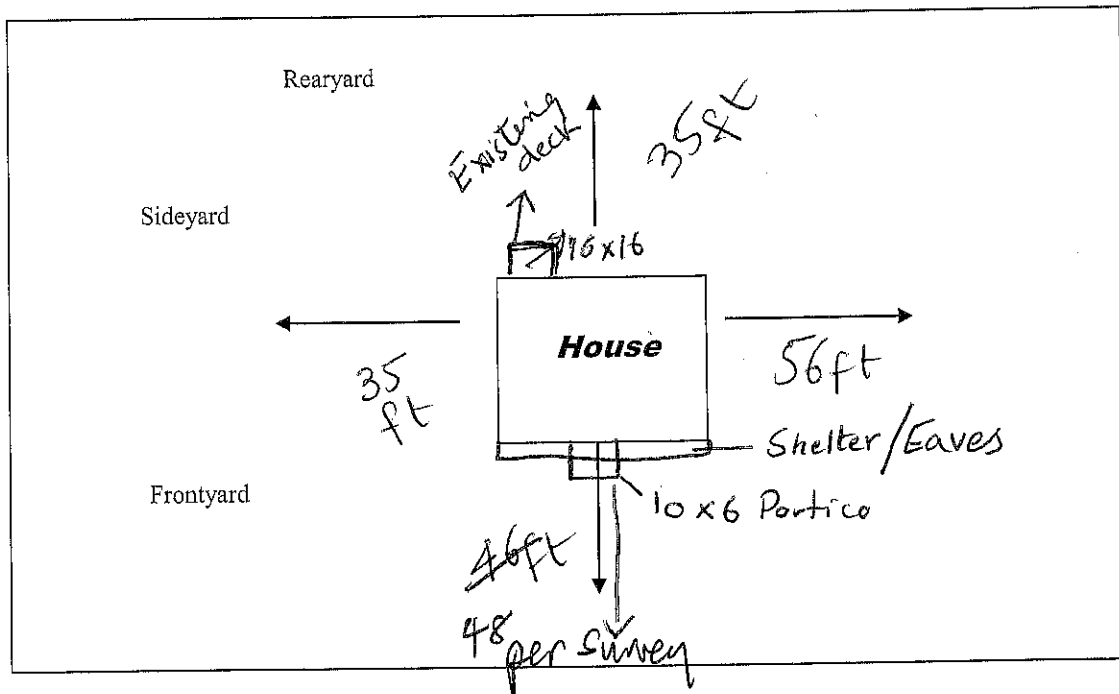
Date 4-4-24

Address: 21 Lenny CT W. F12590 Interior/Corner Lot: *circle one*

Owner of Land MACINTOSH DEVELOPMENT CORP Zone: B40

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

1. House, Deck



Draw proposed structure on plot plan.

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

Sloan

Signature

Approved: / Rejected: _____

J. Culp
Zoning Administrator

Date: 5/2/24