

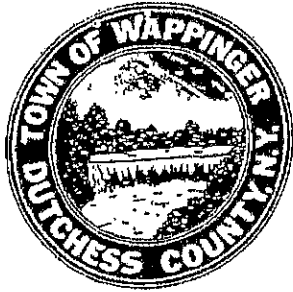
ZONING BOARD OF APPEALS

AREA VARIANCE

CHECKLIST

THE FOLLOWING ITEMS MUST BE PRESENTED TO THE ZONING ADMINISTRATOR ON THE SUBMISSION DATE:

- ___ Application: Must state if the applicant is the owner, if not, consent will be required
- ___ Signatures: Must be original signatures
- ___ Letter of Consent: If required
- ___ EAF: Short Form if required
- ___ Survey: Supply survey of property.
- ___ Application Fee: Application fee may be paid in cash, or if paying by check, it must be a certified check, bank check, or money order written out to the 'Town of Wappinger' if over \$250.00. (Separate checks are required for application fees and escrow)
- ___ Escrow: Escrow may be paid in cash, or if paying by check, it must be a certified check, bank check, or money order written out to the 'Town of Wappinger' (Separate checks are required for application fees and escrow)
- _8___ Plans: Number of Plans to be delivered with application to ZBA Secretary



TOWN OF WAPPINGER
P.O. BOX 324 ~ 20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590

Zoning Board of Appeals
Office: 845.297.1373 ~ Fax: 845.297.4558
Zoning Enforcement Officer
Office: 845.297.6257
www.townofwappinger.us

Application for an Area Variance

Appeal # _____

Dated: _____

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

I(We), _____ residing at _____ (phone), hereby appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator, dated _____, 200__, and do hereby apply for an area variance(s).

Premises located at _____
Tax Grid # _____
Zoning District: _____

1. Record Owner of Property _____
Address _____
Phone Number _____
Owner Consent: Dated: _____ Signature: _____
Printed: _____

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.

(Indicate Article, Section, Subsection and Paragraph)

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

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.

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.

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.

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.

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

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

4. List of attachments (Check applicable information)

- Survey Dated _____, Last Revised _____ and Prepared by _____
- 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 _____ Dated: _____
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 _____ DATED: _____
(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) / 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 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
20 Middlebush Road
Wappingers Falls, NY 12590

Planning Department
Office: 845.297.1373 ~ Fax: 845.297-0579
www.broberti@townofwappinger.us

Owner Consent Form

To be filed when the applicant is not the building or property owner

Project # _____ Date: _____
Grid # _____ Zoning District: _____

Location of project: _____

Name of Applicant: _____
Print name and phone number

Description of project: _____

I, _____, 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

Owner's Telephone No.

Owner's Signature

Print Name and Title ***

Owner's Address

***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.

617.20
Appendix B
Short Environmental Assessment Form

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 I - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
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 type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input 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, adjoining and 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			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____		Date: _____
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT

**Zoning Board of Appeals
Town of Wappinger
2017
Meetings & Submission Dates**

Meeting Dates

Tuesday, January 10, 2017
Tuesday, January 24, 2017
Tuesday, February 7, 2017
Tuesday, February 21, 2017
Tuesday, March 7, 2017
Tuesday, March 21, 2017
Tuesday, April 11, 2017
Tuesday, April 25, 2017
Tuesday, May 9, 2017
Tuesday, May 23, 2017
Tuesday, June 13, 2017
Tuesday, June 27, 2017
Tuesday, July 11, 2017
Tuesday, July 25, 2017
Tuesday, August 8, 2017
Tuesday, August 22, 2017
Tuesday, September 12, 2017
Tuesday, September 26, 2017
Tuesday, October 10, 2017
Tuesday, October 24, 2017
Tuesday, November 14, 2017
Tuesday, November 28, 2017
Tuesday, December 12, 2017

Submission Dates

Tuesday, December 20, 2016
Tuesday, January 3, 2017
Tuesday, January 24, 2017
Tuesday, February 7, 2017
Tuesday, February 21, 2017
Tuesday, March 7, 2017
Tuesday, March 21, 2017
Tuesday, April 4, 2017
Tuesday, April 17, 2017
Tuesday, May 2, 2017
Tuesday, May 23, 2017
Tuesday, June 6, 2017
Tuesday, June 20, 2017
Tuesday, July 5, 2017
Tuesday, July 18, 2017
Tuesday, August 1, 2017
Tuesday, August 22, 2017
Tuesday, September 5, 2017
Tuesday, September 19, 2017
Tuesday, October 3, 2017
Tuesday, October 24, 2017
Tuesday, November 7, 2017
Tuesday, November 21, 2017

PLEASE BE AWARE, submissions are due by noon on the submission date.
Zoning Board of Appeals meetings are held on 2nd and 4th Tuesday of each month unless there is a holiday on that Tuesday, and then it will move to the Wednesday of the same week.

TOWN OF WAPPINGER

ZONING BOARD OF APPEALS
SECRETARY
Bea Ogunti - Ext. 122

ZONING ADMINISTRATOR
Barbara Roberti - Ext. 128

CODE ENFORCEMENT OFFICER
Susan Dao - Ext. 126
Salvatore Morello III - Ext. 142

FIRE INSPECTOR
Mark Lieberman - Ext. 127

CLERICAL ASSISTANT
Michelle Gale - Ext. 123



SUPERVISOR
Barbara A Gutzler

TOWN BOARD
William H. Beale
William Ciccarelli
Ismay Czarniecki
Michael Kuzmich

ZONING BOARD OF APPEALS
Howard Prager, Chairman
Al Casella
Robert Johnston
Peter Galotti

ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
PH: 845-297-6256
Fax: 845-297-0579
E-Mail: srose@townofwappinger.us

ZONING BOARD OF APPEALS

All applications fees are non-refundable.

2017

Variance Fee:

Residential

Area/Use Variance Fee:

\$250.00 Per Application**

Commercial

Area/Use Variance Fee:

\$500.00 Per Application**

Interpretations Fee:

Residential:

\$150.00 Per Application**

Commercial:

\$325.00 Per Application**

All applications are subject to an escrow account and associated fees when deemed by the ZBA

Please note that all applicants will be billed by the local newspaper for their Legal Notice.

ALL MAPS MUST BE FOLDED PRIOR TO SUBMISSION