



Washington

10 Reservoir Dr, PO Box 667, Millbrook, NY 12545
845-677-3419

www.washingtonny.org

AREA VARIANCE APPLICATION FORM

APPLICATION TO THE TOWN OF WASHINGTON ZONING BOARD OF APPEALS FOR AN AREA VARIANCE

REAL PROPERTY INFORMATION

Dutchess County Tax Map Number (1234-00-123456-0000)	135889 - 6766 - 00 - 042590
Property Street Address	610 Stanford Rd., Washington, NY 12545
Number of Acres	1.74
Zoning District from Zoning Map	RR - 10
Describe the Current Use of the Property.	Residential
Is this property located in or near a Wetland or Wetland Buffer?	_____ YES <input checked="" type="checkbox"/> _____ NO May Require a Town Wetlands Permit or be ruled by the Aquifer Protection Requirements
Is this property within 500 feet of the boundary of the Village of Millbrook?	_____ YES <input checked="" type="checkbox"/> _____ NO
Is this application being made for a violation that currently exists on the property?	_____ YES <input checked="" type="checkbox"/> _____ NO If YES, the application fee is double.

OWNER INFORMATION

Name of Record Owner(s): If a corporation, LLC, Trustee, so state and submit form	Daniel Yadgard
Record Owner Mailing Address	610 Stanford Rd Washington, NY 12545
Record Owner Email Address	daniel@the-fndtn.com
Record Owner Phone Number	917 - 734 - 3301

NOTE: In addition to the above, please complete the following information if the application is submitted and signed by a representative of the owner. (ie: LLC, Corporation, Trustee or applicant's attorney, agent, architect, builder, contract vendee, etc.)

Name of Authorized Representative if different from owner:	
Business Name of Applicant	Four Seasons Pool Service Corp
Applicant Mailing Address	PO Box 622 Millerton, NY 12546
Applicant Email Address	fourseasonssvc@optonline.net
Applicant Phone Number	518-789-0591

Please check to specify who you wish correspondence to be e-mailed to, from the above names:

- Applicant/Owner(s)
 Authorized Representative

SUMMARY OF AREA VARIANCE REQUEST

Installation of custom in ground granite swimming pool
within backyard.

DESCRIPTION OF HARDSHIP

A Variance to the Zoning Ordinance is requested for the following five (5) reasons:

1. An undesirable change will not be produced in the CHARACTER of the neighbor or a detriment to nearby properties if granted, because:

the swimming pool will not be visible from or
disrupt the neighboring properties.

2. The benefit sought by the applicant CANNOT be achieved by some method feasible for the applicant to pursue, other than an area variance, because:

There is no alternate location to place a swimming
pool in the backyard.

3. The amount of relief requested is not substantial because:

The entire pool will sit well within the lines of the parcel. It just does not meet the 75' setback requirement from the back property line (which is a large parcel of wooded vacant land).

4. The variance will NOT have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district because:

There will be no adverse environmental impact as no substantial changes will be made to the parcel.

5. Has the alleged difficulty been self-created? _____ Yes, or No

Why:

DESCRIPTION OF PROJECT

Please write N/A in any section which does not apply to your application.

For Demolition of Existing Building Areas

Please describe area being removed:

N/A

New Construction Areas (New Dwelling, New Additions, Pool):

Dimensions of first floor extension:

Dimensions of new second floor:

N/A

Dimensions of floor above second level:

N/A

Height (from finished ground to top of ridge):

Is basement or lowest floor area being constructed? If yes, please provide height (above ground) measured from natural existing grade to first floor:

Submit manufacturer specifications for pools, sheds, etc.

Proposed Alterations or Structural Changes Construction

Please describe building areas:

Number of Floors and General Characteristics **BEFORE** Alterations:

1 Floor with no swimming pool

Number of Floors and Changes **WITH** Alterations:

1 Floor with inground swimming pool

Calculations of building areas and lot coverage:

Existing square footage of existing buildings on your property:

2782

Proposed increase of building coverage:

Square footage of your lot:

Percentage of coverage of your lot by building area:

Purpose of New Construction

Installation of in ground gunite swimming pool

Please describe the land contours (flat, slope %, heavily wooded, marsh area, etc.) on your land and how it relates to the difficulty in meeting the code requirement (s):

Flat but there is no alternate location to construct a swimming pool on the parcel within the backyard.

ADDITIONAL REQUIRED INFORMATION

Have any prior appeals been made with respect to this property?

_____ Yes _____ NO

Such appeal(s) was (were) in the form of

_____ A requested interpretation

_____ A request for a variance

Name of Owner:

Date

Was appeal granted or denied?

Please provide copies of previously granted appeals.

Are there any Covenants or Restrictions concerning this land?

_____ Yes _____ NO If yes, please furnish a copy

Are the subject premises listed for sale on the real estate market?

_____ Yes _____ No

Are there any proposals to change or alter land contours?

No _____ Yes please explain.

Are there any wetland areas or buffers on the parcel?

_____ Yes _____ NO

Are those wetland areas or buffers shown on the survey submitted with this application?

_____ Yes N/A NO _____

If your property contains ponds, wetlands or buffer areas, have you contacted the Building Department for its determination of jurisdiction?

_____ Yes N/A NO _____

Does your application require Town, County, State, or Federal Permits?

_____ Yes _____ NO _____ If yes, provide which agency and the type of application.

Has an application been made to or granted by any other entity, and by which agency? Provide copies

Are there any patios, structures, pools or fences that exist on your property that are not shown on the survey that you are submitting?

Yes _____ NO

If yes, please provide a plot plan showing all improvements.

Do you have any construction taking place at this time concerning your premises?

Yes _____ NO

Please submit a copy of your building permit and survey as approved by the Building Department

Describe the construction: _____

Do you or any co-owner also own other land adjoining or close to this parcel?

Yes _____ NO If yes, please label the proximity of your lands on your survey.

Please list present use or operations conducted at this parcel single family and the proposed use single family with swimming pool. (i.e.: existing single family, proposed: same with garage, pool or other)

NOTARIZED STATEMENT

By submitting this application, I hereby swear/affirm that this variance is the MINIMUM that is necessary and adequate, and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

I further swear/affirm that the information in this application is a truthful and honest representation of the property for which this request is made.

I further swear/affirm that I will make an appointment with the Zoning Administrator within five business days of this application to allow for an inspection of said property.

Archanna Puggioni
Signature of Applicant or Authorized Agent
Agent must submit Owner Authorization Form

Archanna Puggioni / Stephy Eisenmann
Printed Name

Sworn to before me this 1st day of September, 2022.

Place Notary Stamp here:






[Signature]
Signature of Notary

Lorna M. Sherman
Notary Public, State of New York
Reg. No. 01SH493546
Qualified in Dutchess County 20
Commission Expires July 5, 2026









TOWN OF WASHINGTON Dutchess County, New York

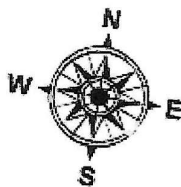
Zoning Map

Legend

-  Roads
-  Streams
-  Water Bodies
-  Tax Parcels
-  Municipalities

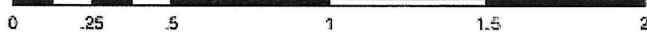
Zoning Districts

-  HM: Hamlet Mixed Use
-  RH-1: High Density Residential
-  RM-2: Medium Density Residential
-  RL-5: Low Density Residential
-  RS-5: Low Density Residential
-  RR-10: Rural Residential
-  RS-10: Rural Residential
-  LC: Land Conservation

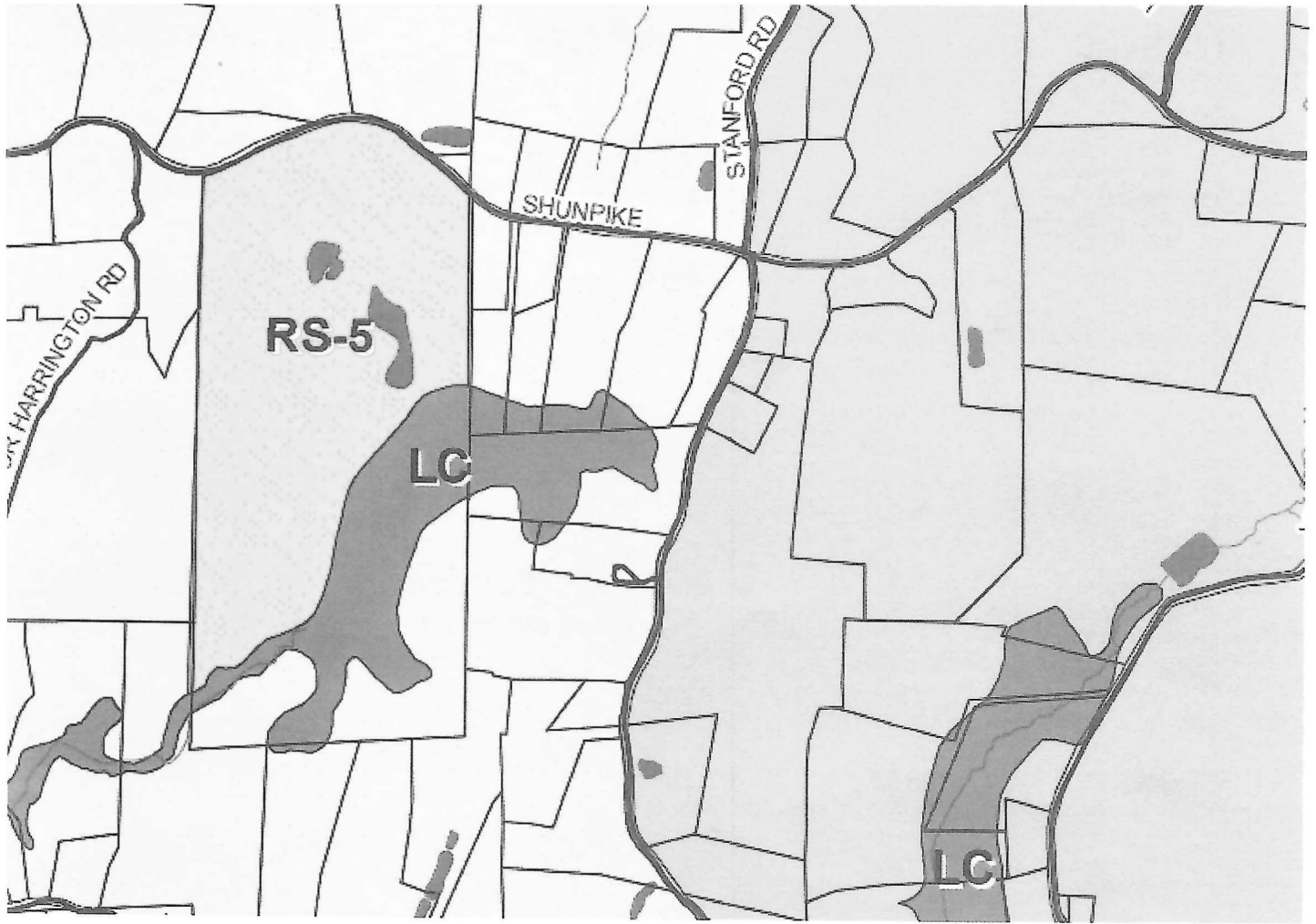


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Miles



DATA SOURCES





Town of Washington

TOWN OF WASHINGTON
BUILDING DEPARTMENT
10 Reservoir Dr, PO Box 667
Millbrook, NY 12545
845-677-3419

PLEASE NOTE: If ownership is held jointly or in partnership, each owner and/or partner must sign a separate owner's endorsement. If the owner or owners are making the application, this endorsement is not required.

OWNER'S ENDORSEMENT

STATE OF NEW YORK
COUNTY OF NY ss:

Daniel Yadgard, being duly sworn, deposes and says:

- I am: (check one)
- 1. the sole owner in fee
 - 2. a part owner in fee
 - 3. an officer of the corporation which is the owner in fee of the premises described in the foregoing application.
 - 4. designated party authorized to act pursuant to a trust or legal document.
 - 5. member/owner(s) of Limited Liability Corporation (LLC).

(If you checked #3, #4 or #5, please provide proof of legatee (ie: Corporate Resolution, Surrogate Letter, Executor of the Will, Certified Letter of Testamentary, Letter of Administration, Attorney-Opinion Letter, Letter or Probate, Power of Attorney, etc.)

I reside at 247 W 87TH STREET, APT 12G

City NEW YORK State NY Zip 10024

I have authorized (name) KEVIN EISERMANN

(Company) FOUR SEASONS SWIMMING POOL SVC. INC.

to make the foregoing application to the Town of Washington for approval as described herein for the property located at 610 STANFORD RD, MILLBROOK, NY, 12545

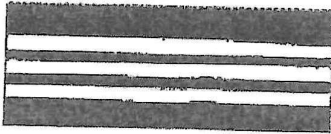
property ID # 135889 - 6766 - 00-042590 - 0000

Signature

If owner is a corporation, please indicate name of corporation and title of the corporate officer whose signature appears above.

Sworn to before me this 16 day of Aug, 2022
Notary Public [Signature] Notary Stamp:

MARY JANE FARRELL
Notary Public - State of New York
NO. 01FA6307534
Qualified in New York County
My Commission Expires Jul 7, 2026



Dutchess County Clerk Recording Page

Record & Return To:

RAYMOND P RAICHE ESQ
355 MAIN ST
BEACON, NY 12508

Date Recorded: 6/20/2022

Time Recorded: 12:32 PM

Document #: 02 2022 2599

Received From: RIVER CITY ABSTRACT

Grantor: JANSON MARK
Grantee: YADGARD DANIEL

Recorded In: Deed
Instrument Type:

Tax District: Washington

Examined and Charged As Follows :

Recording Charge: \$205.00
Transfer Tax Amount: \$16,100.00
Includes Mansion Tax: \$11,500.00
Transfer Tax Number: 7913

Number of Pages: 5

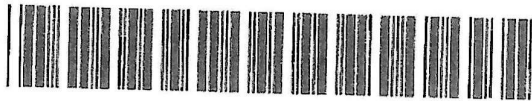
***** Do Not Detach This Page
*** This is Not A Bill**

Red Hook Transfer Tax:

RP5217: Y
TP-584: Y

County Clerk By: jmo
Receipt #: 19850
Batch Record: 127

Bradford Kendall
County Clerk



0220222599