



Town of Poughkeepsie Planning & Zoning

1 Overocker Road
Poughkeepsie, NY 12603

845-485-3657 Phone
845-486-7885/790-4772 Fax

Town of Poughkeepsie Zoning Board of Appeals

Application for Area Variance / Interpretation

APPROVAL REQUESTED FOR: (Check all that apply)

Interpretation

Area Variance

Name of Project (if applicable): Site Plan for 661 Dutchess Turnpike (Formerly Planet Wings)

Name of Applicant(s): Planet Wings of Poughkeepsie c/o Franco Fianza

Address: P.O. Box 4830 Middletown NY 10941

Telephone: (845) 344-8000

Name and Address of Record Owner(s): Planet Wings of Poughkeepsie c/o Franco Fianza

P.O. Box 4830 Middletown NY 10941

Name and Address of Attorney or professional representative: Day and Stokosa Engineering, P.C.

3 Van Wyck Lane Suite 2 Wappingers Falls NY 12590

Telephone: (845) 223-3202

Street Address of all parcels: 661 Dutchess Turnpike, Poughkeepsie NY 12603

Tax Map Number of all parcels: 134689-6261-01-119864

Zoning District: Shopping Center (B-SC) District

Have any permits affecting the property been issued by any other governmental agency?

No Yes . If yes, please list in detail (attach separate pages if necessary):

Has any application(s) for any other permit(s) for any activity affecting the property been submitted to any other governmental agency? No Yes . If yes, please list in detail (attach separate pages if necessary):

Attach a copy of the current deed and any easements affecting the property.

A) For Interpretation Applications:

Description of Reason for the Requested Interpretation: (Attach additional pages as necessary)

N/A

B) For Area Variance Applications:

Provide a description of the proposed activity with regard to the following standards. (Attach additional pages as necessary)

- 1) Whether an undesirable change will be produced in the character of the neighborhood, or a detriment to nearby properties will be created by the granting of the area variance;

Please see attached Appendix

- 2) Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance;

Please see attached Appendix

- 3) Whether the requested area variance is substantial;

Please see attached Appendix

- 4) Whether the proposed variance will have an adverse effect or impact on the physical or environment conditions in the neighborhood or district.

Please see attached Appendix

- 5) Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the area variance.

Please see attached Appendix

By His/Her signature the Applicant avows that: 1) He/She has read this application and is familiar with its content; and 2) He/She has read, is familiar with, and understands the requirements of the Town Poughkeepsie Code provision(s) affecting or regulating the project for which this application is made; and 3) He/She agrees to comply with the requirements of the Town Poughkeepsie Code provision(s) affecting or regulating the project for which this application is made including any general or special conditions of any permits or approvals granted by any board, agency, or department of the Town of Poughkeepsie; and 4) He/She has read this statement and understands its meaning and its terms.

Applicant Signature: _____

Print Name: Franco Fianza

Date: _____

AFFIDAVIT TO BE COMPLETED BY OWNER

State of _____

ss:

County of _____

_____ being duly sworn, deposes and says:

1. That I/we are the Owner(s) of the within property as described in the foregoing application for Zoning Board of Appeals approval(s) and that the statements contained therein are true to the best of my/our knowledge and belief.
2. That I/we hereby authorize _____, to act as my/our representative in all matters regarding said application(s), and that I/we have the legal right to make or authorize the making of said application.
3. That I/we understand that by submitting this application for Zoning Board of Appeals approval that I/we expressly grant permission to the Zoning Board of Appeals and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Zoning Board of Appeals action.
4. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Town related to this application.
5. That I/we understand that I/we, and any of our contractors and representatives shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from non-compliance with the approved application, and with non-compliance with any provision of the Town Code. I/we acknowledge that approval of the plan and commencement of any work related to the approved application shall constitute express permission to the Zoning Board of Appeals, the Building Inspector, the Planning Department, the Zoning Administrator, and any duly authorized representative of the Town of Poughkeepsie, to enter the property for the purposes of inspection for compliance with the approved application and any provision of the Town Code, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that by submitting this application, and by approval of said application, including the commencement of any work related to the approved plan is an express waiver of any objection to authorized Town official(s) entering the property for the purpose of conducting inspections.
6. That I/we understand that the Zoning Board of Appeals intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we have examined this affidavit and that it is true and correct.

Applicant/Owner

Sworn to before me this _____ day of _____, 20_____.

Notary Public

DISCLOSURE OF BUSINESS INTEREST

State of _____ }
County of _____ } **ss:**

_____ being duly sworn, deposes and says:

1. Pursuant to §803 of the General Municipal Law the following municipal officer(s) or employee(s), and any of their family members, outside employers, business associates, clients, or campaign contributors, have, or will later acquire, an ownership position, employment position, or other contractual interest in the proposed project: (Insert name, home address and municipal position held. Attach additional pages as necessary.)

2. That the interest of said municipal officer(s) or employee(s) is: (Detail the nature and extent of the interest. Attach additional pages as necessary.)

3. That he/she understands that the Town of Poughkeepsie Zoning Board of Appeals intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury he/she declares that he/she has examined this affidavit and that it is true and correct.

Agent/Owner

Agent/Owner

Sworn to before me this _____ day of _____, 20_____.

Notary Public

**Town of Poughkeepsie Zoning Board of Appeals
Agricultural Data Statement**

In accordance with §283-a of the New York State Town Law and §305-a of the Agriculture and Markets Law, this Data Statement will be used to evaluate the potential impacts of a proposed development on farm operations in agricultural districts.

Name of Applicant(s): _____

Address: _____

Telephone: _____

Description of the Project: _____

APPROVAL REQUESTED FOR: (Check all that apply)

Interpretation _____ Area Variance _____

Use Variance _____ Special Use Permit _____

Accessory Apartment _____

Project Address: _____

Tax Map Number of all parcels: _____

Is any portion of the project site currently being farmed? _____

Is the project site located in an Agricultural District? Yes _____ No _____

Who is farming the site? _____

Does the person farming the site: Rent _____ Own _____ the land?

Attach a list of the names and addresses of the owners of land within an agricultural district containing a farm operation located within 500 feet of the boundary of the project property, and the tax parcel number of the farm parcels. Attach a copy of the tax map and indicate with an "X" the farm parcels within 500 feet of the project property.

I hereby confirm that the information provided herein is true and accurate.

Signature of Applicant: _____

Date: _____