

Applicant Name Flynn Nora
Address 166 Killdeer Rd
Phone 413-429-6223

Email
Flynn481@gmail.com

APPLICATION TO BOARD OF APPEALS

Appeal No. _____
Date _____, 19____
TO THE ZONING BOARD OF APPEALS, town of Southbury, New York.
I (we) Flynn Nora of 166 Killdeer Rd
(Name of Appellant) (Street and Number)

Millbrook, NY HEREBY APPEAL TO
(Municipality) (State)
THE ZONING BOARD OF APPEALS FROM THE DECISION OF THE BUILDING
INSPECTOR ON APPLICATION FOR BUILDING PERMIT NO. _____, DATED _____
19____, WHEREBY THE BUILDING INSPECTOR DID

- GRANT
 DENY

TO _____
(Name of applicant for permit)

OF _____
(Street and Number) (Municipality) (State)

- A PERMIT FOR USE
 A PERMIT FOR OCCUPANCY
 A CERTIFICATE FOR CONTINUATION OF A NON-CONFORMING USE

1. LOCATION OF THE PROPERTY 166 Killdeer Rd, _____
(Street and Number) (Use District on Zoning map)

2. PROVISION (S) OF THE ZONING ORDINANCE APPEALED, (Indicate the article, section subsection and paragraph of the Zoning Ordinance being appealed, by number. Do not quote the Ordinance.) _____

3. TYPE OF APPEAL. Appeal is made herewith for:

- An interpretation of the Zoning Ordinance or Zoning Map
 A variance to the Zoning Ordinance

4. PREVIOUS APPEAL. A previous appeal has

has not been made with respect to this decision of the Building Inspector or with respect to the property. Such appeal (s) was (were) in the form of a requested interpretation a request for a variance

and was (were) made in Appeal No. _____, dated _____, 19____.
Appeal No. _____, dated _____, 19____.
Appeal No. _____, dated _____, 19____.

Please download the appropriate State Environmental Assessment form from the NYSDEC website.

5. REASON FOR APPEAL. (Complete relevant blank. Use extra sheet if necessary.)
A. INTERPRETATION OF THE ZONING ORDINANCE IS REQUESTED because:

Request side variance of 20' on
South side of shed ~~area~~ was built in
2009 prior to us buying it in 2017

B. A VARIANCE TO THE ZONING ORDINANCE IS REQUESTED for these reasons:

(1) STRICT APPLICATION of the Ordinance would produce UNDUE HARDSHIP
because:

the structure was existing when
we purchased the house & has been there
since 2009

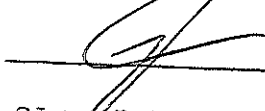
(2) The hardship created is UNIQUE and is not shared by all properties alike in the
immediate vicinity of this property and in this use district because:

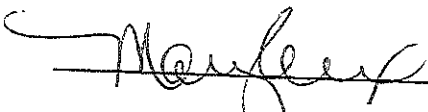
Neighbors have similar garage

(3) The variance would observe the spirit of the ordinance and would NOT CHANGE
THE CHARACTER OF THE DISTRICT because:

STATE OF NEW YORK)
COUNTY OF Dutchess) ss
Town of Washington

Sworn to this 22 day of January, 2021

 (Signature)

 (Notary Public)

Applicant preferred contact number 413 429 6223

Dutchess County Tax Grid Map Number 775624

setback variance \$400.00 each additional setback \$125.00

MARY ALEX
Notary Public - State of New York
No. 01AL5026892
Qualified in Dutchess County
My Commission Expires 4/22/22

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

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?"

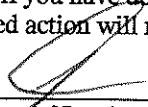

| | No, or small impact may occur | Moderate to large impact may occur |
|--|---|--|
| 1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the proposed action result in a change in the use or intensity of use of land? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Will the proposed action impair the character or quality of the existing community? | <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Will the proposed action impact existing: | | |
| a. public / private water supplies? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. public / private wastewater treatment utilities? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources? | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Will the proposed action create a hazard to environmental resources or human health? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Project: _____
 Date: _____

Short Environmental Assessment Form
Part 3 Determination of Significance

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.

- 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.
- 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 | 1/21/21 Date |
| Flynn Alyson Print or Type Name of Responsible Officer in Lead Agency | Home Owner Title of Responsible Officer |
|  Signature of Responsible Officer in Lead Agency | Signature of Preparer (if different from Responsible Officer) |

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: | | | |
| Project Location (describe, and attach a location map): | | | |
| Brief Description of Proposed Action: | | | |
| Name of Applicant or Sponsor: <i>Flynn</i> | | Telephone: <i>413 429 6223</i> | |
| Address: <i>166 Hillborn Rd</i> | | E-Mail: <i>Flynn481@gmail.com</i> | |
| City/PO: <i>Millbrook</i> | | State: <i>Ny</i> | Zip Code: <i>12545</i> |
| 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"/> |
| 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 type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ acres | | | <i>18057 ft</i> |
| 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: | | | |
| 5. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) | | | |
| <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): | | | |
| <input type="checkbox"/> Parkland | | | |

| | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan? | NO | YES | N/A |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input 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? If Yes, identify: _____ | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: <u>N/A</u> | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ | NO | YES | |
| | <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? 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? | NO | YES | |
| | <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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | |

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban 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,

a. Will storm water discharges flow to adjacent properties?

| | | |
|--|-------------------------------------|--------------------------|
| | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

| | | |
|--|-------------------------------------|--------------------------|
| | NO | YES |
| | <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: Flynn Dixon Date: 11/21/21

Signature: [Signature] Title: Home owner

