

CITY OF BEACON
Via Video-Conference
BEACON, NEW YORK 12508
Phone (845) 838-5002 Fax (845) 838-5026

The Zoning Board of Appeals will meet on **Tuesday, August 18, 2020** in the Municipal Center Courtroom. The Zoning Board of Appeals will meet on Tuesday, August 18, 2020 at 7:00 PM. Due to public health and safety concerns related to COVID-19, the Zoning Board of Appeals will not be meeting in-person. In accordance with the Governor's Executive Order 202.1, the August 18, 2020 meeting will be held via videoconferencing, and a transcript will be provided at a later date. The public can watch the live meeting online at YouTube at <https://www.youtube.com/channel/UCvPpigGwZDeR7WYmw-SuDxg>. If any interested members of the public would like to provide comments on the application, comments can be called in during the meeting at (929) 205-6099; Webinar ID: 883 3675 8032; Password 983015. Comments can also be provided via email no later than 5PM on August 18, 2020 to Etha Grogan, Planning Board Secretary, at egrogan@cityofbeacon.org. Please check the meeting materials posted on the City website (www.cityofbeacon.org) and for further instructions to access the virtual meeting and for updated information. This agenda and the meeting format are subject to change. at 7:00 PM.

1. Review application submitted by Victoria Vergolina, 15 Vail Avenue, Tax Grid No. 30-6054-46-164567-00, R1-5 Zoning District, for relief from Section 223-17(C) for a second story addition (over existing one-story) with 9.7 ft. and 5.6 ft. side yard setbacks (*10 ft. required*)

City of Beacon Planning Board
8/18/2020

Title:

15 Vail Avenue

Subject:

Review application submitted by Victoria Vergolina, 15 Vail Avenue, Tax Grid No. 30-6054-46-164567-00, R1-5 Zoning District, for relief from Section 223-17(C) for a second story addition (over existing one-story) with 9.7 ft. and 5.6 ft. side yard setbacks (*10 ft. required*)

Background:

ATTACHMENTS:

| Description | Type |
|----------------------------|-----------------|
| 15 Vail Avenue Application | Application |
| 15 Vail Avenue EAF | EAF |
| 15 Vail Avenue Survey | Backup Material |

ZONING BOARD OF APPEALS

City of Beacon, New York

APPLICATION FOR APPEAL

OWNER: Victoria Vergoline

ADDRESS: 15 Veil Ave

Beacon, NY, 12508

TELEPHONE: 917-215-9072

E-MAIL: vtbruises@gmail.com

APPLICANT (if not owner): _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

REPRESENTED BY: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

PROPERTY LOCATION: 15 Veil Ave, Beacon, NY, 12508 ZONING DISTRICT: R1-S

TAX MAP DESIGNATION: SECTION 6054 BLOCK 46 LOT 164567

Section of Zoning Code appealed from or Interpretation desired:

Relief from 223-17C for a second story addition (over existing one-story) with side yard setbacks of 9.7 ft and 5.6 ft. where 10 ft. is required

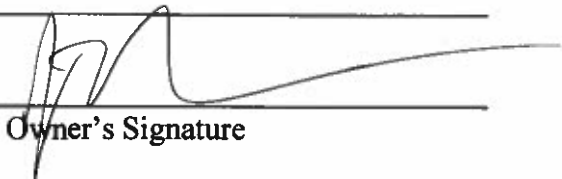
Reason supporting request:

need more room, don't want to move, like Beacon

Supporting documents submitted herewith: Site Plan, Survey, etc. as required:

Survey

Date: 7/28/20


Owner's Signature

| | |
|---------------------|--------|
| Fee Schedule | |
| AREA VARIANCE | \$ 250 |
| USE VARIANCE | \$ 500 |
| INTERPRETATION: | \$ 250 |

Applicant's Signature

****escrow fees may apply if required by Chairman****

APPLICATION PROCESSING RESTRICTION LAW

Affidavit of Property Owner

Property Owner: Victoria + Joseph Veggolina

If owned by a corporation, partnership or organization, please list names of persons holding over 5% interest.

List all properties in the City of Beacon that you hold a 5% interest in:

Applicant Address: 15 Veil Ave, Beacon, NY 12508

Project Address: 15 Veil Ave, Beacon, NY, 12508

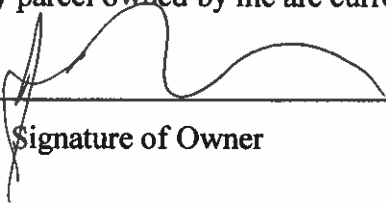
Project Tax Grid # 6054-46-164567

Type of Application _____

Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent (5%) interest in a corporation or partnership or other business.

I, Joseph Veggolina, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon NO
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon NO
3. ALL tax payments due to the City of Beacon are current yes
4. Tax delinquencies exist on a parcel or parcels owned by me within the City of Beacon NO
5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon NO
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current yes


Signature of Owner

Title if owner is corporation

Office Use Only:

Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)

ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)

ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)

| NO | YES | Initial |
|-------------------------------------|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Jo</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>21</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>CV</u> |

Application #

CITY OF BEACON

1 Municipal Plaza, Beacon, NY

Telephone (845) 838-5000 • <http://cityofbeacon.org/>

INDIVIDUAL DISCLOSURE FORM

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons) filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION A

Name of Applicant: Victoria Vergoline + Joseph VergolineAddress of Applicant: 15 Veil Ave, Beacon, NY, 12508Telephone Contact Information: 917-245-9072

SECTION B. List all owners of record of the subject property or any part thereof.

| Name | Residence or Business Address | Telephone Number | Date and Manner title was acquired | Date and place where the deed or document of conveyance was recorded or filed. |
|--------------------|----------------------------------|------------------|------------------------------------|--|
| Victoria Vergoline | 15 Veil Ave Beacon, NY 12508 | 917-245-9072 | Purchase | Dutchess county clerks 02/20/17 |
| Joseph Vergoline | 15 Veil Ave Beacon, NY, 12508 | 646-930-4651 | | Dutchess county clerks 02/20/17 |
| | | | | |

SECTION B. Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon ?

YES NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

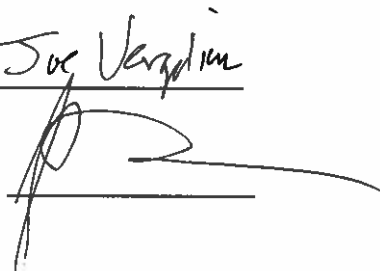
| Agency | Title | Date of Hire, Date Elected, or Date Appointed | Position or Nature of Relationship |
|--------|-------|---|------------------------------------|
| | | | |
| | | | |
| | | | |

SECTION C. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

SECTION D. Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

YES NO

I, Joseph Vergelino being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

(Print) Joe Vergelino
 (Signature) 

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 1 - Project and Sponsor Information | | | |
| Vergoline Addition of Second Floor | | | |
| Name of Action or Project: | | | |
| 15 Veil Ave. Beacon, NY, 12508 | | | |
| Project Location (describe, and attach a location map): | | | |
| Brief Description of Proposed Action: Remove Existing roof lines and add a full second story with 3 bedrooms, 1 office, and 1 Bathroom. Roof lines installed the same as taken off. Relocate the kitchen. Add a side Entry on the driveway side. | | | |
| Name of Applicant or Sponsor: | | Telephone: 646-930-4651 | |
| Joseph Vergoline | | E-Mail: jvergoline@virtuallinecentives.com | |
| Address: | | | |
| 15 Veil Ave Beacon, NY, 12508 | | | |
| City/PO: | | State: | Zip Code: |
| Beacon | | NY | 12508 |
| 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 governmental 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? | | .11 acres | |
| b. Total acreage to be physically disturbed? | | 0 acres | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | .11 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 checked="" 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 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 AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE | | |
| Applicant/sponsor name: <u>Joseph Vergolins</u> | | Date: <u>7/28/10</u> |
| 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 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"/> |

| | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 5. Is the proposed action, a. A permitted use under the zoning regulations? | NO | YES | N/A |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan? | NO | YES | N/A |
| | <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 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? | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Are public transportation service(s) available at or near the site of the proposed action? | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action? | NO | YES | |
| | <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>It meets state Energy Code Requirements.</u> | NO | YES | |
| | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ | NO | YES | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Is the proposed action located in an archeological sensitive area? | 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? | NO | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | |
| 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 plain? | 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | NO | YES | |
| | <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: _____ | NO | YES | |
| | <input checked="" 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 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"/> |

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 checked="" 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

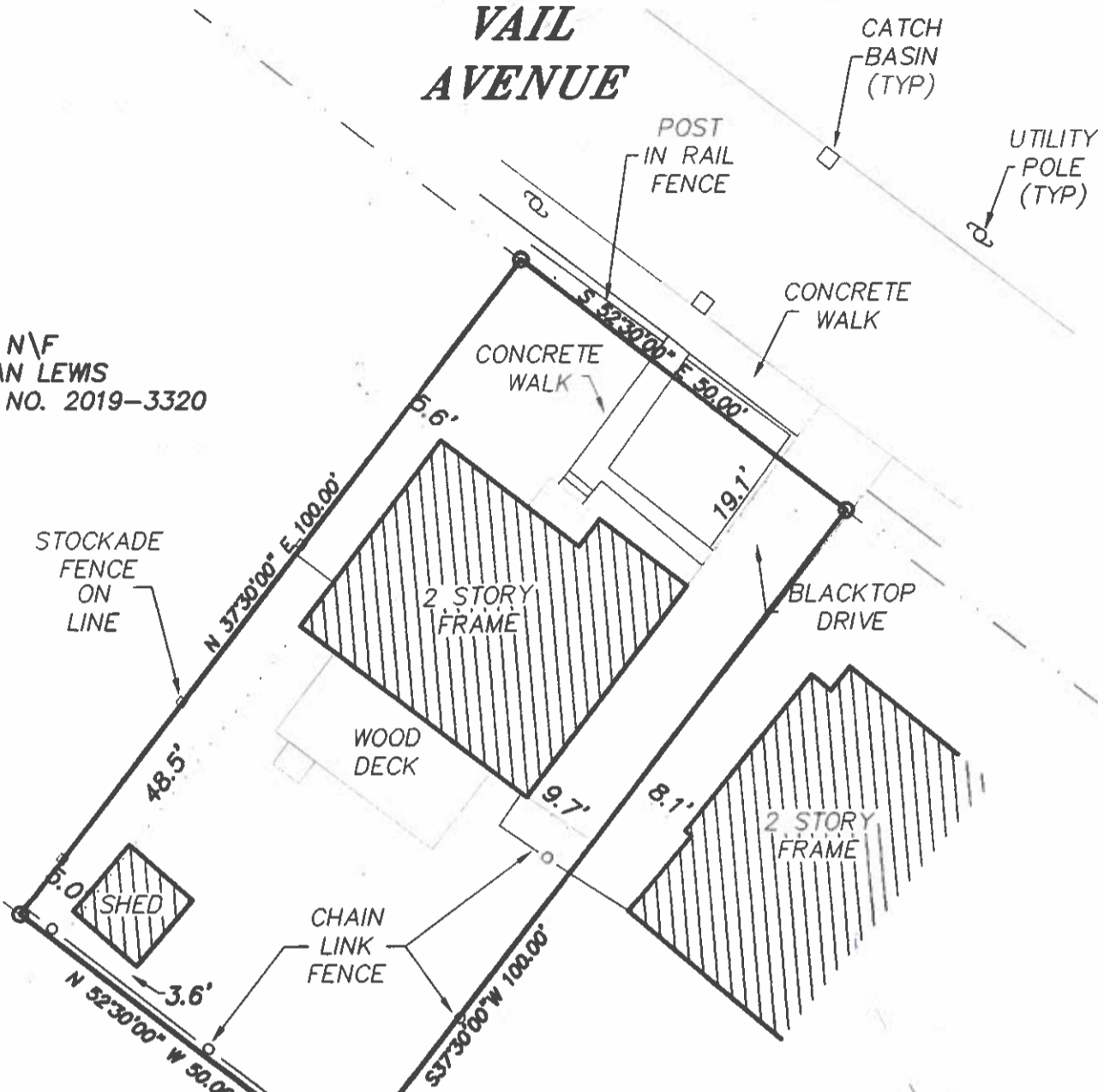


N\F
SEAN LEWIS
DOCUMENT NO. 2019-3320

N\F
CHRISTINE PASCERELLA
DOCUMENT NO. 2013-6718

N\F
LAURA BOETTCHER
DOCUMENT NO. 2011-520

VAIL AVENUE



AREA = 0.11 ACRES +/-

CERTIFIED TO:
1. JOSEPH VERGOLINA
2. CITY OF BEACON
3.
4.

MAP OF SURVEY
FOR
THE LANDS OF
JOSEPH VERGOLINA

CITY OF BEACON
SCALE: 1" = 20'

DUTCHESS CO., N.Y.
JULY 24, 2020

- NOTES:
1. BEING THE SAME PARCEL AS DESCRIBED IN THE LIBER 2017 OF DEEDS, AT PAGE 3169 AND SUBJECT TO RESTRICTIONS AND CONDITIONS THEREIN.
 2. TOGETHER WITH ANY RIGHT, TITLE OR INTEREST IN AND TO THE CENTER OF THE PUBLIC ROADS SHOWN HEREON.
 3. BEING LOT NO. _____ AS SHOWN ON FILED MAP NO. _____
 4. UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 7209, SUBDIVISION 2, OF THE NEW YORK STATE EDUCATION LAW.
 5. ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED TO BE VALID TRUE COPIES.

6. CERTIFICATIONS INDICATED HEREON SIGNIFY THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE FOR LAND SURVEYS ADOPTED BY THE NEW YORK STATE ASSOCIATION OF PROFESSIONAL LAND SURVEYORS. SAID CERTIFICATIONS SHALL RUN ONLY TO THE PERSONS FOR WHOM THE SURVEY IS PREPARED, AND ON HIS BEHALF TO THE TITLE COMPANY, GOVERNMENTAL AGENCY AND LENDING INSTITUTION LISTED HEREON, AND TO THE ASSIGNEES OF THE LENDING INSTITUTION. CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
7. THIS SURVEY IS SUBJECT TO ANY FINDINGS OF A TITLE SEARCH.
8. SUBSURFACE STRUCTURES AND UTILITIES WHICH WERE NOT VISIBLE AT THE TIME OF THE SURVEY HAVE NOT BEEN SHOWN.
9. ©ALL RIGHTS RESERVED. COPYING OR REPRODUCTION OF THIS PLAN OR ANY PORTION THEREOF PROHIBITED WITHOUT THE WRITTEN PERMISSION OF THE DESIGN ENGINEER / SURVEYOR.

| | |
|--|--|
| ROBERT V. OSWALD | |
| LAND SURVEYING | |
| 175 WALSH ROAD, LAGRANGEVILLE, NEW YORK 12540 (845)-226-6436 FAX (845) 226-1315 | |

