



Supervisor: (845) 688-7165
Police: (845) 688-9902
Town Clerk: (845) 688-5004
Justice Court: (845) 688-5005
Assessor: (845) 688-5003
Assessor Fax: (845) 688-5708
ZBA/ZEO/Planning: (845) 688-5008
Highway: (845) 688-9901
Fax: (845) 688-2041

"The Heart of the Park... Where the Eagle Soars"

www.shandaken.us

P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480

APPLICATION FOR AREA VARIANCE

Applicant Information (if applicant is not the owner of the property, a notarized Agent Authorization form must be submitted)

Name	<u>Charles Papia</u>	Name of Owner if other than Applicant	
Mailing Address	<u>P.O. Box 233</u>	Mailing Address	
City/State/Zip	<u>High Mount 12441</u>	City/State/Zip	
Contact Number	<u>631-379-0597</u>	Contact Number	
Email Address	<u>Chpa 026(a) Gmail.com</u>	Email Address	

Property Information

Section 4 Block 3 Lot 2 Zoning District _____ Size 5.32 acres

Physical address: 97 ST. KATHARIN DRIVE Flood Zone: [] Yes [X] No

Parcel is located on a TOWN COUNTY _____ STATE _____ PRIVATE road.

Is the parcel located within 500 feet of any County or State road or property? _____ yes (no)

Is the parcel located within 100 feet of any mapped water course? _____ yes (no)

Dimensions of Existing Building: _____ (including height) Square Footage: _____

Dimensions of Proposed Building: 51' x 49' (including height) Square Footage: 33.5 height, 2500 sq ft

Dimensions of Proposed Addition: _____ (including height) Square Footage: _____

Maximum Structure Coverage Allowed: _____ % Variance Percentage Requested: _____ %

Proposed Setbacks: Front 250' ft. Rear 120' ft. Side Left 230' ft. Side R-side 160' ft.

Required Setbacks: Front _____ ft. Rear _____ ft. Side _____ ft. Side _____ ft.

Variance Requested: Front _____ ft. Rear _____ ft. Side _____ ft. Side _____ ft.

CRITERIA FOR THE ISSUANCE OF AN AREA VARIANCE

In making its determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood of community by such grant. In making such determination the board shall also consider:

Each of the five listed criteria must be answered by the applicant with a narrative.

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:

There ARE NO undesirable change to the character of the Neighborhood

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:

if I can't Build a Mother Daughter House,
Then I NEED To Build A Single Family home with a
Finished Basement.

3. Whether the requested area variance is substantial:

a Two Family Mother Daughter home, will Look
Like A Single Family home in size and sq ftage 2500

4. Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district: NO PHYSICAL or ENVIRONMENTAL

The Home size is 51'x49' = The Foot Print of The Building
is 2646 sq ft, The Lot size is 264,000 sq ft. That's only 1 percent

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:

This NEW home That I'm Building. is, to make me and
Family more comfortable.

Any supporting documents should be submitted as a part of the application to the Zoning Board of Appeals.



97 ST. KATHRIN DRIVE

Section 4
Block 3
Lot 2

OF CHARLES PAPIA
SBL: 4.-3-2
AREA = 5.32 ACRES

Set Back 160'

PROPOSED WELL

Set Back's from Road 120'

HOUSE SEWER
INV. OUT
1798.00 MIN.

10 L.F. SDR-35
SLOPE @ 2% MIN.



100' WELL
BUFFER

PROPOSED
BEDROOM
HOUSE
51' x 49'
size

1500 GAL. PRECAST
SEPTIC TANK
INV. IN 1797.80
INV. OUT 1797.55

SET BACK FROM

230'

Plot Plan
scale 1" = 40'

79 L.F. SDR-35
SLOPE @ 1% MIN.



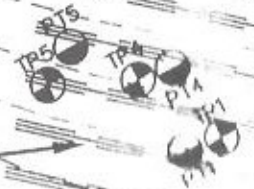
STONEWALL

PROPOSED
DIVERSION SWALE

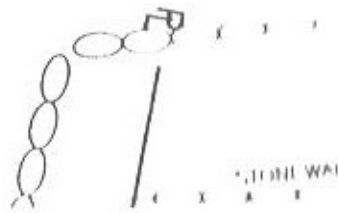
PROPOSED
CLEANOUT

PRECAST DISTRIBUTION BOX
INV. IN 1778.21
INV. OUT 1778.00

PROPOSED SEWAGE
DISPOSAL SYSTEM 6
LATERALS @ 60' EA.



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At least 10 days prior the Zoning Board of Appeals meeting the following will be submitted to the Zoning Office:

1. Six (6) copies of the application and all supporting documents
2. Six (6) copies of the plot/site plan detailing the proposed project and giving a diagram of the property showing all the existing and proposed buildings/structures, indicating the setback dimensions from each property line, stream, road, right of way, and other buildings/structures on the property.
3. A PDF copy of application, supporting documents, and plot/site plan.
4. Application fee: \$100, plus \$50 for any additional area variances within the same application.

Once your complete application is submitted to the Zoning Department, it will be scheduled for a PRELIMINARY HEARING, during which time the applicant will present their case to the Board of Appeals. The Board will review the application and all supporting documents, and if all requirements have been met, the applicant will be scheduled for a PUBLIC HEARING, usually at the next regular monthly meeting of the Board of Appeals. During the intervening period, the Zoning Office will notify the applicants abutting and adjacent property owners of the pending application and public hearing date. The cost of notifying the abutting and adjacent property owners via certified mail will be the responsibility of the applicant regardless of the Boards decision.

STATEMENT

The undersigned as individual owner(s) or as a qualified officer of the corporate owner of the above-described property, hereby apply for approval of the proposed variance in accordance with the provisions of the Zoning Law of the Town of Shandaken and authorize entry upon the property for site inspections by Zoning Officials and their authorized representatives. Fees are due and payable to: Town of Shandaken upon submission of the application.

Signature(s)

Charles Papia

Date

6/13/2025

OFFICE USE ONLY

Date Recd: _____ Recd By: _____ Application Fee: _____ [] paid

File Number: _____

Preliminary Hearing: _____ Public Hearing: _____

Application [] approved [] denied Date: _____