

**TOWN OF MILAN**  
**ZONING BOARD OF APPEALS**  
**DUTCHESS COUNTY, NEW YORK**

Wilcox Memorial Town Hall  
20 Wilcox Circle  
Milan, NY 12571

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**ZONING BOARD OF APPEALS MEETING AGENDA**

**WEDNESDAY, MARCH 28, 2012 7:00 P.M.**

**7:00 p.m. OPEN MEETING**

**PUBLIC HEARINGS: None**

**APPLICATIONS:**

- Zatwarnicki – Area Variance/Special Use Permit  
Accessory Apartment  
257 Milan Hollow Road

**DISCUSSION ITEMS:**

**ADMINISTRATIVE ITEMS:**

- Approval of Minutes – October, 2011

**TOWN OF MILAN**

Date Received: 03-19-2012

**ZONING BOARD OF APPEALS  
APPLICATION**

Review by ZEO: \_\_\_\_\_

Application Complete: \_\_\_\_\_

Public Hearing: \_\_\_\_\_

**To Be Completed by Applicant:**

Request for (Circle One): Area Variance Use Variance Interpretation Special Permit

Other: \_\_\_\_\_ Accessory Apt

Name of Applicant: Stanley + Madeline Zatwarnicki

Complete Address: 257 Milan Hollow Rd, Rhinebeck

Telephone # 876-2152

Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Is the subject property in your name?  Yes  No

If no, property owners name/telephone number N/A

Property owners complete address: N/A

Complete Address of Property: N/A

Grid Number: 6470-00-57624 Zoning District: ASA

What is the size of the property: 2.38 acres

Are there currently structures on the property?  Yes  No

If yes, are there valid Certificates of Occupancy for those structures?  Yes  No structures pre date zg.

If yes, as: Commercial Residential Other: CO for garage renovation.

Has the property been before the Zoning Board of Appeals before? Yes  No

If yes, please provide name of applicant and date: \_\_\_\_\_

Is the property within 500 feet of a state or county road, state parkway, boundary of the Town of Milan? Yes  No  If yes, which one? \_\_\_\_\_

Premises affected are situated on the \_\_\_\_\_ side of \_\_\_\_\_ road or street.

Applicant's Name Zatwarnicki

Date: 3-19-2012

**AREA/USE VARIANCE**

**To be completed by the Applicant:**

Variance Request: Cite the section of the zoning ordinance you are requesting a variance from:

Section: (i.e. Table B)	Pertaining to: Side Setback/Shed	From: 50 feet	To: 25 feet)
<u>Table B</u>	<u>Lot Area</u>	<u>50</u>	<u>2.62</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly explain the nature of the variance request, what you wish to accomplish, and why you need the variance: This variance is required to allow us to move forward with our special use permit for an accessory apt. Section 200-17 of the Zg code requires the minimum bulk + area requirements for the Zg district be met. We are in the ASA district but our lot is 2.78 acres. There fore, we are requesting a Variance of 2.62 acres.

**It will be necessary for the Zoning Board of Appeals and/or Planning Board members, Town consultants, Town officials to visit the site in order to properly evaluate your application. Please call the Zoning Office at 758-5133, extension 21, if you do not agree with this. Kindly make it easy to find your property by identifying any landmarks, etc.**

Applicant's Name Zatwarnicki

Date: 3-19-2012

### SPECIAL PERMIT

To be completed by applicant:

Special Permit For: Accessory Apartment

Section of the Zoning Law: 200-17

Please describe proposal: We wish to convert the second floor of existing garage to an accessory apt for a family member to reside so we have someone nearby to help us out.

Existing Use(s) of Property:

Residential, No. of Units: single family dwelling w/garage

Commercial, Type

Industrial, Type

Other:

Existing Structures on the Property: ~ 1,000 sq ft.

Structure: \_\_\_\_\_

Ground Floor Area: \_\_\_\_\_

Total Floor Area: ~ 1,000 sf main dwelling

Number of Floors: \_\_\_\_\_

Structure Height: \_\_\_\_\_

Proposed Structures:

Structure: \_\_\_\_\_

Ground Floor Area: \_\_\_\_\_

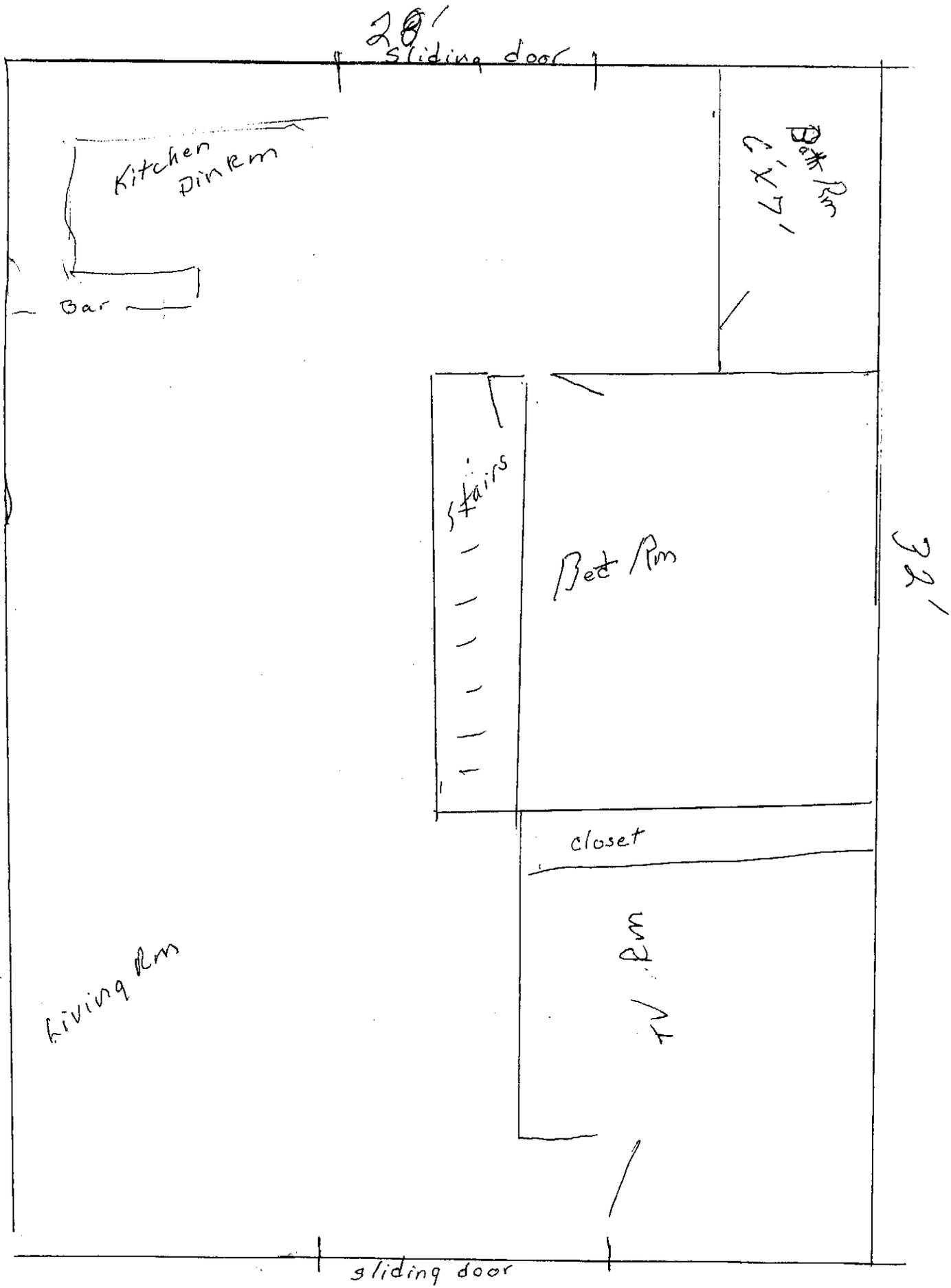
Total Floor Area: \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Structure Height: \_\_\_\_\_

Demonstrate (show on the site plan) an adequate parking area, ingress and egress, accessibility for emergency personnel, adequacy of existing services (water and sewage), appropriate screening, and that the project will be in harmony with the neighborhood \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Appendix C

## State Environmental Quality Review

## SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

## PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR <i>Stanley/Madeline Zaturnicki</i>	2. PROJECT NAME <i>Area Variance / SUP apt</i> <span style="float: right;"><i>Accessory</i></span>
3. PROJECT LOCATION: <i>257 Milan Hollow Rd, Rhinebeck</i> Municipality <i>Milan</i> County <i>Dutchess</i>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide  )	
5. PROPOSED ACTION IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: <i>Seeking Special Use Permit to build an accessory apt. inside existing garage - 2nd floor. Will need area variance for lot area to accomplish this.</i>	
7. AMOUNT OF LAND AFFECTED: Initially <i>2.38</i> acres    Ultimately <i>2.38</i> acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If No, describe briefly <i>Will require variance for lot area.</i>	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals: <i>Building Permit - Town of Milan</i>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**