

Building Department

Received 3/12/26

TOWN OF TAGHKANIC

Town Clerk

Received 2.13.26

ZBA APPLICATION
For a Variance, Special Use Permit and/or Appeal

Variance _____

Special Use Permit _____

Appeal _____

OWNER INFORMATION:

Name: _____ Company: _____

Address: _____ State NY Zip 12502

Phone # _____

OWNER INFORMATION:

Name: _____ Company: _____

Address: _____ State _____ Zip _____

Phone # _____

Applicant is: ☒ Owner _____ Builder _____ Lessee _____ Architect/Engineer _____ Agent _____

Other If other, Explain: _____

If the Applicant appearing before the ZBA is not the owner(s) of the property the attached permission form notarizing signatures of owner(s) and the agent or representative of the owner(s) must be fully executed and accompany application.

AGENT OR REPRESENTATIVE OF OWNER(S) INFORMATION:

Name: _____

Address: _____ State _____ Zip _____

Phone # _____ Relationship to owner(s): _____

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LOT INFORMATION

Tax Map #: 184-1-34 Zoning District: _____

Property Address: [REDACTED] RD ii

Irregular shape of lot ____ YES ☒ NO

Corner Lot ____ YES ☒ NO

Existing: Lot Area ____ Frontage ____ Depth ____

Setbacks: Front ____ Rear ____ Left ____ Right ____

Proposed: Lot Area ____ Frontage ____ Depth ____

Setbacks: Front ____ Rear ____ Left ____ Right ____

NO CHANGE

Type of Water Service: WELL Type of Sanitary Disposal: SEPTIC

USE INFORMATION

Describe Existing Use: Country Comforts logo vehicles (3) and small pieces of equipment are parked/stored on the property

Describe Proposed Use: Continue parking vehicles with Country Comforts logo vehicles and small pieces of equipment on the property as has been done for the last 23 years

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APPLICATION INFORMATION

Check All that Apply:

1. _____ An area variance is requested to appeal the decision of the Building Department; which denied a permit for the above property. Dated _____
(submit copy of denial)
2. ☒ A use variance is requested to appeal the decision of the Building Department, which denied a permit for the above property. Dated _____
(Submit copy of denial)
3. ☒ A special use permit is requested, as required by Town of Taghkanic Zoning Ordinance Section _____ Paragraph _____
4. _____ A formal appeal to the Town of Taghkanic Zoning Board of Appeals.

Application Number: _____

Date Application Received: _____

Hearing Scheduled Date: _____

Application Fee: _____

Approved Date: _____

Conditions: _____ YES _____ NO

Denial Date: _____

Withdrawn Date: _____

Zoning Chairperson: _____

PROJECT DESCRIPTION

Briefly describe the proposal

Continue parking vehicles with Country Comforts logo and small pieces of equipment on the property as has been done for the last 23 years

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Adjoining Property owners form. Please list all abutting owners, those across adjoining streets and within 1000 feet of all boundaries of all property within subdivision.

Name and Tax Map # of application to which this is attached: Susan + Andrew Soltano
184.-1-34

Tax Map # 184.-1-36 and 184.-1-58

Name and Address: David + Barbara Patzwahl
63 Queechy Lake Drive, Canaan, NY 12029

Tax Map # 184.-1-59 Joshua Krein

Name and Address: 1007 New Forge Road #2
Ancram NY 12502

Tax Map # 184.-1-35

Name and Address: Mary Anne Cohen
951 New Forge Rd #2, Ancram NY 12502

Tax Map # 184.-1-32

Name and Address: Matthew Pucker
958 New Forge Rd #2, Ancram NY 12502

Tax Map # 173.-1-20.3

Name and Address: Frances Murcott
856 New Forge Rd #2 Ancram NY 12502

Please copy this form if additional space is needed.

Tax Map# 184.-1-67
Name + Address: JMRSL Family Limited Part
198 New Forge Rd
Ancram NY 12502

Tax Map# 184.-1-31 and 184.-1-30
Denise Cerrone
140 Hunters Dr.
Syosset, NY 11791-2312

Tax Map# 184.-1-44 and 184.-1-45
Elizabeth Bergstein + Benjamin Bergstein
318 W. 100th St.
NY NY 10025

Tax Map# 184.-1-46.2
Carmen M Barabato Jr.
434 Collins St
Hillsdale, NY 12529

Tax Map# 184.-1-43
James M. Coons Jr.
1043 New Forge #2
Ancram NY 12502

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REQUIRED INFORMATION

*Speaks to
Dennis and
nothing changing
not required* →

1. _____ A plot plan showing all property lines, dimensions, adjacent streets, setback distances and location of proposed changes.
2. _____ Part 1 of the state Environmental Quality Review (SEQRA) Short Environmental Form.
3. _____ Appropriate fee, as determined by the code of the Town of Taghkanic and as calculated by the Building Department.

NOTE: additional information may be required by the Zoning Board of Appeals. Failure to submit all required documents may result in a delay in processing or denial of the application.

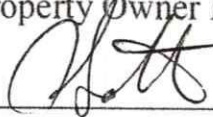
Have there been any other variances issued for this property? _____ YES ☒ NO

If yes please explain: _____

CERTIFICATION AND AUTHORIZATION

I certify that the information contained in this application is true to the best of my knowledge and I authorize the Town of Taghkanic Zoning Board of Appeals to process this application as provided by law.

Applicant/Property Owner Name: _____

Signature:  Date: 2/9/26

Use Variance

1. Country Comforts travels to job sites throughout Columbia County, thus no work is done on the property. It is preferred not to leave vehicles/equipment at job sites due to the potential for theft or damage. This is why the vehicles/equipment are stored on the property. Without having access to park vehicles & store small pieces of equipment, it will be detrimental to the Soltano's family livelihood, causing a loss of income to the Soltano family and a loss of sales tax to Taghkanic & the County.
2. Country Comforts has been parking/storing since its inception in 2003. There is no detriment to the general welfare of the community for such reasons as: there are no signs on the road to diminish the rural characteristics of the area, no customers come to the property and Country Comforts has and continues to provides services to neighbors on New Forge Road II as well the residences in the town of Taghkanic.
3. The footprint of the property is not being altered. There will be no impact to the neighborhood or to any nearby properties. Country Comforts is willing to screen the vehicles/equipment in question from the public view (note: during the summer, the foliage blocks the view of the vehicles/equipment)
4. Not self-created. For 23 years, Country Comforts has been parking/storing vehicles/equipment without any complaints from neighbors or the town.

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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			
Name of Action or Project: PARK VEHICLES WITH LOGO + SMALL EQUIPMENT ON PROPERTY			
Project Location (describe, and attach a location map): 965 New Forge Rd II Ancram NY 12502			
Brief Description of Proposed Action: Continue parking vehicles with County Comforts logo and small pieces of equipment on the property			
Name of Applicant or Sponsor:		Telephone:	
Address:		E-Mail:	
City/PO: Ancram		State: NY	Zip Code: 12502
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO YES
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.			✓
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?			NO YES
If Yes, list agency(s) name and permit or approval:			✓
3a. Total acreage of the site of the proposed action?		7 acres	
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, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input 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			

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	NO	YES	N/A
5. Is the proposed action:			
a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>		
b. Consistent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
		<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify:	<input checked="" type="checkbox"/>		
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>		
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>		
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>		
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies:	<input checked="" type="checkbox"/>		
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
[If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES]			
If No, describe method for providing potable water: <u>WELL</u>	<input checked="" type="checkbox"/>		
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
[If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES]			
If No, describe method for providing wastewater treatment: <u>SEPTIC</u>	<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"/>		
b. Is the proposed action located in an archeological sensitive area?			
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"/>		
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>		
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:			
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 checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural grasslands <input type="checkbox"/> Early mid-successional			
<input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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"/>		
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>		
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES	
If Yes:			
a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/>		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>		
If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES			

Not aware

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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
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
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
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____	Date: 2/9/26	
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?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
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?		
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?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

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	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?		
11. Will the proposed action create a hazard to environmental resources or human health?		

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 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)