



Town of Lloyd Zoning Board of Appeals Application

ZBA-26-0005

Submission Date: 4-29-2026

Property Owner: 7 Leonta CT LLC.

Is the owner an LLC?: Yes Principal Member or Managing Member: _____

Owner's Mailing Address: 12 Carol Drive Poughkeepsie NY, 12603

Owner's Phone: 845-275-5009

Owner's Email: antmlanterig@icloud.com

Address of subject property: 7 Leonta CT Highland NY, 12528

Tax Map SBL#: 88.69-10-25 Zoning District: CB

Professional Representative: _____

Representative Address: _____

Representative Phone: _____ Representative email: _____

Purpose of Application

- ☐ Area Variance: to allow _____
- ☐ Appealing decision of Code Enforcement Officer; OR
- ☐ Referral from Planning Board in relation to Site Plan Review without requirement for appeal from decision of Code Enforcement Officer pursuant to NYS Town Law 274-a(2a).
- ☐ Referral from Planning Board in relation to Subdivision Review without requirement for appeal from decision of Code Enforcement Officer pursuant to NYS Town Law 277(6).

Bulk Table relief sought:

Right Sideyard: Required: _____ Proposed: _____ Relief sought: _____

Left Sideyard: Required: _____ Proposed: _____ Relief sought: _____

Front Yard: Required: _____ Proposed: _____ Relief sought: _____

Rear Yard: Required: _____ Proposed: _____ Relief sought: _____

Lot Size: Required: _____ Proposed: _____ Relief sought: _____

Other: _____

- ☒ Use Variance to allow: Ground floor apartment in "CB zone"

☐ Appealing decision of Code Enforcement Officer. Date of decision: 04/29/26

Pursuant to Town of Lloyd Code Chapter 100, Article _____ Section _____

Other Code Sections, if applicable: _____

Other Jurisdictional agencies: _____

- ☐ Interpretation of the Zoning Code:

Town of Lloyd Code Chapter 100, Article _____ Section _____

Other Code Sections, if applicable: _____

Interpretation sought because: _____

cont'd next page

☐ Appeal as an Aggrieved Person

Decision creating status as an aggrieved person: _____

Date of Decision: _____

Are there wetlands on the subject property? ☐ Yes ☒ No

Are there floodplains on the subject property? ☐ Yes ☒ No

All submissions must include:

1. This application filled out in full.
2. Survey of property(properties) subject to the request for relief (if applicable).
3. Narrative detailing the nature of the request and any evidence and/or arguments in support of the request.
(see below).
4. Payment of fee and Payment of escrow.
5. NYS Environmental Assessment Form
6. Letter of Agent (if represented by someone besides the property owner).

Balance tests (narrative should offer evidence and information related to the questions for that variance)

Area Variance:

- whether benefit can be achieved by other means feasible to the applicant
- would there be an undesirable change in neighborhood character or to nearby properties
- whether the requested relief is substantial
- whether the request will have adverse physical or environmental effects
- whether the alleged hardship is self-created

Use Variance:

- Applicant cannot realize a reasonable return, substantiated by submission of competent financial evidence.
- Is sustaining a hardship that is unique and does not apply to a substantial portion of the zoning district, or neighborhood within which the subject property is located, with supporting evidence.
- The applicant has presented proof that the variance would observe the spirit of the town ordinance (code) and would not change the character of the district, with supporting evidence.
- The applicant has shown that the alleged hardship is not self created.

Office Use only:

Intake officer: AG Date of Receipt: 4-29-2026

Fee: \$ 300.00 Method of Payment: ☐ Cash - ☒ Check - ☐ Credit Card 2349

Escrow initial deposit: \$300.00

Survey submitted date: _____

NYS SEQR EAF submitted date: 4-29-2026

Narrative submitted date: 4-29-2026

Applicant's Letter of Intent From: _____

To: Town of Lloyd Planning Board and/or Zoning Board of Appeals

Date: 04/29/26

Message:

Looking to have an addition added to my parcel but 2 apartments in new addition opposed to a business down stairs & apartment up-stairs.

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: Downstairs Apt in CB Zone			
Project Location (describe, and attach a location map): 7 Leanta Ct Highland NY. 12528			
Brief Description of Proposed Action: I am looking to add 2 apartments in CB Zone.			
Name of Applicant or Sponsor: Anthony Lanteri		Telephone: 845-275-5009 E-Mail: antmlanteri@icloud.com	
Address: 12 Carol Drive			
City/PO: Poughkeepsie		State: NY	Zip Code: 12603
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 government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		☒	☐
3. a. Total acreage of the site of the proposed action?		11,000 sq ft	
b. Total acreage to be physically disturbed?		2,400 sq ft	
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:			
☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☒ Commercial ☐ Residential (suburban) ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify): ☐ Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	☒	☐	☐
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	
	☐	☒	
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: _____	☒	☐	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	☒	☐	
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?	☐	☒	
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: _____ _____	☐	☒	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	☐	☒	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	☐	☒	
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?	NO	YES	
	☒	☐	
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?	☒	☐	
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	
	☒	☐	
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: _____ _____ _____			



Town of Lloyd Escrow Account Consent

Establishing Escrow Account for project name: 7 Leonta Ct LLC.

For property located at: 7 Leonta Ct Highland NY, 12603

S.B.L #: 68-69-10-25

Zone: CB

Project description: add duplex with 2 apartments in CB zone.
ajorn old structure to new structure with breezeway.

In order to begin review of your proposed project, the Town of Lloyd requires the establishment of an escrow account for board consultant(s) review(s). Upon receipt of this consent form with the remittance specified in the Development Fee Schedule, the review will commence.

The initial escrow amount requested for your project is: \$ 300.00

Additional funds may be requested if the account balance is at risk of being depleted or is actually depleted. Any unused monies will be returned at the end of the process when all consultant invoices have been received.

The fees charged to the escrow account:

1. shall be reasonably necessary in the review of the project or the preparation of necessary documents; and,
2. shall be reasonable in the amount based on the prior experience of the Town of Lloyd and the actual, average costs of the Town in applications of the same type; and,
3. any balance remaining in the escrow account following final approval and the receipt of outstanding invoices from the Town's consultants shall be remitted to the applicant by the Town's fiscal officer; and,
4. the posting of an escrow account does not imply acceptance or approval of an application; and,
5. in the event that any litigation is commenced against the Town as a direct result of your application, the applicant agrees to hold the Town harmless for all costs associated with that litigation and to reimburse the Town for any costs incurred by the Town.

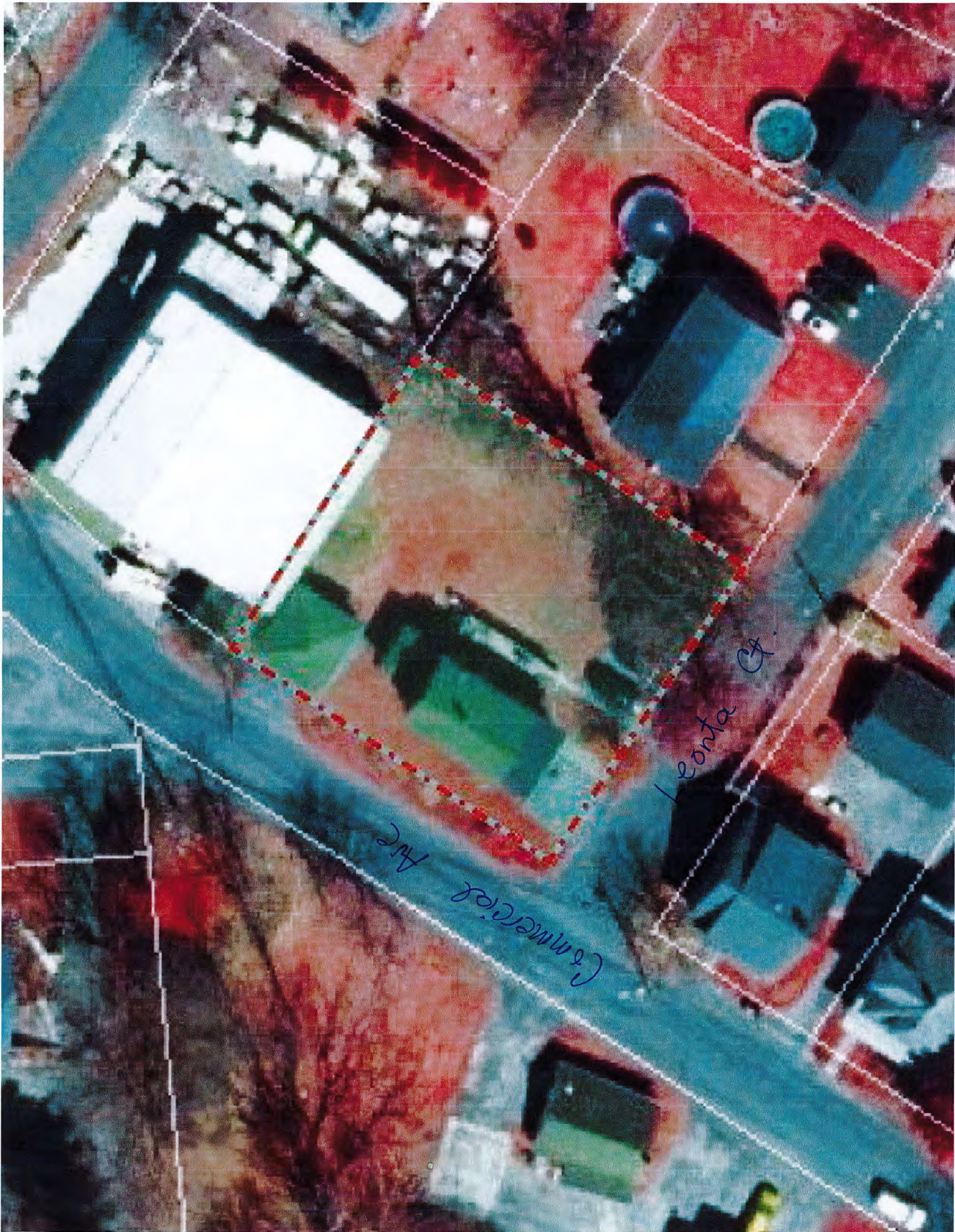
I hereby consent to the conditions as set forth above; remittance to establish the escrow is included with this signed consent.

Applicant / Agent Signature

04/29/26.

Date

Make escrow check payable to "Town of Lloyd" and add "escrow account" on the memo line.
Return this signed consent form with your check to:
Building Department, 12 Church St. Highland, NY 12528





ULSTER COUNTY – STATE OF NEW YORK
TAYLOR BRUCK, ACTING COUNTY CLERK
244 FAIR STREET, KINGSTON, NEW YORK 12401

COUNTY CLERK'S RECORDING PAGE

THIS PAGE IS PART OF THE DOCUMENT – DO NOT DETACH



BOOK/PAGE: 7530 / 274
INSTRUMENT #: 2025-10456

Receipt#: 2025068781
Clerk: SM
Rec Date: 09/08/2025 01:19:09 PM
Doc Grp: D
Descrip: DEED
Num Pgs: 6
Rec'd Frm: FIRST HUDSON TITLE AGENCY, LLC

Party1: KISTNER WILLIAM
Party2: 7 LEONTA CT LLC
Town: LLOYD
88.69-10-25

Recording:

Cover Page	5.00
Recording Fee	40.00
Cultural Ed	14.25
Records Management - Coun	1.00
Records Management - Stat	4.75
TP584	5.00
Notice of Transfer of Sal	10.00
RP5217 Residential/Agricu	116.00
RP5217 - County	9.00

Sub Total: 205.00

Transfer Tax
Transfer Tax - State 1456.00

Sub Total: 1456.00

Total: 1661.00

**** NOTICE: THIS IS NOT A BILL ****

***** Transfer Tax *****

Transfer Tax #: 564
Transfer Tax
Consideration: 364000.00

Transfer Tax - State 1456.00

Total: 1456.00

Record and Return To:

ELECTRONICALLY RECORDED BY SIMPLIFILE

WARNING***

*** Information may be amended during the verification process, and may not be reflected on this cover page.

THIS PAGE CONSTITUTES THE CLERK'S ENDORSEMENT, REQUIRED BY SECTION 316-a (5) & 319 OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK.

Taylor Bruck

Taylor Bruck
Acting Ulster County Clerk

**BARGAIN AND SALE DEED WITH COVENANT AGAINST GRANTOR'S
ACTS (INDIVIDUAL OR CORPORATION)**

STANDARD NYBTU FORM 8007

CAUTION: THIS AGREEMENT SHOULD BE PREPARED BY AN ATTORNEY AND REVIEWED BY ATTORNEYS FOR SELLER AND PURCHASER BEFORE SIGNING.

THIS INDENTURE, made the 3rd day of September, 2025

Between

WILLIAM KISTNER AND SAMANTHA KISTNER F/K/A SAMANTHA CIPRIANO, residing at
42 Kensington Lane, Poughkeepsie, NY 12603

party of the first part,

and

7 LEONTA CT LLC, with an address at 12 Carol Dr., Poughkeepsie, NY 12603

party of the second part,

WITNESSETH, that the party of the first part, in consideration of One and 00/100 (\$1.00) Dollar, lawful money of the United States, paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,
_____ -most particularly described as follows:

SEE SCHEDULE "A" ATTACHED

BEING the same premises conveyed to Grantors by Deed from Efthimios Bakatsias and Eleni Bakatsias, dated March 29, 2023 and recorded on April 6, 2023 in the Ulster County Clerk's Office, State of New York, as Document No. 2023-3738.

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof,

TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises,

SUBJECT TO any state of facts a personal inspection or accurate survey may disclose,

SUBJECT TO covenants, notes, terms, conditions, restrictions, reservations, rights of way, utility or other easements, agreements or sell-offs in former deeds or other instruments of record, if any,

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, covenants that the party of the first part has not done or suffered anything whereby the said premises have been encumbered in any way whatever, except as aforesaid.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive

such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

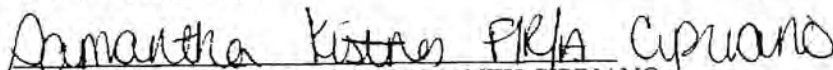
The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:



WILLIAM KISTNER



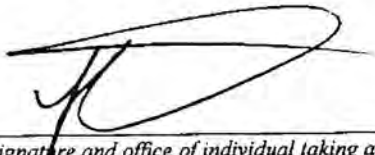
SAMANTHA KISTNER F/K/A SAMANTHA CIPRIANO

Acknowledgment by a Person Within New York State (RPL § 309-a)

STATE OF NEW YORK
COUNTY OF DUTCHESS

)
) ss.:
)

On the 3rd day of September 2025, before me, the undersigned, personally appeared WILLIAM KISTNER AND SAMANTHA KISTNER, F/K/A SAMANTHA CIPRIANO, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



(signature and office of individual taking acknowledgment)

Street:
Town:
County:
Tax ID #

Michael J Kistner
Notary Public, State of New York
No. 02K14792590
Qualified in Dutchess County
Commission Expires 11/30/2027

RECORD AND RETURN TO:
MAHER FAKHOURI
847 ROUTE 376
WAPPINGERS FALLS, NY 12590

Fidelity National Title Insurance Company

Title Number: **FHT1937**

Page 1

SCHEDULE A DESCRIPTION

ALL that certain plot piece or parcel of land, situate, lying and being in the Town of Lloyd, County of Ulster and State of New York, being bounded and described as follows:

BEGINNING at a point on the northeasterly line of Commercial Avenue, a/k/a Saradon Avenue, said point being the intersection of the northeasterly line of said Commercial Avenue with the northwesterly line of Leonta Court; and

RUNNING THENCE along the northeasterly line of said Commercial Avenue North 45° 30' 00" West 110.00 feet to a point;

THENCE leaving said line and running along the southeast and southwest line of lands of Rosemary F. Nardone (Liber 1284, page 404) the following: North 44° 30' 00" East 100.00 feet to a point;

THENCE South 45° 30' 00" East 110.00 feet to point on the northwesterly line of aforesaid Leonta Court;

THENCE leaving the said line and running along the northwesterly line of Leonta Court, South 44° 30' 00" West 100.00 feet to the point or place of BEGINNING.

Being the same premises as described in Deed Instrument No. 2023-3738

For Information Only:

Said Premises being known as 7 Leonta Court, Highland, NY 12528
Section: 88.69 Block: 10 Lot: 25

FOR COUNTY USE ONLY

Swis Code # 513200

Date Deed Recorded 09/08/2025

Bk # 7530 Pg # 274 Instr # 2025-10456

New York State Department of
Taxation and Finance

Office of Real Property Tax Services

RP- 5217-PDF

Real Property Transfer Report (8/10)

PROPERTY INFORMATION

1. Property Location 7 Leonta Court
 * STREET NUMBER * STREET NAME
Llyod 12528
 * CITY OR TOWN * ZIP CODE

2. Buyer Name 7 Leonta Ct LLC
 * LAST NAME/COMPANY * FIRST NAME
 * LAST NAME/COMPANY * FIRST NAME

3. Tax Billing Address Indicate where future Tax Bills are to be sent
 if other than buyer address (at bottom of form) * LAST NAME/COMPANY * FIRST NAME
 * STREET NUMBER AND NAME * CITY OR TOWN * STATE * ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed 1 # of Parcels OR ☐ Part of a Parcel (Only if Part of a Parcel) Check as they apply:
 4A. Planning Board with Subdivision Authority Exists ☐
 4B. Subdivision Approval was Required for Transfer ☐
 4C. Parcel Approved for Subdivision with Map Provided ☐

5. Deed Property Size X * FRONT FEET * DEPTH OR 0.25 * ACRES

6. Seller Name Kistner William
 * LAST NAME/COMPANY * FIRST NAME
Cipriani Samantha Kistner fka Samantha
 * LAST NAME/COMPANY * FIRST NAME

*7. Select the description which most accurately describes the use of the property at the time of sale:
 B. 2 or 3 Family Residential ☐
 Check the boxes below as they apply:
 8. Ownership Type is Condominium ☐
 9. New Construction on a Vacant Land ☐
 10A. Property Located within an Agricultural District ☐
 10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District ☐

SALE INFORMATION

11. Sale Contract Date 07/15/2025

* 12. Date of Sale/Transfer 08/26/2025

* 13. Full Sale Price 364,000.00
 (Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

14. Indicate the value of personal property included in the sale 0.00

15. Check one or more of these conditions as applicable to transfer:
☐ A. Sale Between Relatives or Former Relatives
☐ B. Sale between Related Companies or Partners in Business
☐ C. One of the Buyers is also a Seller
☐ D. Buyer or Seller is Government Agency or Lending Institution
☐ E. Deed Type not Warranty or Bargain and Sale (Specify Below)
☐ F. Sale of Fractional or Less than Fee Interest (Specify Below)
☐ G. Significant Change in Property Between Taxable Status and Sale Dates
☐ H. Sale of Business is Included in Sale Price
☒ I. Other Unusual Factors Affecting Sale Price (Specify Below)
☒ J. None
 Comment(s) on Condition:

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. Year of Assessment Roll from which information taken (YY) 25 * 17. Total Assessed Value 192,000

* 18. Property Class 210 * 19. School District Name Highland

* 20. Tax Map Identifier(s)/Roll Identifier(s) (If more than four, attach sheet with additional identifier(s))
BB.69-10-25

CERTIFICATION

I Certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein subject me to the provisions of the penal law relative to the making and filing of false instruments.

SELLER SIGNATURE 9/3/25
 DATE

BUYER SIGNATURE 9/3/25
 DATE

BUYER CONTACT INFORMATION
 * LAST NAME Lanteri * FIRST NAME Anthony
 * AREA CODE 845 * TELEPHONE NUMBER (Ex. 9090909) 275-5009
 * STREET NUMBER 12 * STREET NAME Carol Drive
 * CITY OR TOWN Highland * STATE NY * ZIP CODE 12693

BUYER'S ATTORNEY
 * LAST NAME FAKHOURI * FIRST NAME MAHER
 * AREA CODE 845 * TELEPHONE NUMBER (Ex. 9090909) 452-7528