

# Agenda

## City of Middletown Planning Board

May 1, 2019  
7:00 PM to 10:00 PM  
Common Council Chambers

**Meeting called by:** Anthony Capozella, Plannign Board Chairman

**Clerk:** Martina Tu, Clerk

**Members:** John Naumchik, Nicole Hewson, Dan Higbie, Vanessa Cid,  
Anthony Capozella, Andy Britto, Dave Madden

Approval of April 3, 2019 minutes

Bryce Goddard  
183 West Main Street  
Hobby shop

Xian Yang  
83-91 Linden Avenue  
Private school

Sobo & Sobo Holdings LLC  
19-21 Low Avenue  
office space

Bell Flavors and Fragrances Inc.,  
12 Sprague Avenue  
6-foot fence

Jessica Nunez  
63-67 North Street  
advanced beauty services

Ming Chu Lin  
48 Wickham Avenue  
beauty spa and a single family dwelling

Erdocprop, LLC.  
110-112 East Main Street  
two-family residential dwelling

Ryan Cranston  
125 Dolson Avenue  
retail store

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete 4/25/19  
Accepted by WCW

Date April 3, 2019

*Items 1, 2 and 3 are required to be completed*

1. Address of Subject Property 19-21 Low Avenue

Section 16 Block 11 Lot 22

Current Zoning District I-1

Building Existing x New \_\_\_\_\_

2. Owner of Property NYBOVIA LLC

Owner's Address 169 South Main Street

City New City State NY Zip 10958

Phone numbers: Home: \_\_\_\_\_  
Business: \_\_\_\_\_  
Cell: \_\_\_\_\_

3. Applicant name Sobo & Sobo Holdings LLC

*If different from Owner*

Applicants Address 1 Dolson Avenue

City Middletown State NY Zip 10940

Phone numbers: Home: \_\_\_\_\_  
Business: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

Answer 4, 5 or 6

4. **Special Use Permits/Site Plan Approval.** An approval for a special use permit and/or site plan approval is hereby requested. In the space provided indicate the section(s) and classification(s) of the occupancy for which you are seeking a special use permit. Included all uses which are currently or will be in the subject property. All dimensions shall be listed in the space provided. Refer to the tables at the rear of the Zoning Ordinance for requirements in UR-3, SR-3, SR-3A and SR-3B districts. Additional sheets may be attached if required.

Section #23 F

Classification of Occupancy requested Lawyer Office

Description of what you are requesting: Use as office space (lease of 4,000 sq. ft.)

Uses currently in property: Prior Office Currently

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	<u>475-23 L1 (28)C</u>	<u>15,000</u>	<u>12,000</u>
Front yard		<u>20'</u>	<u>12'</u>
Rear yard		<u>10'</u>	<u>30'</u>
Width		<u>100'</u>	<u>114.5'</u>
Side yard			
Parking			<u>6+ Spaces</u>

*Answer this section only for multiple dwellings N/A*

Lot coverage \_\_\_\_\_

Building height \_\_\_\_\_

Open Space \_\_\_\_\_

Playlot \_\_\_\_\_

Livable floor area \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

**5. Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those that will be created. Refer to the excerpt from the Zoning Ordinance Section 475-44. Additional sheets may be attached if required.

No New Non Conformance to be created

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Lot 3,000 Square Feet Short of Code

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Front Yard 8' Short of Code

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**6. Fence and/or Parking Nonconformance.** In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

Existing office building

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Lot Sq. Ft 3,000 Short

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Front yard setback 8' Short

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7. Sign at the Place Indicated

Signature: 

Printed Name and Title: Gregory M. Sobo, Sole Member

Date: April 3, 2019

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete 4/25/14 Date 4/11/19  
Accepted by [Signature]

*Items 1, 2 and 3 are required to be completed*

1. Address of Subject Property 12 Sprague Ave

Section 36      Block 1 Lot 9 Current Zoning District I-1

Building Existing X New     

2. Owner of Property Bell Flavors and Fragrances Inc.

Owner's Address 500 Academy Drive

City Northbrook State IL Zip 60062

Phone numbers: Home:     

Business: 800-323-4387

Cell:     

3. Applicant name Stephen Scott-Maintenance Manager Middletown, NY

*If different from Owner*

Applicants Address 12 Sprague Ave

City: Middletown State NY Zip 10940

Phone numbers: Home:     

Business:     

Cell:     

Fax:

Answer 4, 5 or 6

4. **Special Use Permits/Site Plan Approval.** An approval for a special use permit and/or site plan approval is hereby requested. In the space provided indicate the section(s) and classification(s) of the occupancy for which you are seeking a special use permit. Included all uses which are currently or will be in the subject property. All dimensions shall be listed in the space provided. Refer to the tables at the rear of the Zoning Ordinance for requirements in UR-3, SR-3, SR-3A and SR-3B districts. Additional sheets may be attached if required.

Section # \_\_\_\_\_

Classification of Occupancy requested \_\_\_\_\_

Description of what you are requesting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Uses currently in property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	_____	_____	_____
Front yard	_____	_____	_____
Rear yard	_____	_____	_____
Side yard	_____	_____	_____
Side yard	_____	_____	_____
Parking	_____	_____	_____

*Answer this section only for multiple dwellings*

Lot coverage \_\_\_\_\_

Building height \_\_\_\_\_

Open Space \_\_\_\_\_

Playlot \_\_\_\_\_

Livable floor area \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

**5. Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those that will be created. Refer to the excerpt from the Zoning Ordinance Section 475-44. Additional sheets may be attached if required.

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**6. Fence and/or Parking Nonconformance.** In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

Request is for a 6 foot chain link fence with access gates in lieu of a 4 foot fence.  
Company would like to deter trespassers from graffiti and possible drug use on property.  
(Used needles has been found by doorways off of Sprague Ave. They have been turned over to the Middletown Police)

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7. Sign at the Place Indicated

Signature:  \_\_\_\_\_

Printed Name and Title: Stephen Scott-Maintenance Manager Middletown, NY

Date: 4/11/19 \_\_\_\_\_

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete \_\_\_\_\_

Date \_\_\_\_\_

Accepted by \_\_\_\_\_

*Items 1, 2 and 3 are required to be completed*

1. Address of Subject Property 63-67 North St.

Section 31 Block 7 Lot 1

Current Zoning District DMU

Building Existing  New \_\_\_\_\_

2. Owner of Property \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

3. Applicant name Jessica Nunez

*If different from Owner*

Applicants Address 645 Ingrassia Road

City Middletown State New York Zip 10940

Phone numbers: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Answer 4, 5 or 6

4. **Special Use Permits/Site Plan Approval.** An approval for a special use permit and/or site plan approval is hereby requested. In the space provided indicate the section(s) and classification(s) of the occupancy for which you are seeking a special use permit. Included all uses which are currently or will be in the subject property. All dimensions shall be listed in the space provided. Refer to the tables at the rear of the Zoning Ordinance for requirements in UR-3, SR-3, SR-3A and SR-3B districts. Additional sheets may be attached if required.

Section # \_\_\_\_\_

Classification of Occupancy requested Advanced Beauty Services

Description of what you are requesting: \_\_\_\_\_

Uses currently in property: For Eyelash extension Services  
Microblading and Permanent Makeup  
Botox and dermafillers

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area			
Front yard			
Rear yard			
Side yard			
Side yard			
Parking			

*Answer this section only for multiple dwellings*

Lot coverage \_\_\_\_\_

Building height \_\_\_\_\_

Open Space \_\_\_\_\_

Playlot \_\_\_\_\_

Livable floor area \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

5. **Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those that will be created. Refer to the excerpt from the Zoning Ordinance Section 475-44. Additional sheets may be attached if required.

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6. **Fence and/or Parking Nonconformance.** In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

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7. Sign at the Place Indicated

Signature: Jessica Nunez

Printed Name and Title: Jessica Nunez - Owner

Date: 2/1/2019

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete 4-25-19  
Accepted by WCV

Date 4/25/19

*Items 1, 2 and 3 are required to be completed*

1. Address of Subject Property ~~112~~ -112 East Main Street

Section 36 Block 1 Lot 4 Current Zoning District C-2

Building Existing X New \_\_\_\_\_

2. Owner of Property ERDOCPROP, LLC

Owner's Address 75 Fairways Drive

City Middletown State NY Zip 10940

Phone numbers: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

3. Applicant name \_\_\_\_\_

*If different from Owner*

Applicants Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Answer 4, 5 or 6

4. **Special Use Permits/Site Plan Approval.** An approval for a special use permit and/or site plan approval is hereby requested. In the space provided indicate the section(s) and classification(s) of the occupancy for which you are seeking a special use permit. Included all uses which are currently or will be in the subject property. All dimensions shall be listed in the space provided. Refer to the tables at the rear of the Zoning Ordinance for requirements in UR-3, SR-3, SR-3A and SR-3B districts. Additional sheets may be attached if required.

Section # \_\_\_\_\_

Classification of Occupancy requested R-2

Description of what you are requesting: Requesting 112 East Main be recorded as a 2-family Residential

Uses currently in property: Currently the property is an OR-2

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area			
Front yard			
Rear yard			
Side yard			
Side yard			
Parking			

*Answer this section only for multiple dwellings*

Lot coverage \_\_\_\_\_

Building height \_\_\_\_\_

Open Space \_\_\_\_\_

Playlot \_\_\_\_\_

Livable floor area \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

**5. Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those that will be created. Refer to the excerpt from the Zoning Ordinance Section 475-44. Additional sheets may be attached if required.

The confirmation of zoning for a 2 Family Residential is sought for the purpose of continuing rental as a non-owner occupied 2 family. The building meets all requirements as set forth for a 2 Family Residential.

**6. Fence and/or Parking Nonconformance.** In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

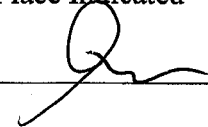


7. Sign at the Place Indicated

Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

  
Anuj Vohra Owner  
2/6/19

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete 4/25/19  
Accepted by WV

Date 4.1.19

*Items 1, 2 and 3 are required to be completed*

1. Address of Subject Property 125 Dolson Ave Middletown

Section 48 Block 2 Lot 7-2 Current Zoning District C3  
48-2-7.2

Building Existing  New

2. Owner of Property Kate Realty Corp

Owner's Address 125 Dolson Ave

City Middletown State NY Zip 10940

Phone numbers: Home: \_\_\_\_\_  
Business: 8 \_\_\_\_\_  
Cell: 8 \_\_\_\_\_

3. Applicant name Ryan Cranston

*If different from Owner*

Applicants Address 54 Bedford Ave

City Middletown State NY Zip 10940

Phone numbers: Home: \_\_\_\_\_  
Business: \_\_\_\_\_  
Cell: \_\_\_\_\_ Cell  
Fax: \_\_\_\_\_

Answer 4, 5 or 6

4. **Special Use Permits/Site Plan Approval.** An approval for a special use permit and/or site plan approval is hereby requested. In the space provided indicate the section(s) and classification(s) of the occupancy for which you are seeking a special use permit. Included all uses which are currently or will be in the subject property. All dimensions shall be listed in the space provided. Refer to the tables at the rear of the Zoning Ordinance for requirements in UR-3, SR-3, SR-3A and SR-3B districts. Additional sheets may be attached if required.

Section # \_\_\_\_\_

Classification of Occupancy requested \_\_\_\_\_

Description of what you are requesting: Mattress Retailer Store

Uses currently in property: Vacant

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area			
Front yard			
Rear yard			
Side yard			
Side yard			
Parking			

*Answer this section only for multiple dwellings*

Lot coverage \_\_\_\_\_

Building height \_\_\_\_\_

Open Space \_\_\_\_\_

Playlot \_\_\_\_\_

Livable floor area \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

5. **Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those that will be created. Refer to the excerpt from the Zoning Ordinance Section 475-44. Additional sheets may be attached if required.

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6. **Fence and/or Parking Nonconformance.** In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

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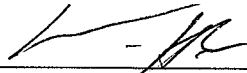
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7. Sign at the Place Indicated *→ yes - -*

7. Sign at the Place Indicated

Signature:  X

Printed Name and Title: Ryan Coniston owner X

Date: 4/11/19