

Agenda

City of Middletown Planning Board

August 7, 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 July 3, 2019 minutes

Bryce Goddard
183 West Main Street
extending hours of operation at the existing hobby shop

Judith A. Perrino
43-51 Midland Avenue Ext.
powder coating shop

Roy and Vicki Brachfeld
13 Bedford Avenue
garage

Kevin M. Hudson
205 & 207 Monhagen Avenue
café

Eliezer Altman
32-48 Cottage Street
warehouse and packaging facility

PRELIMINARY HEARINGS-Not for any action but for future presentation and possible action at a date not yet determined.

Paul Dugal
121 Wickham Avenue
Waiver of the first floor commercial requirement

Cingular Wireless PCS, LLC (AT&T)
31 ½ Kennedy Terrace
Collocation of a wireless facility

108 Luquer Street, LLC.
11-33 Fulton Street
Fire Apparatus Museum and O&W Station Archives

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date _____

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 183 west main st middletown NY 10940

Section 29 Block 1 Lot 10

Current Zoning District C-2

Building Existing New _____

2. Owner of Property Sangjin Park

Owner's Address 180 W. Main St

City middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: _____

3. Applicant name Bryce Goddard

If different from Owner

Applicants Address 20 Independence 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: Change of / update to
Store hours. Sunday: 12pm - 9pm / Mondays: 12pm - 10pm
Tuesdays: 12pm - 10pm / Wed: 12pm - 10pm / Thurs: 12pm - 10pm / Fri: 12pm - 12pm / Sat: 12pm - 11pm

Uses currently in property: _____

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	475-20	7,500	5,060
Front yard	↓	75'	55'
Rear yard		20'	55'
Side yard		5'	92.33'
Side yard		5'	88.99'
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.

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: Bryce Goddard

Printed Name and Title: Bryce Goddard

Date: 7/19/2019

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete 6-
Accepted by _____

Date 6-10-19.

Items 1, 2 and 3 are required to be completed

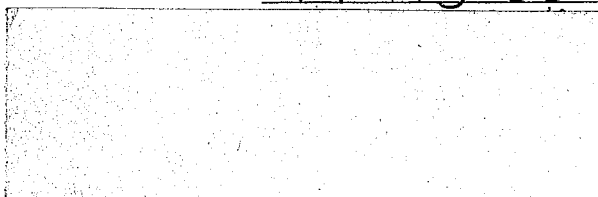
1. Address of Subject Property 43-51 Midland Ext
Section 9 Block 1 Lot 2 Current Zoning District Industrial
Building Existing New _____

2. Owner of Property JOHN CARBONE
Owner's Address 671 Bloomingburgh NY
City Bloomingburgh State NY Zip 12121

Phone numbers: Home: _____
Business: _____
Cell: _____

3. Applicant name JUDITH A. PERRINO
If different from Owner
Applicants Address 26 ROSS LN
City Middletown State NY Zip 10941

Phone numbers: Home: 845-692-9756 / 845-609-7300
Business: Speedy CARTS AND COATINGS NEWYORK
Cell: 914-443-0388 OR 845-551-5139



02

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: Powder Coating

Uses currently in property: Body Shop NOT occupied

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 _____

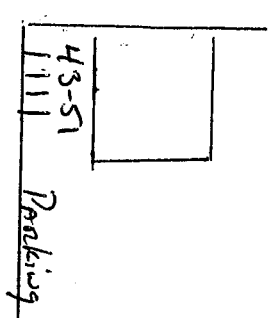
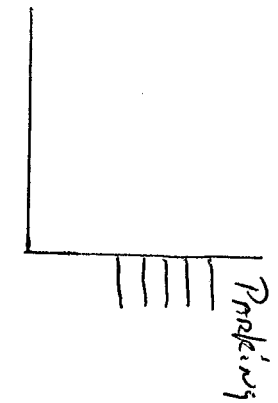
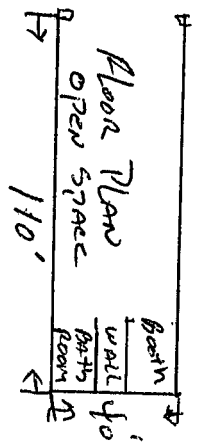
Livable floor area _____

Number of Bedrooms _____

Signature: John Carbone Judge

Printed Name and Title: JOHN CARBONE Judge

Date: 6-10-19



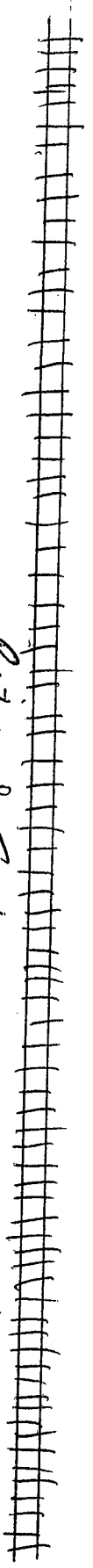
Midland Ave EXT

Industrial Ave

Lumber Co

WISNER AVE

Railroad Tracks



7-17-19

- 4
- 3
- 2
- 1

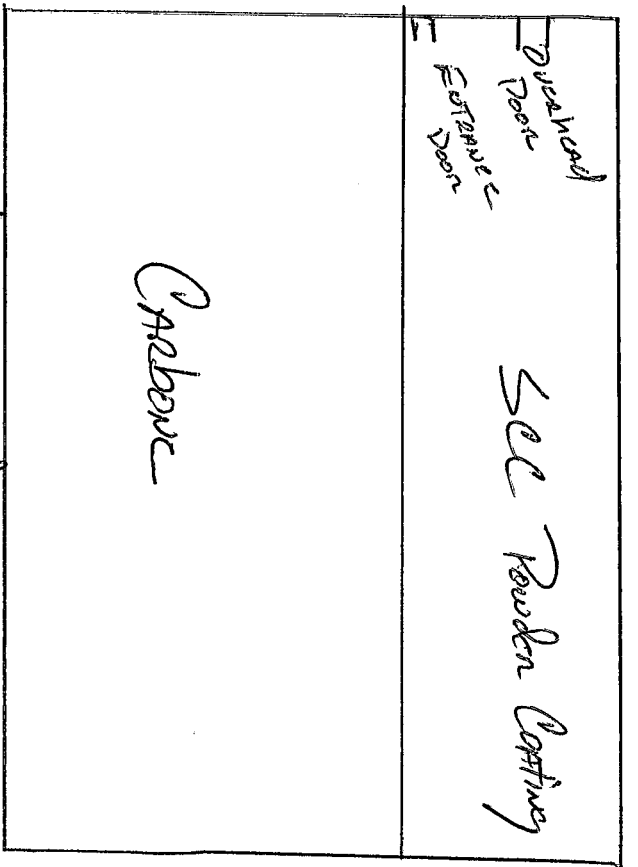
STAIRS

9'x18' PARKED TRUCK AREA

CONTRACTOR'S OFFICE

CORNER OF PAVEMENT

BACKUP AREA



Garage

SEE ROADWAY CONSTRUCTION

SIDEWALK

9'x18' MARKED LINES SIGNED

CONTRACTOR'S OFFICE

SIDE WALK

Midland Ave E50

John D. Davis

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

John CATBONE being duly sworn, deposes and says that

he/she resides at 671 Bloomingburgh Rd Bloomingburgh NY 12721

in the County of Orange and State of NY and that he/she is the

owner in fee or owner of the John CATBONE
OFFICIAL TITLE

Corporation which is the owner in fee of the premises described in the foregoing application and that

he/she has authorized John CATBONE to make the foregoing

application for approval as described herein.

Sworn before me this 10th day of June 2019

Neil J. Burt
Notary Public
STATE OF NEW YORK
QUALIFIED IN ORANGE COUNTY
01325013861
Commission Expires 7/15/19

John Catbone
OWNER'S SIGNATURE

APPLICATION
PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 7/1/19

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 13 Bedford Ave

Section Block Lot Current Zoning District
45 - 1 - 16 C2

Building Existing New

2. Owner of Property Roy & Vicky Brachfeld

Owner's Address 43 TALLY HO ROAD

City Middletown State Ny Zip 10940

Phone numbers: Home: 8
Business: _____
Cell: _____ .com

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 _____

Description of what you are requesting: Pole Barn/Garage 6 Trucks

Uses currently in property: Office / Warehouse Space

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 _____

7. Sign at the Place Indicated

Signature: Roy L. Brock

Printed Name and Title: Roy L. Brock

Date: 7/1/19

APPLICATION
PLANNING BOARD
City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date _____

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 205-207 Monhagen Avenue
Section 20 Block 1 Lot 9 Current Zoning District C-2

Building Existing X New _____

2. Owner of Property Shuting Li / Kai Jiang

Owner's Address 113 Woodlake Drive
City Middletown State NY Zip 10940

Phone numbers: Home: _____
Business: _____
Cell: _____

3. Applicant name Kevin M. Hudson

If different from Owner
Applicants Address 28 Cardinal Drive

City Washingtonville State NY Zip 10992

Phone numbers: Home: 845-496-8626 / 845-295-9132
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: → Convert former used car dealership into a Cafe. Coffee and finger foods - no baking or cooking at the above stated location

Uses currently in property: Vacant - former car dealership.

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.

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: Kevin M Hudson

Printed Name and Title: Kevin M. Hudson - Agent for owner

Date: July 3, 2019

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

SHUTING LI being duly sworn, deposes and says that

he/she resides at 205 - 207 Monhagen Ave, Middletown, NY 10940

in the County of Orange and State of New York and that he/she is the

owner in fee or owner of the Property
OFFICIAL TITLE

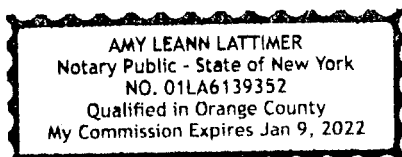
Corporation which is the owner in fee of the premises described in the foregoing application and that

he/she has authorized Kevin M. Hudson to make the foregoing

application for approval as described herein.

Sworn before me this 20 day of June 2019

Amy Lattimer
Notary Public



[Signature]
OWNER'S SIGNATURE

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 7/9/19

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 32-48 cottage st middletown ny

Section 26 Block 17 Lot 7.2

Current Zoning District 1-1

Building Existing New _____

2. Owner of Property eom-bsd holdings LLC.

Owner's Address 17 Industrial Pl.

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: _____

3. Applicant name ELIEZER ALTMAN

If different from Owner

Applicants Address 2 Paksh Pl

City Monroe State NY Zip 10950

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: → change storage building to warehouse and packing with 2 shrink wrapping machines

Uses currently in property: Storage

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

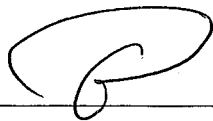
Answer this section only for multiple dwellings

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.

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: ELEZER A/EMAN _____

Date: 7/9/19 _____

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

eom-bsd holdings LLC. / Joel sofer being duly sworn, deposes and says that

^{office at}
he/she resides at 17 industrial Pl. middletown ny 10940

in the County of orang and State of new york and that he/she is the

owner in fee or ceo of the eom-bsd holdings LLC.
OFFICIAL TITLE

Corporation which is the owner in fee of the premises described in the foregoing application and that

he/she has authorized Eliezer Altman to make the foregoing

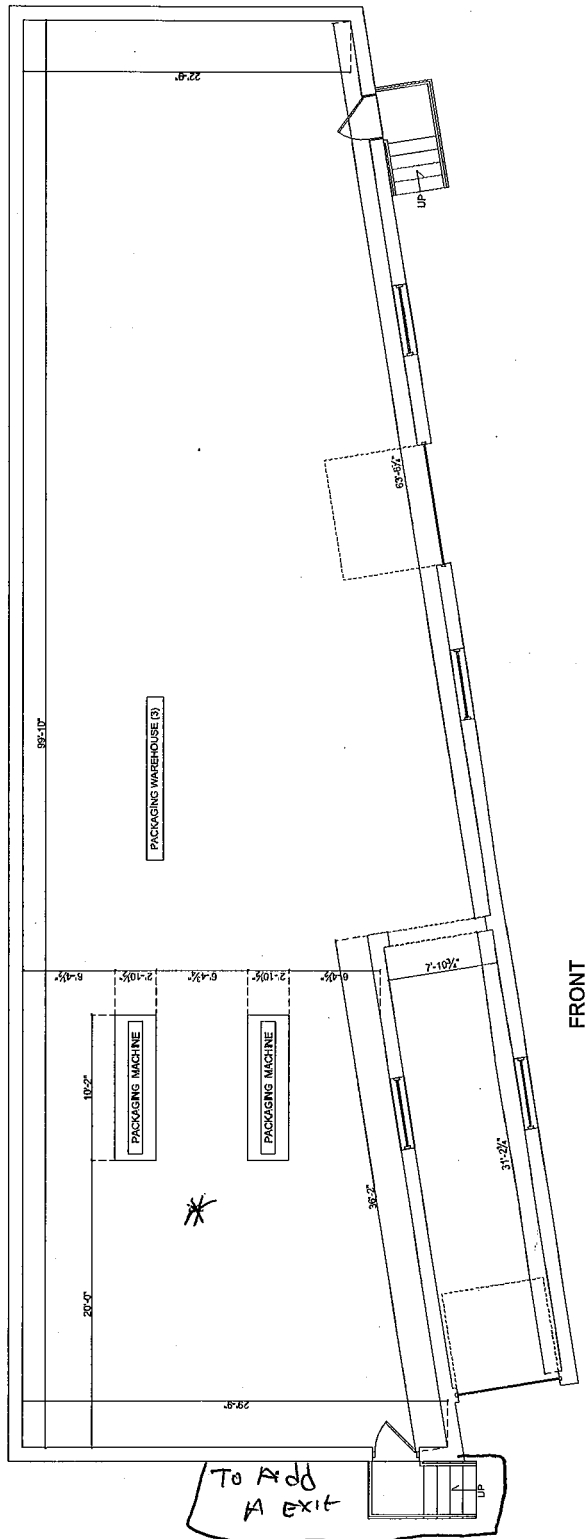
application for approval as described herein.

Sworn before me this 9th day of July 2017

Susan Cummings
Notary Public

SUSAN CUMMINGS
Notary Public - State of New York
No. 01CU6225383
Qualified in Orange County
My Commission Expires July 19, 2021

[Signature]
OWNER'S SIGNATURE



FRONT

COTTAGE STREET

To Add
 A EXIT

Handwritten note at the bottom of the page: *Handwritten text, possibly a signature or date, oriented vertically.*