City of Middletown Planning Board

July 8, 2020
7:00 PM to 10:00 PM
Common Council Chambers and via Digital Town Hall

Meeting called by: Anthony Capozella, Planning Board Chairman
Clerk: Martina Tu, Clerk
Members: John Naumchik, Nicole Hewson, Dan Higbie, Vanessa Cid,
Anthony Capozella, Andy Britto, Dave Madden

Jessica Clark
42 North Street
esthetics business

Edwin and Stephanie Rodriguez
50 High Rose Ridge Way
Construction of a new deck

Andre Geddes
10 Timberose Court
Extension of an existing rear yard deck

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

Cornerstone Family Healthcare
10 Benton Avenue
Addition to an existing outpatient facility

SECOND INTRODUCTORY PRESENTATION
Franco Fidanza
203-231 Dolson Avenue
Retail & residential project
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 ______
Section ______ Block ______ Lot ______
Current Zoning District ______
Building Existing______ New_______

2. Owner of Property ______
Owner’s Address ______
City ______ State ______ Zip ______

Phone numbers: Home: ______
Business: ______
Cell: ______

3. Applicant name ______
If different from Owner
Applicants Address ______
City ______ State ______ Zip ______

Phone numbers: Home: ______
Business: ______
Cell: ______
Fax: ______
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: 
- **Uni Aesthetics, Inc.**
  - **Aesthetician:** I perform facials, lash extensions, eyebrow wax, makeup, and other beauty services.
  - **Hours of operation:** Mon - Fri 9:00 - 9:00, Sat - 9:00, closed Sundays.

Uses currently in property: **Property is not being used at the moment.**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Lot area</td>
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<td>Side yard</td>
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<tr>
<td>Parking</td>
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</tbody>
</table>

*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
PROPOSED FIRST FLOOR PLAN

NOTES:

1. OUTPUT INTO FIRE ALARM SYSTEM

2. EXIT TO NORTH STREET

3. BY CITY OF MIDDLETOWN

EXTERIOR TO BE RE-GRAD

GUSTAVO JARA-RA LEE
ARCHITECT, NC
1629 34TH STREET, NEWARK, NJ 07108
(973) 926-4873

MIDDLETOWN
42 NORTH STREET
NEW YORK
OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

GUSTAVO JARA being duly sworn, deposes and says that

he/she resides at 9 HEATHER LANE, ORANGEBURG NY 10962

in the County of ROCKLAND and State of NEW YORK and that he/she is the

owner in fee or 42 NORTH ST. of the 42 NORTH ST. LLC

OFFICIAL TITLE

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

he/she has authorized _______________________________ to make the foregoing

application for approval as described herein.

Sworn before me this 14th day of JANUARY 2020

Notary Public

NEIL F. AGYIRI
Notary Public - State of New York
NO. 01AGS324731
Qualified in Rockland County
My Commission Expires May 11, 2023
APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete 7/3/2020
Accepted by

Date 6/08/2020

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 50 Highrose Ridge Way Middletown, N.Y. 10940

   Section 50 Block 13 Lot 4

   Current Zoning District SE-3R

   Building Existing X New

2. Owner of Property Edwin & Stephanie Rodriguez

   Owner’s Address 50 Highrose Ridge Way

   City Middletown State NY Zip 10940

   Phone numbers: Home: Business: Cell: N-DAL

3. Applicant name N/A

   If different from Owner

   Applicants Address

   City State Zip

   Phone numbers: Home: Business: Cell: Fax:
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 # 50-13-4**

Classification of Occupancy requested: **An open, unoccupied space on the same lot with the building, between the rear line of the building and the rear line of the lot.**

Description of what you are requesting: **I am requesting to build a new deck. Materials will consist of grey composite decking with white railings and 2 steps at the rear of the deck. See attached drawings.**

<table>
<thead>
<tr>
<th>Title</th>
<th>Section Number</th>
<th>Required Dimensions</th>
<th>Actual Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front yard</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rear yard</td>
<td>50-13-4</td>
<td>22W X 20L</td>
<td>25 X 25</td>
</tr>
<tr>
<td>Side yard</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Side yard</td>
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<tr>
<td>Parking</td>
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</tr>
</tbody>
</table>

*Answer this section only for multiple dwellings*

Lot coverage  N/A
Building height N/A
Open Space    N/A
Playlot       N/A
Livable floor area  N/A
Number of Bedrooms  N/A

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.

N/A

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.

N/A
7. Sign at the Place Indicated

Signature: Edwin Rodriguez / S. Rodriguez

Printed Name and Title: Mr. Edwin Rodriguez & Mrs. Stephanie Rodriguez

Date: 6/08/2020
APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete __________
Accepted by __________

Date 6/4/2020

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 10 Timberose Ct Middletown NY, 10940

Section 50 Block 20 Lot 5
Current Zoning District SE-3B

Building Existing X New__________

2. Owner of Property Andre Geddes

Owner’s Address 10 Timberose Ct

City Middletown State NY Zip 10940

Phone numbers: Home:
            Business:
            Cell:
            E ABS

3. Applicant name ________________________________________________________________

If different from Owner

Applicants Address _______________________________________________________________

City ___________________ State __________ Zip __________

Phone numbers: Home:
            Business:
            Cell:
            Fax:
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 # 475-4(91) YARD. REAR**

An open, unoccupied space on the same lot with the building, between the rear line of the building and the rear line of the lot and extending the full width of the lot.

**Classification of Occupancy requested**

Building and the rear line of the lot and extending the full width of the lot.

**Description of what you are requesting:** I am requesting to extend my existing deck 8 more ft by 4 ft. The deck is currently 14 ft x 14 ft. The additions to the deck will be grey composite decking with white vinyl railings that will make the new dimensions 22 ft x 14 ft with 4 ft of steps on the side. Please see attached drawing and pictures.

**Uses currently in property:** This will be an extension of my home and will be for personal use.

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<table>
<thead>
<tr>
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<th>Section Number</th>
<th>Required Dimensions</th>
<th>Actual Dimensions</th>
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</thead>
<tbody>
<tr>
<td>Lot area</td>
<td>50-20-4</td>
<td>22 ft x 14 ft</td>
<td>14 ft x 14 ft</td>
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<tr>
<td>Front yard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rear yard</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Side yard</td>
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<tr>
<td>Parking</td>
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</tbody>
</table>

**Answer this section only for multiple dwellings**

Lot coverage

Building height

Open Space

Playlot

Livable floor area

Number of Bedrooms

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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: Andre Geddes

Date: 6/4/2020
Dimensions of current deck

Deck total = 14ft x 10ft
With step = 4ft making total space 14ft x 14ft

Opening for steps

Steps going down to pavers

4ft
Deck Total: 22ft x 14ft.
With step: 22ft x 18ft.

Opening for steps
Steps going down to pavers
10 Timberose Ct is

Section 50-20-4 circled in picture to the left, there are no gas line or water lines and the 22ft by 14ft is within range of the 25 ft that we are allowed in the back of our home.
APPLICATION
PLANNING BOARD
City of Middletown, New York

Date deemed complete _____________
Accepted by _____________________

Date: March 20, 2020

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property  10 Benton Ave, Middletown, NY 10940
   Section 36  Block 15  Lot 4.1  Current Zoning District R-2
   Total Building Square Footage = 15,300sf  Existing 10,090sf  New 5,210sf

2. Owner of Property  Cornerstone Family Healthcare
   Attn: Anthony Mariani, Senior Director of New Projects and Initiatives
   Owner’s Address 2570 Route 9W, Suite 10
   City Cornwall  State New York  Zip 12518
   Phone numbers: Home: ____________
   Business: ____________
   Cell: ____________

3. Applicant name  Same as Above
   If different from Owner
   Applicants Address ___________________________________________
   City ___________________ State ________________ Zip ________________
   Phone numbers: Home: ____________________________________________________________________________
   Business: ______________________________________________________________________________________
   Cell: _______________________________________________________________________________________
   Fax: __________________________________________________________________________________________
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 **B-Occupancy**

Description of what you are requesting: **Site Plan Approval.**
**Requesting that the City of Middletown act as Lead Agency for SEQR**

Uses currently in property: **Current Use = Outpatient Facility**
**There is no change in use of the building**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Lot area</td>
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<td>See attached site plan drawings for required information.</td>
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<tr>
<td>Front yard</td>
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<td>Rear yard</td>
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<td>Side yard</td>
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<tr>
<td>Parking</td>
<td></td>
<td>Off-street parking - Section 475-33.9 (Office Building: 1 Space per 300sf)</td>
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<td></td>
<td></td>
<td>Total Building Square Footage = 15,300/300 = 51 parking spaces required</td>
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<td></td>
<td>Note: 57 parking spaces have been provided</td>
<td></td>
</tr>
</tbody>
</table>

*Answer this section only for multiple dwellings*

Lot coverage **Not Applicable**

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.

*Not Applicable*


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.

*Fencing and parking have been indicated on the attached site plan drawings*
7. Sign at the Place Indicated

Signature: [Signature]

Printed Name and Title: Michael A. Lombardini, RA
Founding Partner
L2studio architecture
45 Lewis Street, Binghamton, NY 13901
(p) 607-217-7013
Email: mlombardini@L2studioarch.com

Date: March 20, 2020
March 20, 2020

City of Middletown (Planning Board)
Attn: Anthony Capozella, Chairman
16 James Street
Middletown, NY 10940

RE: Planning Board Submission
Cornerstone Family Healthcare - Renovations and Additions
10 Benton Ave,
Middletown, NY 10940

Dear Planning Board,

Cornerstone Family Healthcare (CFH), an existing Article 28 diagnostic and treatment center and Federally Qualified Health Center (FQHC), is seeking approval from the Planning Board to renovate and construct two additions to an existing outpatient facility located at 10 Benton Ave, Middletown, NY 10940. Services and programs at the current facility includes: Family/Internal medicine, pediatrics, women’s health, podiatry, x-ray Diagnostics, behavioral health, positive choice center and other operational support spaces.

The project will consist of site development, renovations and two additions. The main focus is to create new exam rooms and support spaces to improve operational efficiency and patient/staff accessibility. The construction of a new atrium space is planned to provide handicap accessibility and improved patient circulation. The construction of a second addition will be configured to allow for expanded staff and patient functions at the site. Re-design of the exterior facade will help to improve the overall aesthetics of the building. Site development will include: parking lot re-construction to improve vehicular circulation, handicap accessibility, drop-off zone, site drainage, utilities upgrades, site lighting and landscaping components.

The interior space will require a complete renovation to include: new partitions, doors, frames and hardware, painting, wall covering and trim, vinyl flooring, carpet, acoustical ceiling tiles, gypsum board soffits, casework and FF&E. The richness of finishes will create a light and airy environment that projects a welcoming feel to patients and staff. Wall and roof insulation will be required to conform to the current energy code. The project will also include: HVAC, Electrical, Plumbing, Fire Alarm/ Detection and Fire Protection system upgrades to meet the various regulatory codes that pertain to the project. Total project budget is $7,500,000. This includes hard cost, soft cost and FF&E. Total Construction budget is $6,250,000.
Cornerstone Family Healthcare program of outpatient clinic care is already accepted by the local community as a high-quality provider, offering efficient and effective services to the poor and underserved residents of the service area. The proposed project will ensure greater access to high-quality care for the community, and will allow CFH to continue its mission of caring for all individuals, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment, or any other personal characteristic. The intent of the overall design is to develop an inviting atmosphere where patients feel like they are personally taken care of, rather than simply being processed.

If you need any additional information concerning this project, please do not hesitate to contact me.

Best Regards,

Michael A. Lombardini, RA
Founding Partner
March 20, 2020

City of Middletown - Planning Board
Attn: Anthony Capozella, Chairman
16 James Street
Middletown, NY 10940

RE: Questions and Responses
Cornerstone Family Healthcare - Renovations and Additions
10 Benton Ave,
Middletown, NY 10940

Dear Planning Board,

Our office received a list of Questions and Comments on March 3, 2020 from the Planning Board Chairman (Anthony Capozella) and Clark Patterson Lee (Geary F. Chumard). We have provided a response to each question listed below.

1. **Question (CPL):** The plan set is generally complete. I only have a couple of minor comments, as follows.
   a. **Response:** No comment

2. **Question (CPL):** Presently there is a chain link fence along the rear of the upper lot. Sheet C102 shows a proposed railing proposed “pedestrian areas” along the rear of the upper lot. The railing label includes a reference to “Note 12”. I have not found a Note 12 on any of the sheets that makes reference to the proposed railing, nor do I find a detail of the railing. Will it be mounted on top of the proposed wall, or set in front?
   a. **Response:** Note 12 is text from the underlying survey. The retaining wall will project 12” above the proposed grade along the upper parking lot. A new metal guard railing will be embedded in the retaining to a height of 36”. Construction details for the railing are provided on Sheet C113.

3. **Question (CPL):** I have not found a detail of the proposed wall along the rear of the upper lot.
   a. **Response:** Typical construction details for the cast-in-place concrete retaining wall are provided on Sheet C113. Final retaining wall design, including specifications/ construction details will be provided as part of the building permit application.
4. **Question (CPL):** Presently there is timber-type retaining wall along the rear edge of the lower (employees') parking lot. It is in a state of failure, with an estimated 3-4 ft. of grade between the edge of the parking lot and the rear of the building. The proposed plan does not show any proposed border along the rear of the lower lot, not even a curb.
   a. **Response:** Sheet C101 depicts all retaining walls to be removed within the property boundaries. The timber retaining wall between the upper and lower lots is proposed to be replaced due to its condition. A segmented block retaining wall has been added along the east side of the rear parking area.

5. **Question (CPL):** The catch basin detail on sheet C112 should show an 18” sump, and a weep hole in the bottom, per City DPW standards.
   a. **Response:** The catch basin detail on Sheet C112 has been revised to provide the 18” sump and a weep hole in accordance with City of Middletown DPW standards.

6. **Question (CPL):** Sheet C107 shows a landscaping plan. Any plantings adjacent or very near buildings should have non-organic mulch.
   a. **Response:** The landscaping plan on Sheet C107 and notes on Sheet C100 have been revised to note that mulch adjacent to the building shall be non-organic.

7. **Question (CPL):** A certified boundary survey should be included in the plan set.
   a. **Response:** The site boundary and topographic survey was performed by TEC Land Surveying. A copy of the survey has been included with this submission.

8. **Question (CPL):** My reviews for the Planning Board are typically limited to site plan issues. I have not reviewed any aspect of the proposed building renovations. Having said that, however, I would point out that renovations of existing structures may possibly involves hazardous materials, including asbestos. There should be provisions for any such issues.
   a. **Response:** Environmental survey and report has been provided. These documents will be included with the building/ fire permit drawings.

9. **Question (CPL):** In reviewing the SEAF, question 13, please indicate that storm water will be conveyed to the Draper Brook underground drainage way which passes through the property.
   a. **Response:** The EAF has been revised to note the name of the drainage way beneath the site.
10. **Question (CPL):** I have completed Parts 2 and 3 of the SEAF, which has to be completed by the Lead Agency. If the Planning Board concurs, the Chairman should sign where indicated on Part 3.
   a. **Response:** No Comment

11. **Question (PB):** I believe the Board would like to know how many employees are presently working at this facility and what the new number of employees might be.
   a. **Response:**
      Number of Employees: 60 Full-Time Employees
      Note: All employees are not in the building at the same time

12. **Question (PB):** Hours and days that the facility presently operates at and new hours/days once the project is completed.
   a. **Response:**
      Hours of Operation:
      Monday  8:30am-5pm
      Tuesday  8:30am-7pm
      Wednesday  8:30am-5pm
      Thursday  8:30am-7pm
      Friday  8:30am-5pm
      Saturday  8:30am-4:30pm
      Sunday  CLOSED

13. **Question (PB):** Both the above might affect traffic and the neighborhood.
   a. **Response:** It is our understanding that the hours of operation and number of employees will not have an increased impact on current traffic patterns within the neighborhood.

Best Regards,

[Signature]

Michael A. Lombardini, RA
Founding Partner
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.

<table>
<thead>
<tr>
<th>Part 1 - Project and Sponsor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Action or Project:</strong> Cornerstone Family Health (Middletown)</td>
</tr>
<tr>
<td><strong>Project Location (describe, and attach a location map):</strong> 10 Benton Avenue, Middletown, NY 10940</td>
</tr>
<tr>
<td><strong>Brief Description of Proposed Action:</strong> Cornerstone Family Healthcare currently occupies the existing building located at 10 Benton Avenue, Middletown, NY 10940. The project will consist of site development, renovations and two additions. Services and programs at the current facility includes: Family/ Internal medicine, pediatrics, women’s health, podiatry, x-ray Diagnostics, behavioral health, positive choice center and other operational support spaces. The proposal includes the following: 1. The construction of a new atrium addition is planned to provide handicap accessibility and patient circulation. 2. The construction of a second addition will be configured to allow for expanded staff and patient functions at the site 3. Re-design of the exterior facade will help to improve the overall aesthetics of the building. 4. Site development will include: parking lot re-construction to improve vehicular circulation, handicap accessibility, drop-off zone, site drainage, utilities upgrades, site lighting and landscaping components. 5. Construction of new handicap accessible parking spaces and sidewalks to provide fully accessible points of ingress and egress to the building.</td>
</tr>
<tr>
<td><strong>Telephone:</strong> 845-220-3169</td>
</tr>
<tr>
<td><strong>E-Mail:</strong> <a href="mailto:amariani@cornerstonefh.org">amariani@cornerstonefh.org</a></td>
</tr>
<tr>
<td><strong>Address:</strong> 2570 Route 9W Suite 10 Cornwall</td>
</tr>
<tr>
<td><strong>City/PO:</strong> Cornwall</td>
</tr>
</tbody>
</table>

1. **Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?**
   - Yes [ ]
   - No [ ]

2. **Does the proposed action require a permit, approval or funding from any other government agency?**
   - Yes [ ]
   - No [ ]

3. **a. Total acreage of the site of the proposed action?** 0.98 acres
   - **b. Total acreage to be physically disturbed?** 0.64 acres
   - **c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?** 0.98 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

Page 1 of 3
5. Is the proposed action,
   a. A permitted use under the zoning regulations?  Existing, Non-conforming in R2 Zoning District  ❑ ☐ ☐
   b. Consistent with the adopted comprehensive plan?  ☐ ☐ ☑

6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?  ☐ ✗

7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?  ☑ ☐
   If Yes, identify: ________________________________

8. a. Will the proposed action result in a substantial increase in traffic above present levels?  ❑ ☐ ☐
   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?  ☐ ✗
   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?  ☑ ☐
    If No, describe method for providing potable water:
    ____________________________________________________________
    ____________________________________________________________

11. Will the proposed action connect to existing wastewater utilities?  ☑ ☐
    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?  ☐ ☑
    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?  ☐ ❑
    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:
    Draper Brook is culverted beneath the site.
    ____________________________________________________________
    ____________________________________________________________

Page 2 of 3
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

- Shoreline
- Forest
- Agricultural/grasslands
- Early mid-successional
- Wetland
- Urban
- Suburban

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

16. Is the project site located in the 100-year flood plan?

Site is located within FEMA Map Number 36071C0258E, effective date 8/3/09, but is not located within any flood hazard zones.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

17. Will the proposed action create storm water discharge, either from point or non-point sources?

If Yes:

a. Will storm water discharges flow to adjacent properties?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

If Yes, briefly describe:

On-site stormwater system will collect stormwater runoff and convey it to the City's stormwater infrastructure.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?

If Yes, explain the purpose and size of the impoundment:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

336030 OR - Fulton Ave - Middletown MGP
Spill 9701203 - West Main Street Auto.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: Anthony Mariapi
Signature: [Signature]
Date: 03/20/2020
Title: Senior Director of New Projects and Initiatives

PRINT FORM
Part 1 / Question 7 [Critical Environmental Area] No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites] Yes
Part 1 / Question 12b [Archeological Sites] No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies] Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal] No
Part 1 / Question 16 [100 Year Flood Plain] No
Part 1 / Question 20 [Remediation Site] Yes
OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Linda S. Muller being duly sworn, deposes and says that he/she works at __Cornerstone Family Healthcare, Inc., corporate offices located at 2570 Rt. 9W, Cornwall, NY. 12518__ in the County of __Orange__ and State of __New York__ and that he/she is the owner in fee or __President and CEO__ of the __Cornerstone Family Healthcare, Inc.__ (OFFICIAL TITLE) Corporation which is the owner in fee of the premises described in the foregoing application and that he/she has authorized __L2 Studio Architecture__ to make the foregoing application for approval as described herein.

Sworn before me this 23rd day of January 2020

[Signature]

Notary Public

SOPHIA GOITIA
Notary Public, State of New York
No. 01GO6049645
Qualified in Orange County
Commission Expires October 23, 2022

[Signature]

OWNER'S SIGNATURE
PRESIDENT/CEO
Cornerstone Family Healthcare
AMENDED 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 203-231 Dolson Avenue, Middletown, N.Y.
   Section 49 Block 1 Lot 7-5 Current Zoning District C-3
   Building Existing ✓ New ✓

2. Owner of Property 201 Dolson Avenue, LLC
   Owner's Address 265 Route 211 Suite 111
   City MIDDLETOWN State N.Y. Zip 10940
   Phone numbers: Home:
   Business: 845 344 8000
   Cell: 646 686 2399

3. Applicant name FRANCO FIANZA
   If different from Owner
   Applicants Address SAME AS ABOVE
   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 # C-3/UR-3

Classification of Occupancy requested: Retail - Residential

Description of what you are requesting: To build one (1) story building

W/ Retail on both ground floors and 5 stories of 1, 2, 3

Bedroom flats.

Uses currently in property: Vacant Land

All zoning requirements listed on drawing 'SP-1'

<table>
<thead>
<tr>
<th>Title</th>
<th>Section Number</th>
<th>Required Dimensions</th>
<th>Actual Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front yard</td>
<td></td>
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<td></td>
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<tr>
<td>Rear yard</td>
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<td>Side yard</td>
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<tr>
<td>Side yard</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Parking</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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. Indicate 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: Thomas Kentop, Sr. - Project Manager

Date: 29 May 2019

Amended 17 Jan 2020