Letter of Transmittal

Date: March 20, 2020

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

From: L2studio architecture  
       Michael A. Lombardini

Re: Cornerstone Family Healthcare  
    Renovations and Additions (Middletown)  
    10 Benton Ave.  
    Middletown, NY 10940

We are sending you the following items:  ☒ attached  ☐ under separate cover

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Date</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>03/20/2020</td>
<td>Application Planning Board</td>
</tr>
<tr>
<td>10</td>
<td>03/20/2020</td>
<td>Letter of explanation</td>
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<tr>
<td>10</td>
<td>03/20/2020</td>
<td>Letter (Questions and Responses)</td>
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<tr>
<td>10</td>
<td>03/20/2020</td>
<td>Short Form EAF (Environmental Assessment Form)</td>
</tr>
<tr>
<td>10</td>
<td>03/20/2020</td>
<td>Owner’s Endorsement</td>
</tr>
<tr>
<td>10</td>
<td>03/20/2020</td>
<td>Site plan drawings</td>
</tr>
</tbody>
</table>

Items are transmitted:

☐ As Requested       ☐ For Your Records
☐ For Your Information ☒ For Review and Comment

Remarks:

Best Regards,

Michael A. Lombardini, RA  
Founding Partner
APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete ____________                             Date: March 20, 2020
Accepted by ______________________

*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: 845-220-3169**
   **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**

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

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

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 involve 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,

Michael A. Lombardini, RA
Founding Partner
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

<table>
<thead>
<tr>
<th>Name of Action or Project:</th>
<th>Telephone: 845-220-3169</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornerstone Family Health (Middletown)</td>
<td>E-Mail: <a href="mailto:amariani@cornerstonefh.org">amariani@cornerstonefh.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Location (describe, and attach a location map):</th>
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<tbody>
<tr>
<td>10 Benton Avenue, Middletown, NY 10940</td>
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<table>
<thead>
<tr>
<th>Brief Description of Proposed Action:</th>
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<tbody>
<tr>
<td>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:</td>
</tr>
<tr>
<td>1. The construction of a new atrium addition is planned to provide handicap accessibility and patient circulation.</td>
</tr>
<tr>
<td>2. The construction of a second addition will be configured to allow for expanded staff and patient functions at the site</td>
</tr>
<tr>
<td>3. Re-design of the exterior facade will help to improve the overall aesthetics of the building.</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>5. Construction of new handicap accessible parking spaces and sidewalks to provide fully accessible points of ingress and egress to the building.</td>
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<thead>
<tr>
<th>Name of Applicant or Sponsor:</th>
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<tbody>
<tr>
<td>Cornerstone Family Health (c/o: Anthony Mariani)</td>
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<table>
<thead>
<tr>
<th>Address:</th>
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<tbody>
<tr>
<td>2570 Route 9W Suite 10</td>
<td></td>
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<table>
<thead>
<tr>
<th>City/PO:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornwall</td>
<td>New York</td>
<td>12518</td>
</tr>
</tbody>
</table>

1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?
   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.  
   NO YES
   ✔

2. Does the proposed action require a permit, approval or funding from any other government Agency?
   If Yes, list agency(s) name and permit or approval: NYSDOH - Certificate of Need  
   City of Middletown - Building Permit & Associated Fire Permits  
   NO YES
   ✔

3. a. Total acreage of the site of the proposed action? 0.98 acres
   b. Total acreage to be physically disturbed? 0.84 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?  NO ☑

7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?  NO ☑
   If Yes, identify: ________________________________

8. a. Will the proposed action result in a substantial increase in traffic above present levels?  NO ☑
   b. Are public transportation services available at or near the site of the proposed action?  NO ☑
   c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?  NO ☑

9. Does the proposed action meet or exceed the state energy code requirements?  NO ☑
   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 ☑
    If No, describe method for providing potable water: ________________________________
    __________________________________________________________

11. Will the proposed action connect to existing wastewater utilities?  NO ☑
    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 ☑
    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 ☑
    b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?  NO ☑
    If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: ________________________________
    __________________________________________________________
    __________________________________________________________

Draper Brook is culverted beneath the site.
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
- [X] Urban
- [ ] Suburban

15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?  

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
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<tbody>
<tr>
<td></td>
<td>[X]</td>
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</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>NO</th>
<th>YES</th>
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<td>[X]</td>
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</tbody>
</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?  

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.

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:

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:

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:

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 Mariani  
Date: 03/20/2020

Signature:  

Title: Senior Director of New Projects and Initiatives
**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

### 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

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

Notary Public

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

OWNER'S SIGNATURE

President/CEO

Cornerstone Family Healthcare