

Agenda

City of Middletown Planning Board

October 7, 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, Gretchen Witt,
Anthony Capozella, Andy Britto, Dave Madden

Approval of September 2, 2020 Planning Board minutes

PRESENTATION by Maria Bruni regarding new criteria in DMU zone.

The Missionary Society of Our Lady of Mount Carmel
128-172 Wawayanda Avenue
Addition to Retirement Parish Home for Carmelite Priests

Sharon Mitchell
39-47 Railroad Avenue
dance studio

Darilyn Owusu-Ansah
2-4 North Street
shake bar

APPLICATION
PLANNING BOARD
City of Middletown, New York

Date deemed complete _____ Date August 18, 2020
Accepted by _____

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 128 - 172 Wawayanda Avenue

Section 44 Block 1 Lot 1 Current Zoning District R-1

Building Existing _____ New X

2. Owner of Property The Missionary Society of Our Lady of Mount Carmel

Owner's Address PO Box 3079, 68 Carmelite Drive

City Middletown State NY Zip 10940-0890

Phone numbers: Home _____
Business  _____
Cell:  _____

3. Applicant name Same as owner

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 # 475-9 - C(1)

Classification of Occupancy requested Addition to Retirement Parish Home for Carmelite Priests previously approved by Planning Board on 4/3/19

Description of what you are requesting: Retirement Parish Home containing 8 Individualal Bedrooms plus 4 Additional Bedrooms with a Common Area

Uses currently in property: Parish Home under construction

| Title | Section Number | Required Dimensions | Actual Dimensions |
|------------|----------------|---------------------|-------------------|
| Lot area | 475-9-F | 7500 S.F. | 12.4 acres |
| Front yard | 475-9-F | 30 Feet | 119 Feet |
| Rear yard | 475-9-F | 30 Feet | 408 Feet |
| Side yard | 475-9-F | 5 Feet | 194 Feet |
| Side yard | 475-9-F | 5 Feet | 450 Feet |
| Parking | 475-33 | 12 Spaces | 12 Spaces |

Answer this section only for multiple dwellings

| | |
|--------------------|---------------------------------------|
| Lot coverage | N/A |
| Building height | 475-9-F 35 Feet |
| Open Space | N/A |
| Playlot | N/A |
| Livable floor area | N/A |
| Number of Bedrooms | 8 Bedrooms + 4 Bedrooms = 12 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.

475-40 Established building request for waiver from Building line. Set back larger than established base line. Building is 220 feet from nearest dwelling. The larger setback will result in a more appealing site setting and curb appeal.

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: Very Rev. Mario Esposito, O.Carm.

Printed Name and Title: Very Rev. Mario Esposito, O.Carm.

Date: August 18, 2020

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 8/19/20

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 39 Railroad ave.

Section Block 17 Lot 8 Current Zoning District DMU

Building Existing New _____

2. Owner of Property 11 Center St. LLC

Owner's Address 51 Montgomery St.

City Middletown State NY Zip 10940

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

3. Applicant name Sharon Mitchell

If different from Owner

Applicants Address 27 Gardenia Lane

City Walden State NY Zip 12586

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: Space for a dance studio,
teaching children - adult
Monday - Sunday 9 - 10 daily

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 | |

Signature: Sharon Mitchell

Printed Name and Title: Sharon Mitchell - Owner

Date: 8/19/20

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Carmine Rotundo being duly sworn, deposes and says that

he/she resides at 16 Baldwin Hill Rd.

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

owner in fee or Managing Member of the 11 Centee 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 Sharon Mitchell to make the foregoing

application for approval as described herein.

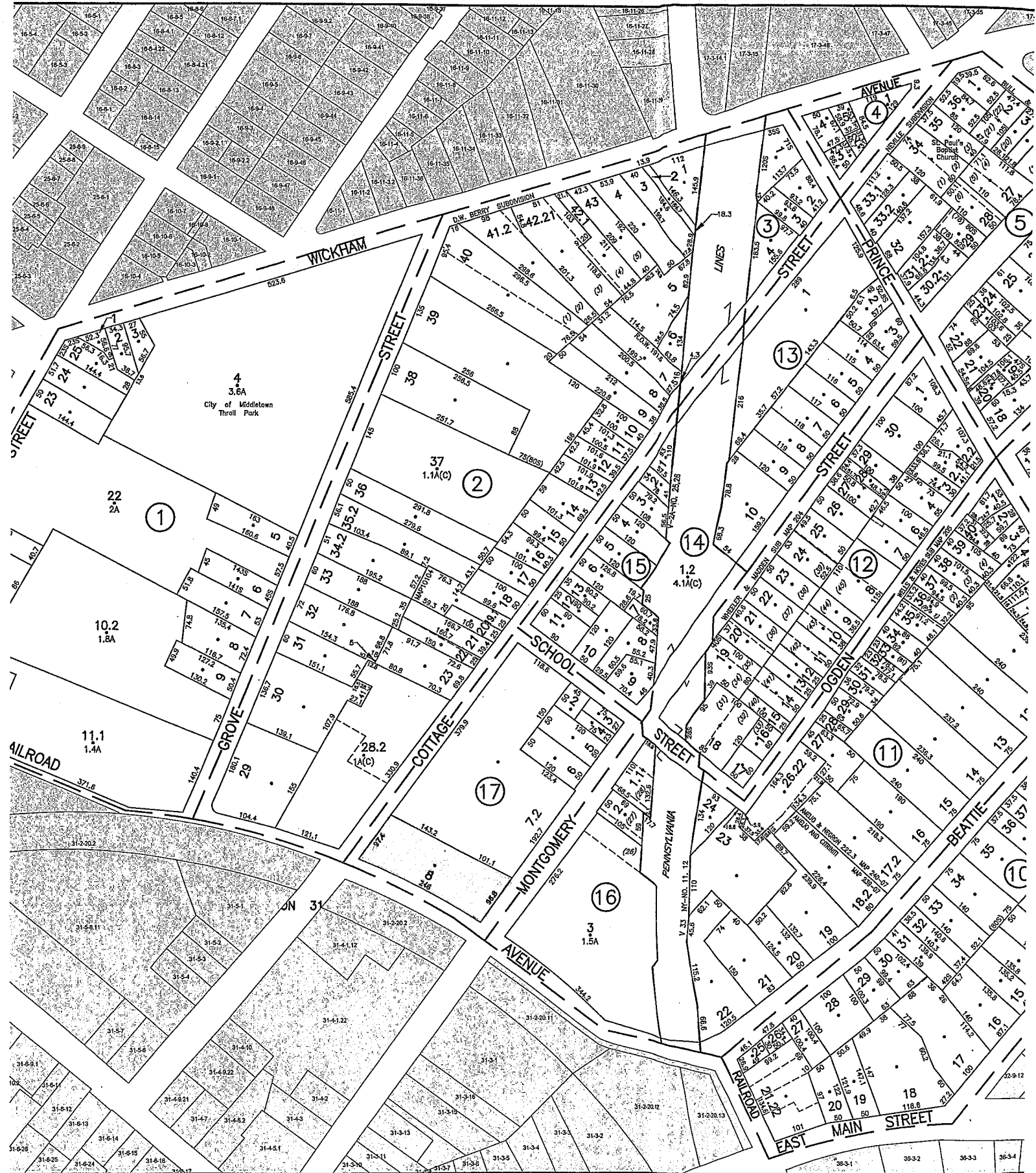
Sworn before me this 18 day of August 2020.

Lynn Predmore
Notary Public

LYNN PREDMORE
NOTARY PUBLIC STATE OF NEW YORK
QUALIFIED IN ORANGE COUNTY
NO. 01PR6096663
MY COMMISSION EXPIRES AUGUST 4, 2023

[Signature]

OWNER'S SIGNATURE



LEGEND

| | | |
|--------------------------|---|------------------------------------|
| FILED PLAN LOT LINE | TAX MAP BLOCK NO. ④ | FILED PLAN BLOCK NO. ② ① |
| EASEMENT LINE | TAX MAP PARCEL NO. 32 | FILED PLAN LOT NO. (3) or (P/o 2) |
| MATCH LINE | AREAS (DEED) 11.1A or (CALCULATED) 11.6A(C) | STATE HIGHWAYS N Y STATE HWY NO 17 |
| WATER FEATURES | DIMENSIONS (DEED) 65 or (CALCULATED) 755 | COUNTY HIGHWAYS COUNTY ROAD NO 4 |
| GRID COORDINATE/CENTROID | PORTION OF TAX LOT P/o 1-1-1 | TOWN ROADS TOWN ROAD 1 |

ORANGE COUNTY—NEW YORK

Prepared by
Orange County Tax Map Department
124 Main Street, Goshen, N.Y. 10924
Phone 845.291.2498 Fax 845.291.2499

NOTICE
MAINTENANCE, ALTERATION, SALE OR DISTRIBUTION
OF ANY PORTION OF THE ORANGE COUNTY TAX
MAP IS PROHIBITED WITHOUT WRITTEN PERMISSION
OF THE O.C. REAL PROPERTY TAX SERVICE AGENCY
NOT TO BE REPRODUCED
PURPOSES FOR TAX P
NOT TO BE USED FOR

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 8/31/20

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 4 North Street

Section 21 Block 10 Lot 10

Current Zoning District DMU

Building Existing New _____

2. Owner of Property AMP Rentals Inc.

Owner's Address PO Box 459

City Middletown State NY Zip 10940

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

-N-DAL

3. Applicant name Darlyn Owens-Ambach

If different from Owner

Applicants Address 153 Concord Dave S

City Middletown State NY Zip 10941

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 # 21

Classification of Occupancy requested _____

Description of what you are requesting: I would like to use 4 North Street as a healthy cafe, serving the community smoothies, protein ice coffee, and refreshing beverages.

Uses currently in property: Property is 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: D. Ouse-Ansah

Printed Name and Title: Daphn Ouse-Ansah - center

Date: August 20, 2020

SITE PLANS

E.MAIN STREET

W.MAIN STREET

1 NORTH STREET

IDA BEAUTY SUPPLY

17 NORTH STREET

SOMETHING SWEET
DESSERT CAFE

19 NORTH STREET

BEAKES TRAVEL SERVICE

23 NORTH STREET

FANCY NAILS



NORTH STREET

2 NORTH
STREET
MARTIAL
ARTS

4 NORTH
STREET
HERCELY FIT
NUTRITION

6-8 NORTH
STREET
ROBERT FUCHS
LAW OFFICE

10-12 NORTH
STREET
CATALYST PAVING

14 NORTH
STREET
ALONDRA
CUISINE

16 NORTH
STREET
THE UMBRELLA
OF GRACE

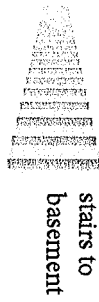
22 NORTH
STREET
ARMANDOS
TAILOR

My business
location

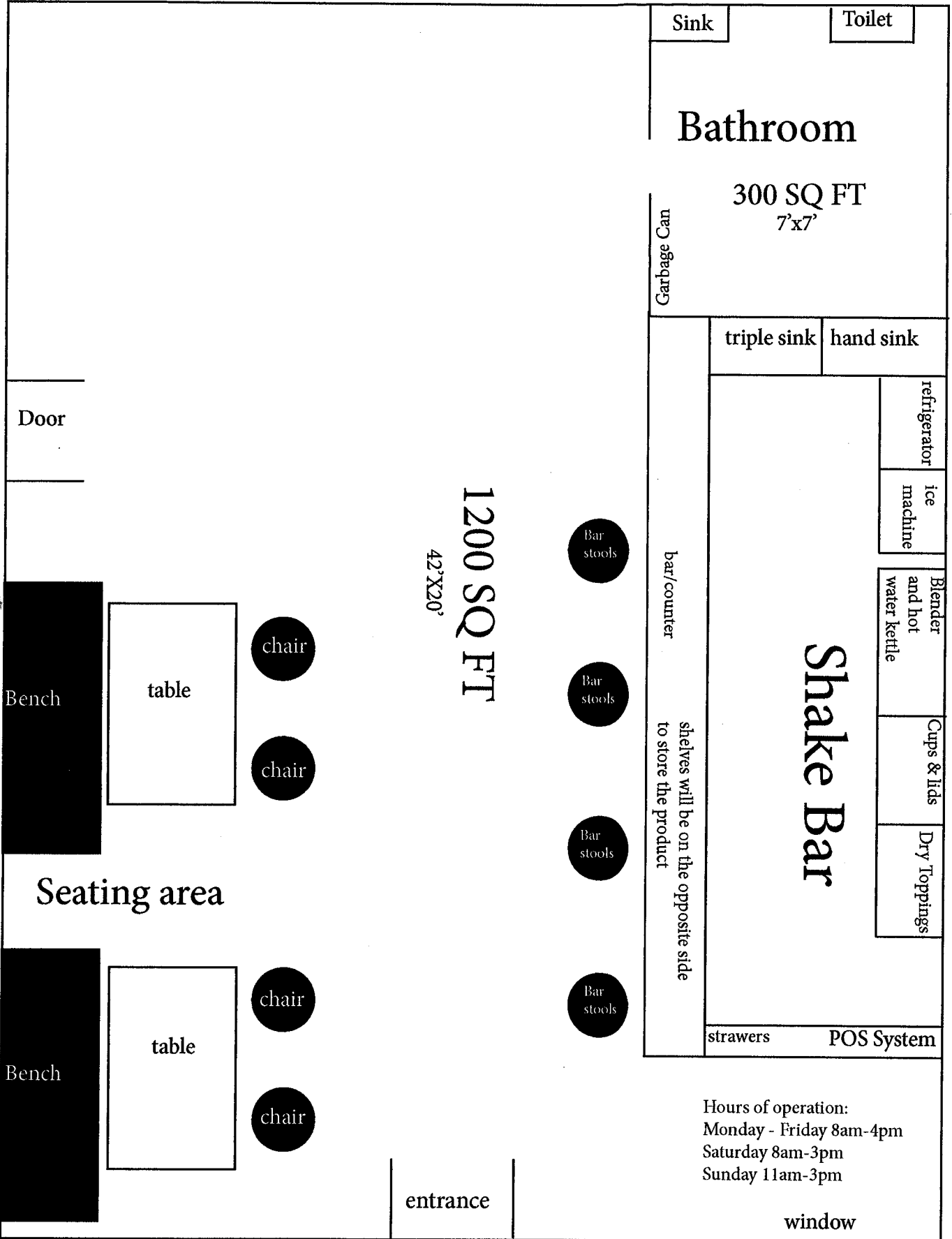
street lamps are along both sides of the street

INTERIOR SITE PLANS - LEVEL 1

Hallway



stairs to basement



Number of employees:2

4 NORTH STREET

Hours of operation:
Monday - Friday 8am-4pm
Saturday 8am-3pm
Sunday 11am-3pm

INTERIOR LEVEL 2 PLANS

If needed the basement will be used for storage only.
No renovations/updates will be done to it

BASEMENT SPACE
600 sq ft
20' X 19.5'

entrance

stairs to
basement

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Nicole Parrotta being duly sworn, deposes and says that

he/she resides at 33 Albert St Middletown NY 10940

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

owner in fee or Landlord of the Amp Rentals Inc.
OFFICIAL TITLE

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

he/she has authorized Darilyn Owusu-Anshaw to make the foregoing

application for approval as described herein.

Sworn before me this 4th day of September 2020

Denise M. Clark
Notary Public

DENISE M. CLARK
Notary Public, State of New York
No. 01CL6034054
Qualified in Orange County
Commission Expires December 6, 2021

Nicole Parrotta
OWNER'S SIGNATURE