

# Agenda

# City of Middletown Planning Board

March 1, 2017  
7:00 PM to 10:00 PM  
Common Council Chambers

**Meeting called by:** Laurence Risdal, Chairman  
**Clerk:** Martina Tu, Clerk

**Members:** Laurence Risdal, John Naumchik, Nicole Hewson, Dan Higbie  
Anthony Capozella, Paul Thorn, Steven Sisco

Approval of February 1, 2017 minutes

Morales Holdings, Inc.  
295 Wawayanda Avenue  
Pizzeria/Restaurant and Hair Salon

Richard Quinn  
200 East Main Street  
parking lot

Dureka Forbes  
119-143 Dolson Avenue and 157 Dolson Avenue  
an early learning daycare center

101 Monhagen Avenue, LLC.  
101 Monhagen Avenue  
Eating establishment

**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 295 Wawayanda Avenue, Middletown, NY 10940

Section 53 Block 4 Lot 1.2

Current Zoning District C1

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

2. Owner of Property Morales Holdings, Inc. [Carlos Morales]

Owner's Address 336 Ingrassia Road

City Middletown State NY Zip 10940

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

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

*If different from Owner*

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

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

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

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

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

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

Answer 4, 5 or 6

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

Section # 475-18 B.12.2

Classification of Occupancy requested: Eating & Drinking Places with a full liquor license.

Description of what you are requesting: Pizzeria/Restaurant consisting of 60 dining seats and 16 seats for a bar. Existing Hair Salon Use to remain.

Uses currently in property: Pizzeria with some dining seats and a Hair Salon.

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	475-18 D.	7,500 SF	22,947 SF
Front yard	475-18 F.(1).(a)	25 feet	88.3 feet
Rear yard	475-18 F.(1).(c)	20 feet	21.4 feet
Side yard	475-18 F.(1).(b)	5 feet	14 feet
Side yard	475-18 F.(1).(b)	5 feet	25.3 feet
Parking	475-33 A(6)	1 space/5seats Restaurant=16 spaces	32 spaces
	475-33 A(8)	1 space/150 SF=9 spaces	

*Answer this section only for multiple dwellings*

Lot coverage \_\_\_\_\_  
Building height \_\_\_\_\_  
Open Space \_\_\_\_\_  
Playlot \_\_\_\_\_  
Livable floor area \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_

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

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

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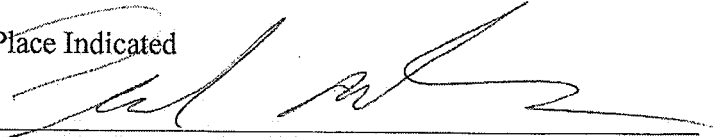
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7. Sign at the Place Indicated

Signature:



Printed Name and Title:

Carlos Morales

Date:

12/19/16

# 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 200 East main st

Section 36 Block 3 Lot 1 Current Zoning District C2

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

2. Owner of Property Richard W Quinlan

Owner's Address 223 Ingrassia Rd

City Middletown State NY Zip 10940

Phone numbers: Home: 8  9

Business: 8 \_\_\_\_\_

Cell: 8 \_\_\_\_\_

3. Applicant name Richard Quinlan

*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: requesting to store  
more cars on property

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

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

*Answer this section only for multiple dwellings*

Lot coverage \_\_\_\_\_  
Building height \_\_\_\_\_  
Open Space \_\_\_\_\_  
Playlot \_\_\_\_\_  
Livable floor area \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_





7. Sign at the Place Indicated

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



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

RICHARD QUINN OWNER

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

1-19-17

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete \_\_\_\_\_  
Accepted by \_\_\_\_\_

Date 12/28/16

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

1. Address of Subject Property 125 Dolson Ave Middletown NY

Section 48 Block 2 Lot 2.2 & 1.1 Current Zoning District C3

Building 49 Existing  New \_\_\_\_\_

2. Owner of Property Marcus Weber

Owner's Address 17 Hana Lane

City Mansey Rockland County State NY Zip 10952

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

3. Applicant name Dureka Forbes

*If different from Owner*  
Applicants Address 9 Euclid Avenue

City Middletown State NY Zip 10940

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

Answer 4, 5 or 6

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

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

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

Description of what you are requesting: I would like to open a NYS  
OCFS licensed early learning daycare center  
for children from 6 weeks to 12 years old

Uses currently in property: unoccupied currently.

In the past the space was occupied by a NYS  
nursing school, cruiser

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.

There are five bathrooms and classrooms that will be reused. In order to be in compliance with OCFS regulations sinks will be installed in infant/toddler rooms. A kitchen will be installed to provide meals for the children. One bathroom or two will be installed if necessary by OCFS. Outdoor space will be fenced in for a playground and toys.

- 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.

Outside we need to provide enough space for the children to play everyday when weather permits. OCFS requires 35 sq ft per child to play outside. We are looking to schedule classes throughout the day where 20-35 of ~~the~~ children can play at a time. We are seeking a space 1700 sq ft - 1300 sq ft that is 4ft - 6ft high contingent on approval from city and NYS. Existing parking

7. Sign at the Place Indicated

Signature:



Printed Name and Title:

Mrs. Dureka Forbes

Date:

12/29/16

OWNERS ENDORSEMENT

COUNTY OF ORANGE  
STATE OF NEW YORK

MARCUS WEBER being duly sworn, deposes and  
says that he/she resides at 17 HANA LA  
in the County of ROCKLAND and State of N.Y. and that he is the  
owner in fee or V.P. of the \_\_\_\_\_  
KALE REALTY OFFICIAL TITLE Corporation which is the owner  
in fee of the premises described in the foregoing application and that he has authorized  
DUREKA FORBES to make the foregoing application for  
approval as described herein.

Sworn before me this 13 day of Dec 2016

Jak

NOTARY PUBLIC

JACOB KALMAN  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 01KA6099386  
QUALIFIED IN ROCKLAND COUNTY  
COMMISSION EXPIRES SEP/29/2019

[Signature]

OWNERS SIGNATURE

# 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 101 Monhagen Ave

Section 29 Block 1 Lot 9 Current Zoning District \_\_\_\_\_

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

2. Owner of Property 101 Monhagen Ave LLC

Owner's Address 180 W Main St

City Middletown State NY Zip 10940

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

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

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

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

*If different from Owner*

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

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

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

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

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

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

Answer 4, 5 or 6

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

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

Classification of Occupancy requested Korean Restaurant.

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

\_\_\_\_\_

\_\_\_\_\_

Uses currently in property: Vacant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*Answer this section only for multiple dwellings*

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

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

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

Playlot \_\_\_\_\_

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

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



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

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7. Sign at the Place Indicated

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

Printed Name and Title: Sangjin Park \_\_\_\_\_

Date: 2/8/17 \_\_\_\_\_

101 Manhagen Ave

