

Agenda

City of Middletown Planning Board

April 5, 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 March 1, 2017 minutes

Hudson Transit Lines, Inc.
6-month extension

Patricia Waddell
28 Jordan Lane
rear yard deck extension

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

Walter L. House
4-4 ½ Beattie Avenue
two apartments on the second floor

Complete Auto Recovery Services, Inc.
13-15 School Street
an auto repair shop

Autumn Sky Development Co.
1 Beattie Avenue
an auto shop and auto sale lot

Fei Tian College
175 Monhagen Avenue
a school dormitory

Hudson Transit Lines, Inc.
66 Tetz Road
Chester, NY 10918

February 24, 2017
Planning Board
City of Middletown
Attn: Walter Welch
16 James Street
Middletown, NY 10940

Dear Mr. Welch:

As you may know, on October 5, 2016, the City of Middletown Planning Board held a public hearing regarding Hudson Transit Lines, Inc.'s ("Hudson Transit") application for a special use permit and site plan approval for the development of a proposed transportation center and bus depot (the "Application") located at 19-35 Robert Street, Middletown, 3 Cottage Street, Middletown, 10-22 Railroad Avenue, Middletown, 24-28 Railroad Avenue & Rear, Middletown. The Application was approved by the Planning Board by resolution at that time.

Hudson Transit has not commenced construction of the project but intends to commence construction as soon as is practicable. Hudson Transit respectfully requests that the Planning Board extend the expiration date of the Application's approval to the maximum extent allowable pursuant the City of Middletown Code.

Thank you for your attention to this matter.

Sincerely,



George Grieve
President, Hudson Transit Lines, Inc.

cc: James R. Franz, Hinman, Howard & Kattell, LLP
Richard J. Guertin, Corporation Counsel

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 28 Jordan Lane

Section 68 Block 3 Lot 1-15 Current Zoning District SR3B

Building Existing New _____

2. Owner of Property PATRICIA WADDELL

Owner's Address 28 Jordan Lane

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 _____

Description of what you are requesting: 16 X 16 Deck Expansion

Uses currently in property: Existing Deck 8 X 8

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

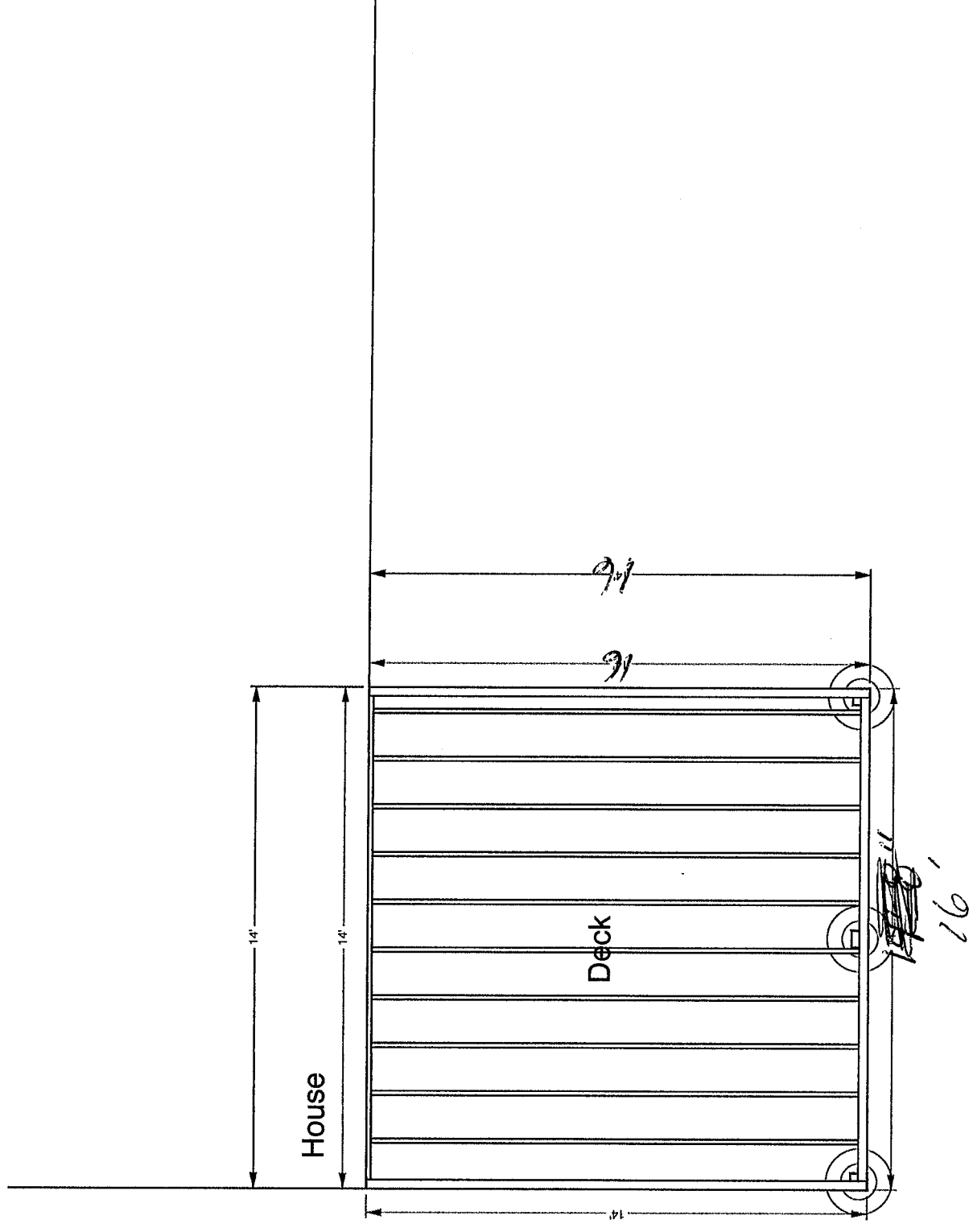
Lot coverage _____
Building height _____
Open Space _____
Playlot _____
Livable floor area _____
Number of Bedrooms _____

Signature: Patricia Waddell

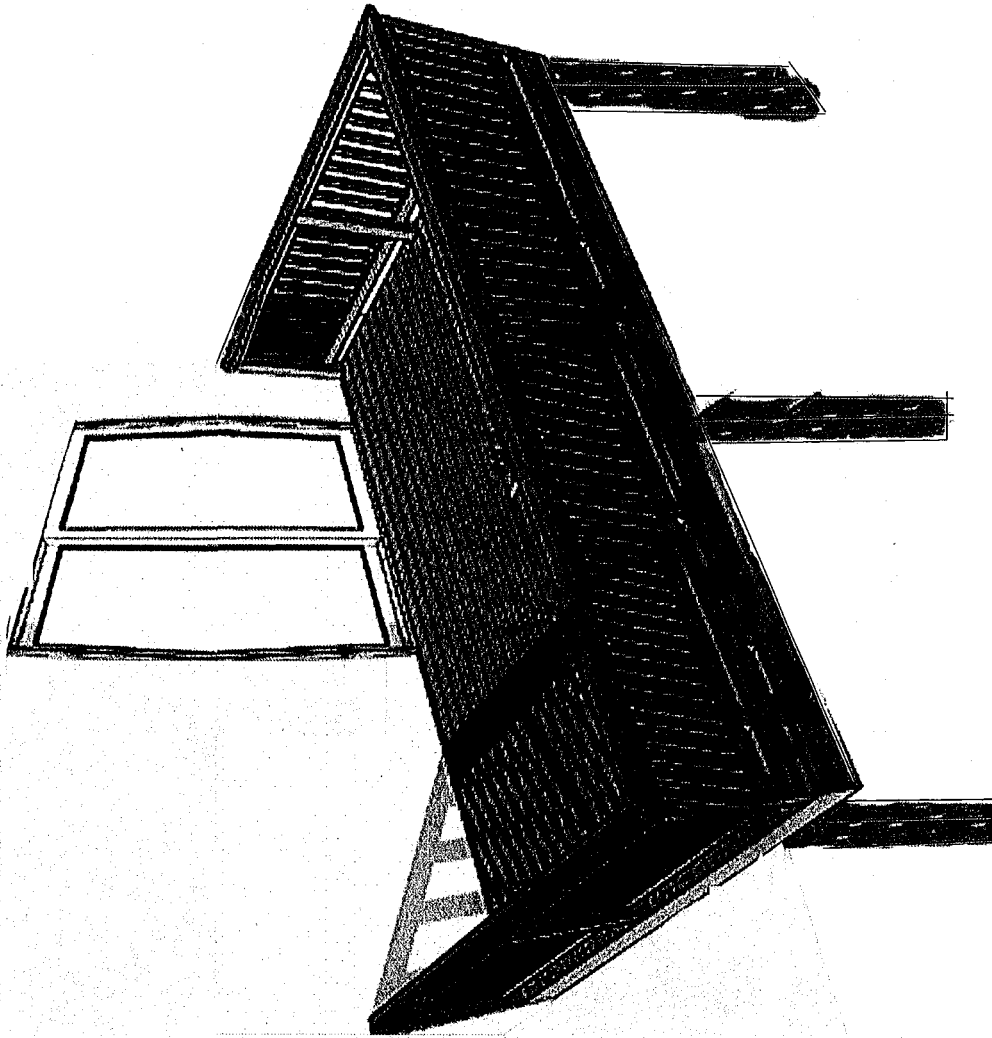
Printed Name and Title: Patricia Waddell

Date: 2/23/17

ED COMPLETE UNLESS
OR STRUCTURAL
ABILITY AND
ED SPONSORS ACCEPT



Footings to be installed to 48" depth as is required by your local building ordinance. Frost footing sizes based on 55 lbs per square foot tributary loads applied to 1500 psi soil



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 4-4 1/2 Beattie Avenue

Section 26 Block 10 Lot 26

Current Zoning District C-2

Building Existing X New _____

2. Owner of Property Walter L House

Owner's Address 94 Mullock rd

City Middletown

State New York

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 Two Family

Description of what you are requesting: we are requesting that the use variance be changed back to 2 family designation.

Uses currently in property: 1 Apartment & Office

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area			47'10"X34'X50'1"X30'1"
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.

Sign at the Place Indicated

Signature: Walter L. House

Printed Name and Title: Walter L. House ~~owner~~ OWNER

Date: 3/4/20

19'6"

12'6"

11'10"

28"

4'2"

5'8"

5'

LIVING ROOM

Bed Room

10'

9'3"

STAIRS

MAX 675 SQUARE FT.

29'6"

11'10"

27'

4'6"

BATH

8'4"

Bed Room

8'9"

29.5

14'7"

KITCHEN
DINING

3'3"

12'6"

11'10"

24'4"

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 2-7-17

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 13-15 School St., Middletown, N.Y. 10940

Section 26 Block 12 Lot 18 Current Zoning District I1

Building Existing New _____

2. Owner of Property Bruce Quinn

Owner's Address 248 Guymard Turnpike

City Godeffroy State N.Y. Zip 12729

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

3. Applicant name Complete Auto Recovery Services, Inc

If different from Owner

Applicants Address PO BOX 4754

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 # _____

Classification of Occupancy requested _____

Description of what you are requesting: Auto Repair Shop

Uses currently in property: Vacant

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

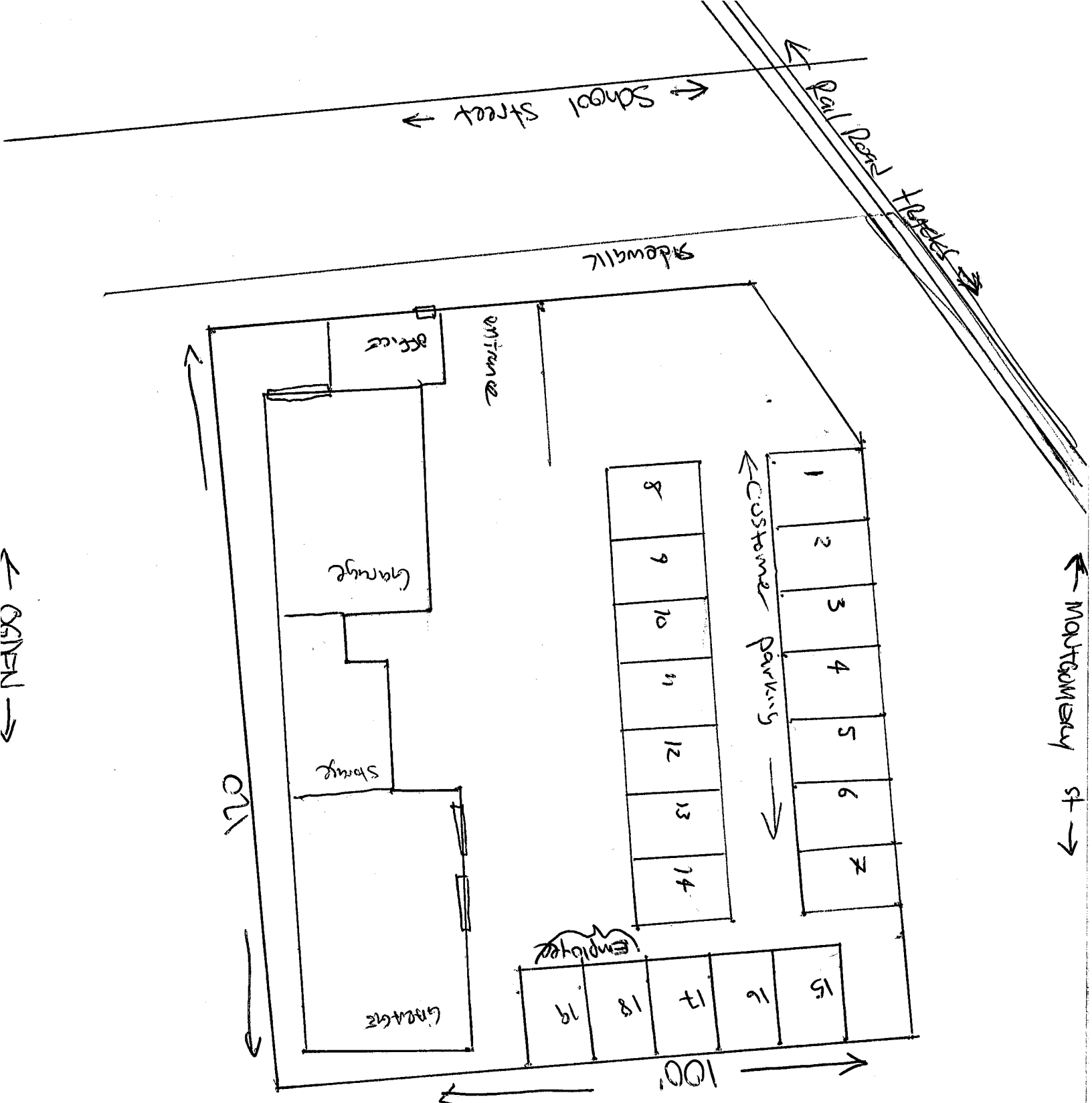
Answer this section only for multiple dwellings

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

Signature: *Lulu Matuszewski*

Printed Name and Title: Lulu Matuszewski - President

Date: 2-7-17



Complete Auto
 Recovery Services, Inc
 P.O. Box 4754
 Middletown, NY 10941

fax 346-4146

APPLICATION PLANNING BOARD City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 12/15/16

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 1 Beattie Ave.

Section 26 Block 11 Lot 22 Current Zoning District T-1

Building Existing New _____

2. Owner of Property Autumn Sky Development Co.

Owner's Address PO Box 298

City New Paltz State NY Zip 12561

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

3. Applicant name _____
If different from Owner

Applicants Address _____

City _____ State _____ Zip _____

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

Martina

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: Steven Michaloki

Printed Name and Title: Steven Michaloki pres. Autumn Sky Dev. Co. Inc.

Date: 12/20/16

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 175 Monhagen Ave

Section 21 Block 2 Lot 24 Current Zoning District C3A

Building Existing New _____

2. Owner of Property I-Home International

Owner's Address 11 Carrie Ln

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: _____

3. Applicant name Anna Chan / FEI TIAN COLLEGE

If different from Owner

Applicants Address 42 Jason Pl

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 _____

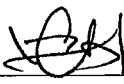
Description of what you are requesting: Use building for school dorm.

Uses currently in property: Vacant

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

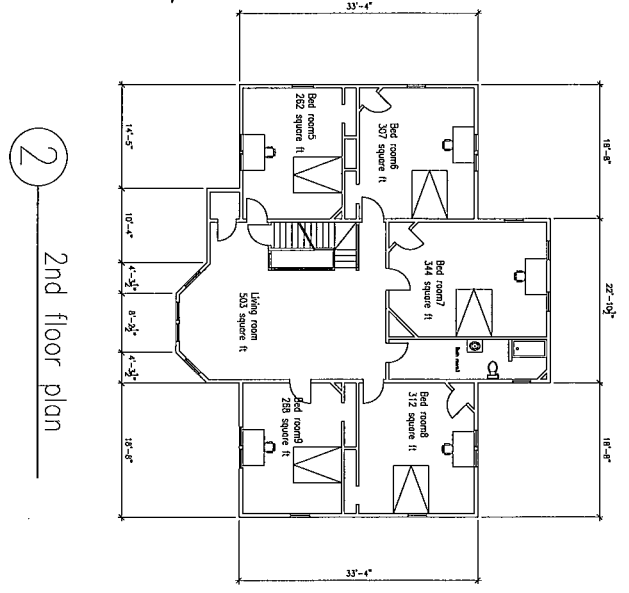
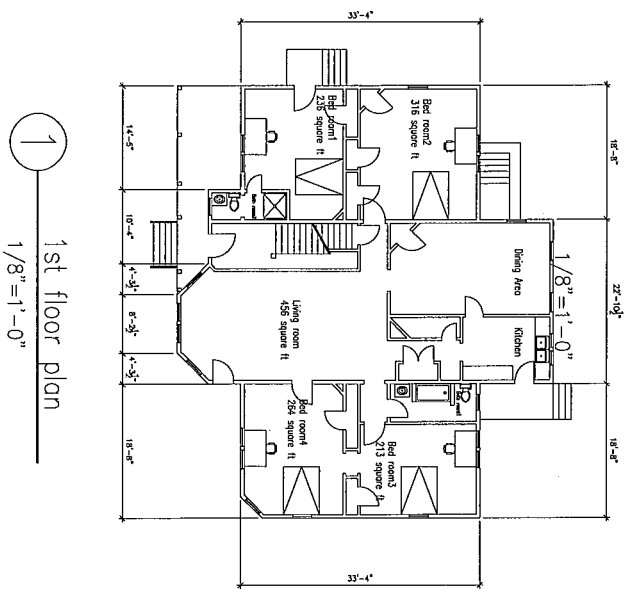
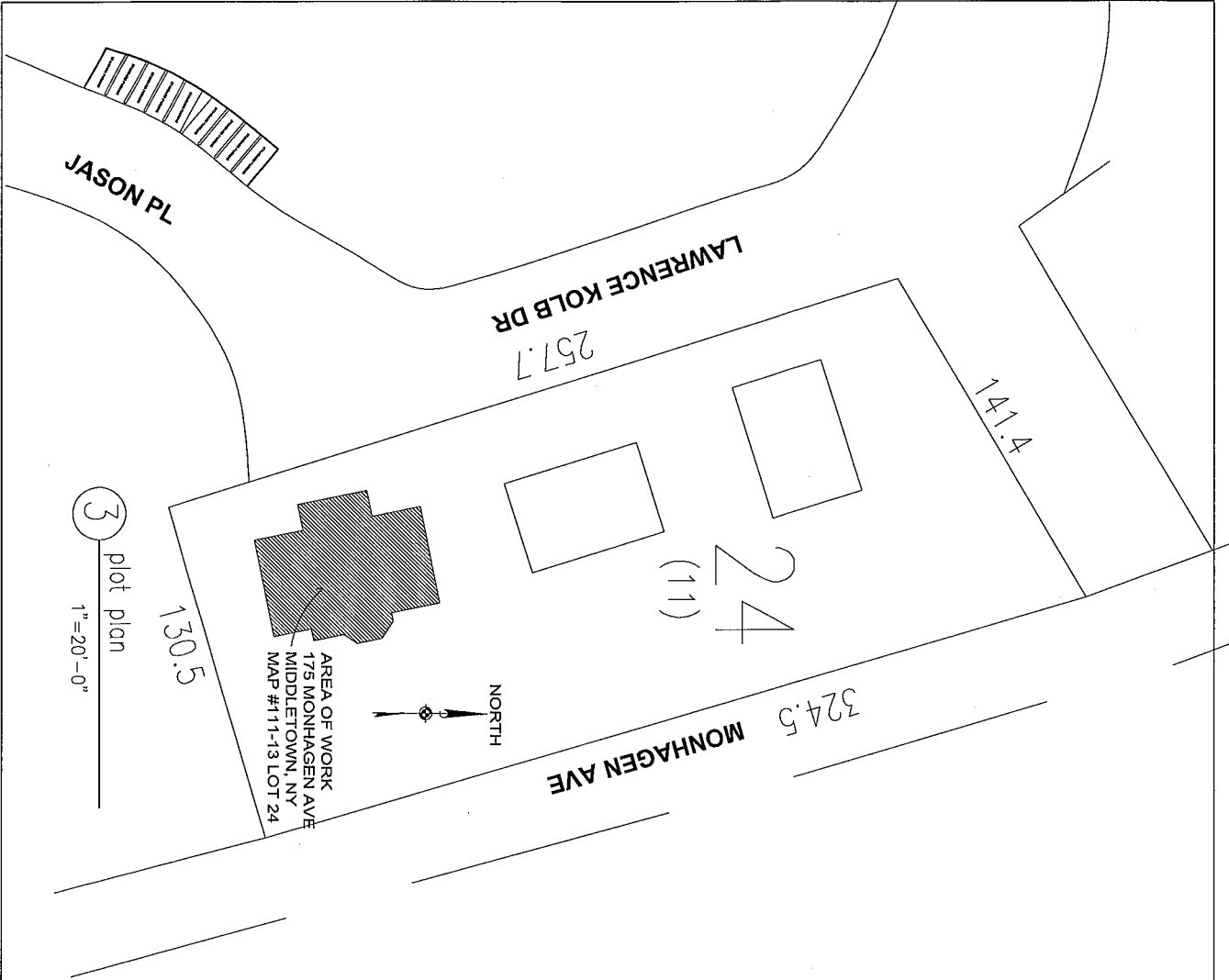
Answer this section only for multiple dwellings

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

Signature: 

Printed Name and Title: Anna Chan, Office of the President Staff

Date: March 7, 2017



Sheet A-1	CHUN FENG ARCHITECT 17 RONALD CT. RAMSEY, NJ 07446 201 638 5851	HOUSE RENOVATION 175 MONHAGEN AVE MIDDLETOWN, NY	PROPOSED PLANS																		
	<table border="1"> <thead> <tr> <th colspan="4">Revisions</th> </tr> <tr> <th>No.</th> <th>By</th> <th>Dwg</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Revisions				No.	By	Dwg	Description												
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