

# Agenda

# City of Middletown Planning Board

June 7, 2017  
7:00 PM to 10:00 PM  
Common Council Chambers

**Meeting called by:** Anthony Capozella, Temporary Chairman

**Clerk:** Martina Tu, Clerk

**Members:** John Naumchik, Nicole Hewson, Dan Higbie  
Paul Thorn, Steven Sisco

Approval of May 10, 2017 minutes

Miguel Acosta  
9 Rosecrest Court  
rear yard deck extension

Elvis A. Uzuriaga  
416-422 North Street  
an eating and drinking establishment

Sobo & Sobo Holdings, LLC  
1 Dolson Avenue and 3, 5, 7 Byron Avenue  
an addition to the existing office building

Kelly Auto Repair Inc.  
6-8 Cottage Street  
an auto repair shop

Fei Tian College  
175 Monhagen Avenue  
a school dormitory, security offices and quarters

Besnik Fetoski  
66 Bennett Street  
dairy product manufacturing

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete 5-9-17  
Accepted by NCW

Date 5-8-17

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

1. Address of Subject Property 9 ROSECREST COURT  
Section 50 Block 05 Lot 4 Current Zoning District SR-3B  
Building Existing \_\_\_\_\_ New \_\_\_\_\_

2. Owner of Property MIGUEL ACOSTA  
Owner's Address 9 ROSECREST COURT  
City MIDDLETOWN State N.Y. Zip 10940

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

3. Applicant name JAMK  
*If different from Owner*  
Applicants Address SAME  
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: BACK YARD Deck 16x20

Uses currently in property: RESIDENTIAL

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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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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7. Sign at the Place Indicated

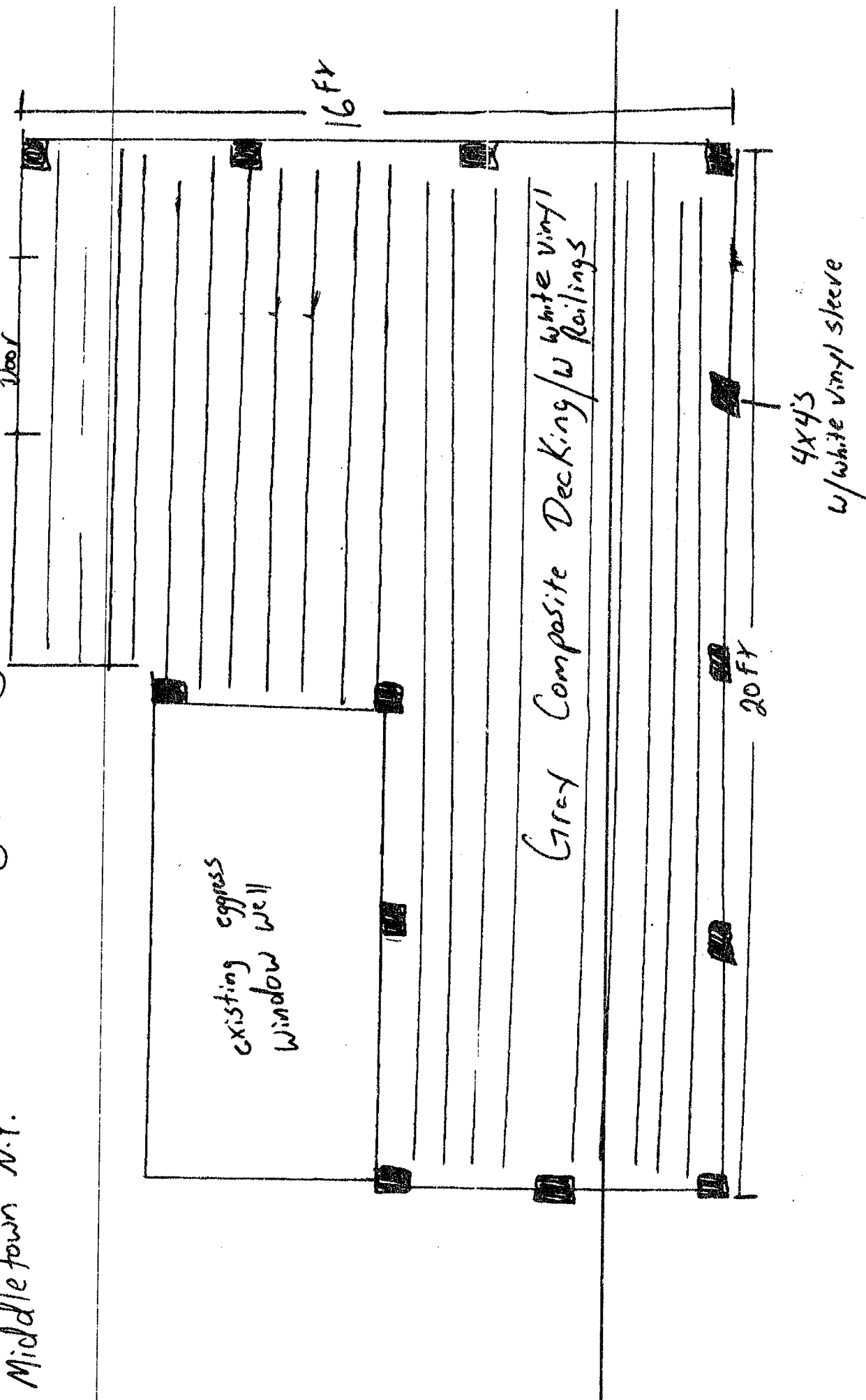
Signature: Miguel Acosta

Printed Name and Title: Miguel Acosta - Owner

Date: 5-8-17

Miguel Acosta  
9 Rosecrest CT  
Middletown N.Y.

existing house



**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 6-8 Cottage Street

Section 31 Block 4 Lot 9.22 Current Zoning District C-3

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

2. Owner of Property Bruce E. Quinn

Owner's Address 248 Guymard Turnpike

City Godeffroy State NY Zip 12729

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

3. Applicant name David T. Kelly / Kelly Auto Repair Inc.

*If different from Owner*

Applicants Address 12 Crescent Place

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 Public Garage { Chapter 475.21. B. (18) }

Description of what you are requesting: Public Garage / 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 \_\_\_\_\_

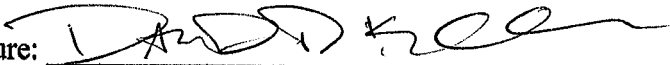
Livable floor area \_\_\_\_\_

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





7. Sign at the Place Indicated

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

Printed Name and Title: David T. Kelly, President

Date: 5/4/17

OWNERS ENDORSEMENT

COUNTY OF ORANGE  
STATE OF NEW YORK

Bruce E. Quinn being duly sworn, deposes and  
says that he/she resides at 248 Guymard Turnpike, Godeffroy, NY 12729  
in the County of Orange and State of New York and that he is the  
owner in fee or \_\_\_\_\_ of the \_\_\_\_\_  
**OFFICIAL TITLE**

~~\_\_\_\_\_ Corporation which is the owner~~

in fee of the premises described in the foregoing application and that he has authorized

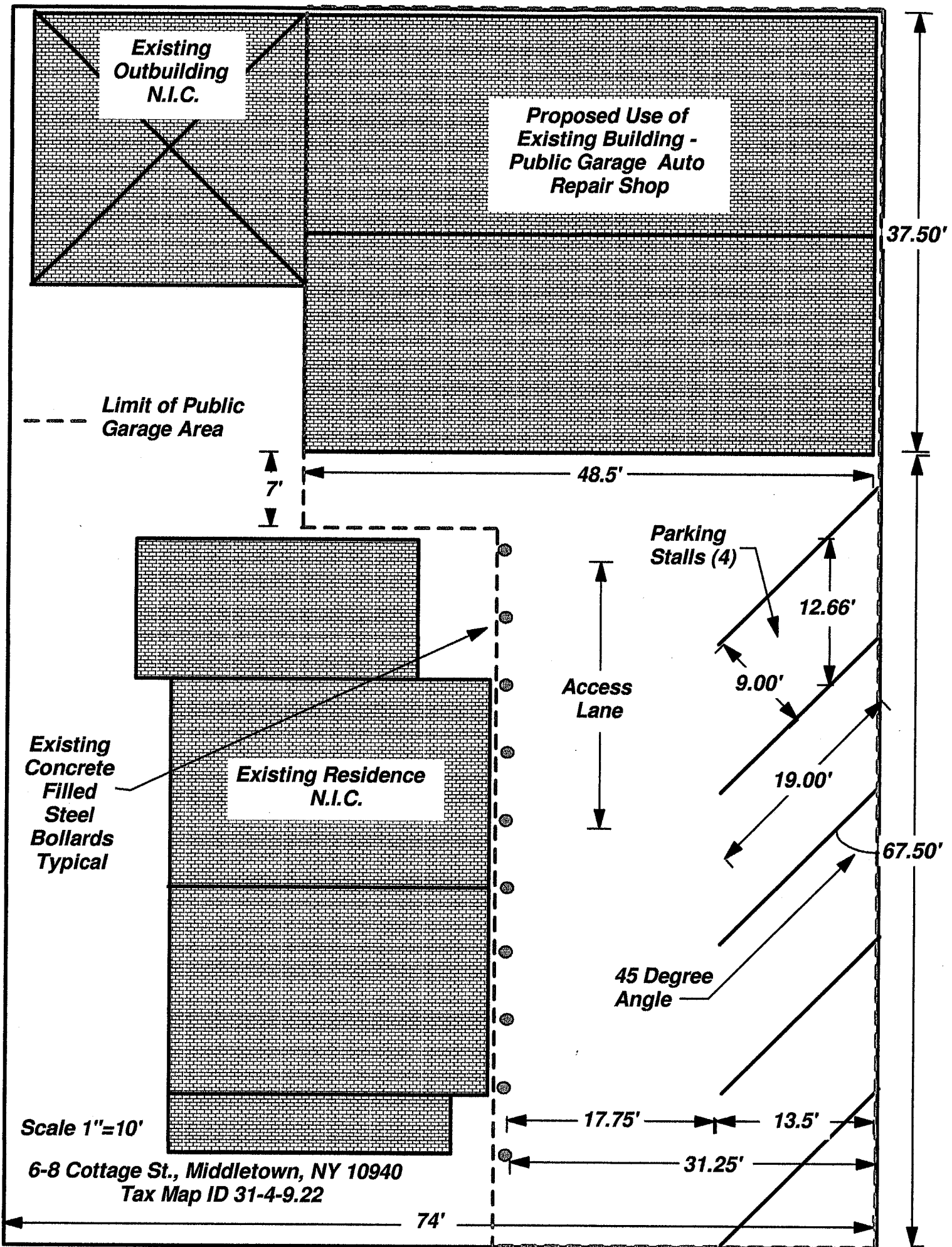
David T. Kelly / Kelly Auto Repair Inc. to make the foregoing application for  
approval as described herein.

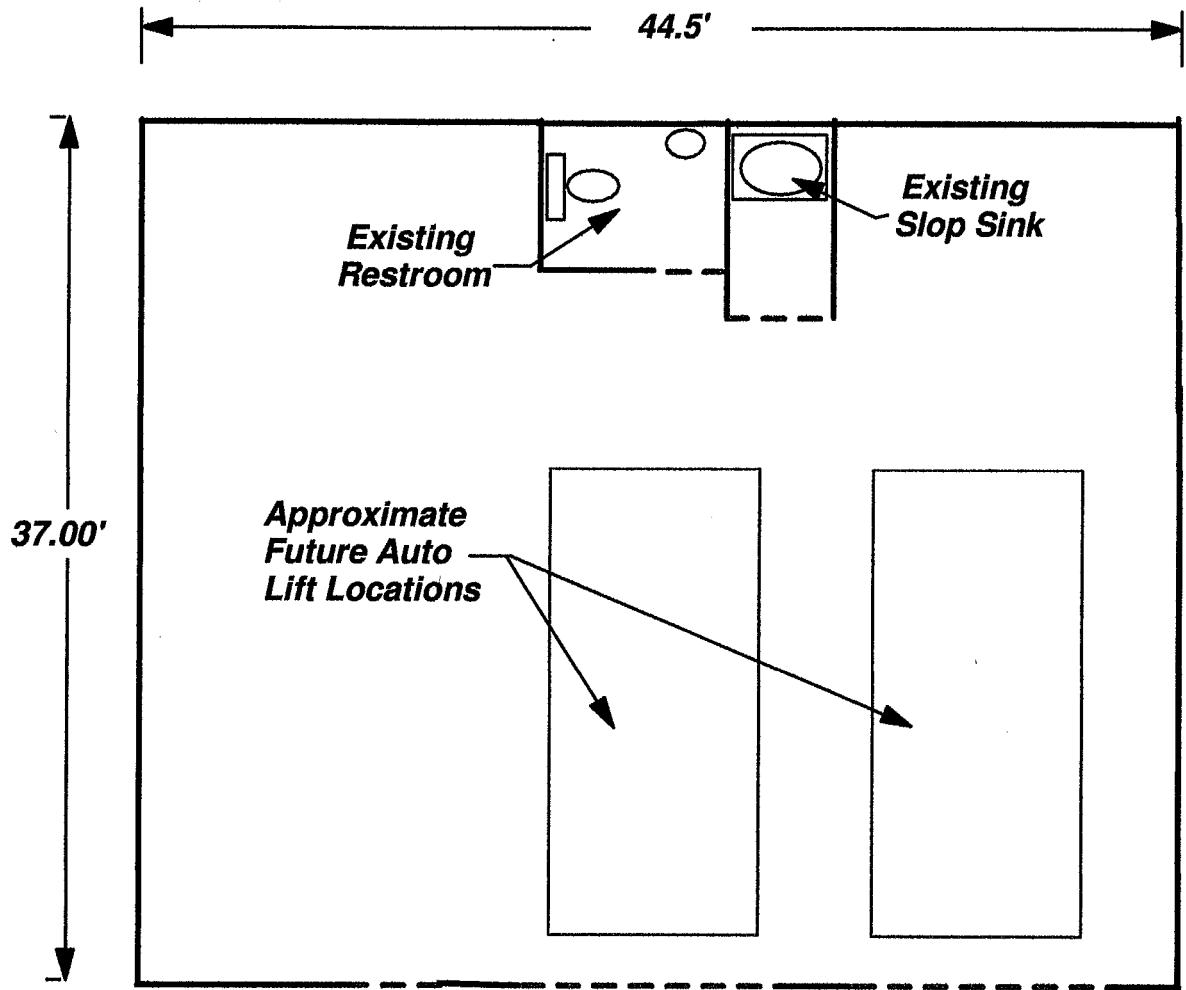
Sworn before me this 5<sup>th</sup> day of MAY 20 17

  
\_\_\_\_\_  
NOTARY PUBLIC

TIMOTHY J. KELLY  
Notary Public, State of New York  
Registration No. 5009093  
Qualified in Orange County  
Commission Expires March 8, 2019

  
\_\_\_\_\_  
OWNERS SIGNATURE



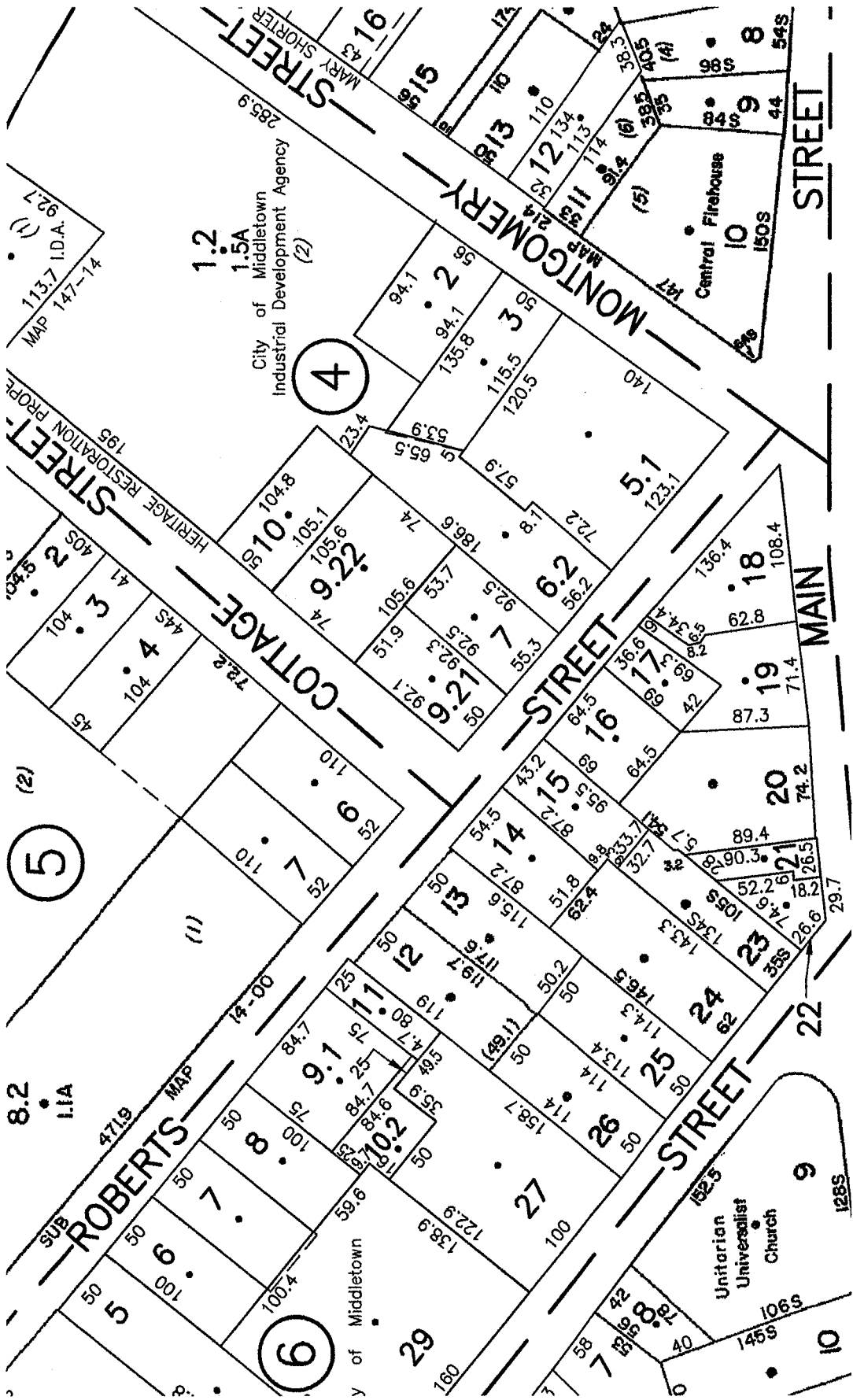


--- Doors (OH or Regular)

**Interior Layout  
Proposed Public Garage  
Auto Repair Shop**

**Scale: 1" = 8'**

**6-8 Cottage Street, Middletown, NY 10940**



# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete 5-31-17

Date 5-31-17

Accepted by WCU

*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,  
security offices and quarters.

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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**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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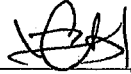
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7. Sign at the Place Indicated

Signature: 

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

Date: May 17, 2017

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete 5-23-17  
Accepted by \_\_\_\_\_

Date I-1A

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

1. Address of Subject Property 66 Bennett St, Middletown, NY 10940

Section 39 Block 7 Lot 16

Current Zoning District \_\_\_\_\_

Building

Existing X

New \_\_\_\_\_

2. Owner of Property Ame Rentals inc

Owner's Address P.O. Box 459

City Middletown State NY Zip 10940

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

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

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

3. Applicant name Besnik Fetoski

*If different from Owner*

Applicants Address 504 Clinton Ave

City Northvale State NJ Zip 07647

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

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

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

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

LC  
\_\_\_\_\_  
\_\_\_\_\_

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 make changes on the existing building with the interior walls and expand the building for another 30' x 40'. The building will be used for dairy products manufacturing.

Uses currently in property: Vacant please see the attached layouts.

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.

The expansion area ~~is~~ will be used as a  
warehouse for storing the manufactured products  
please refer to the layout with changes shown on it.

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.

No change

7. Sign at the Place Indicated

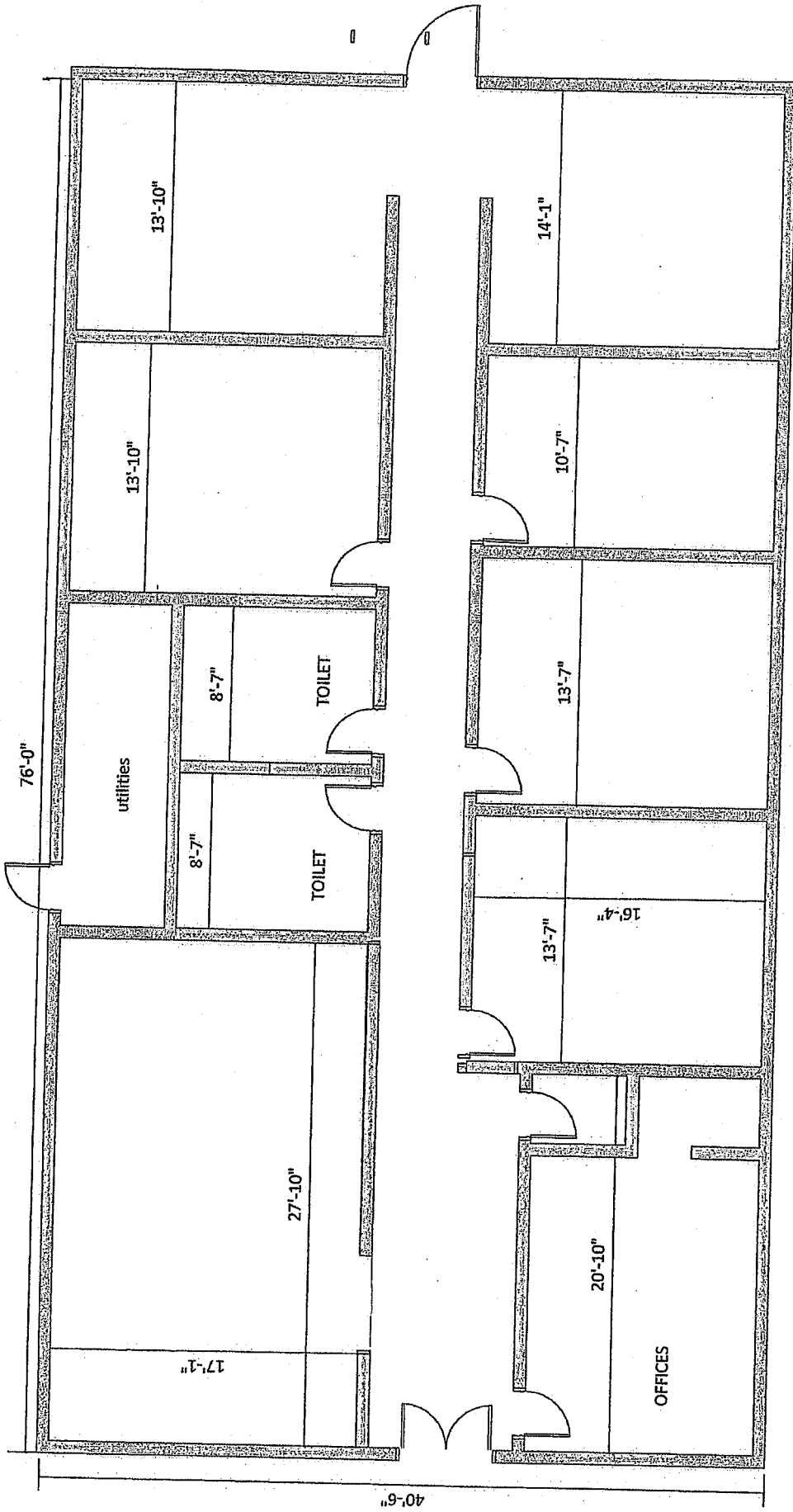
Signature: \_\_\_\_\_

*B. J. [Signature]*

Printed Name and Title: Besnik Fetoski - President

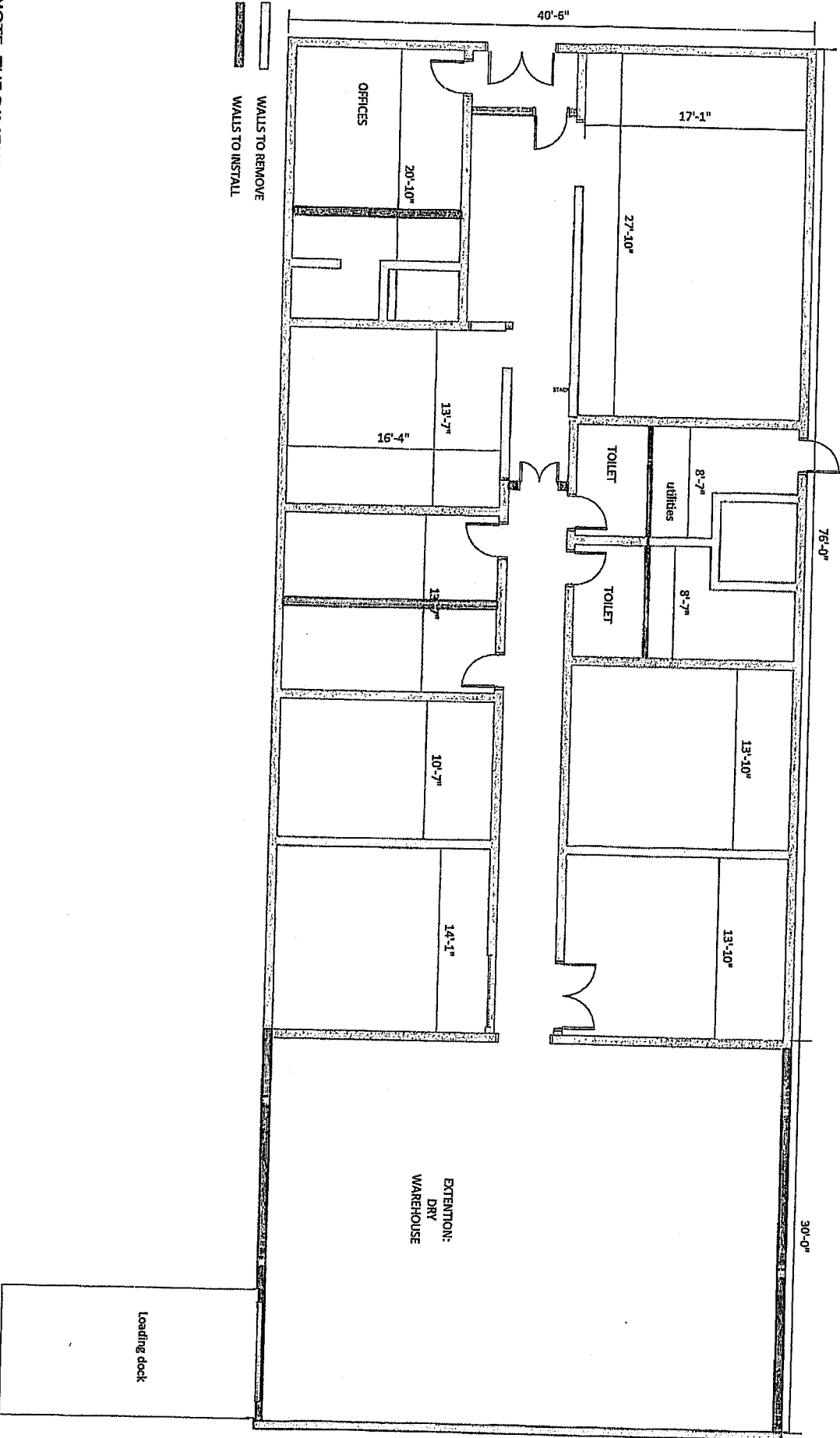
Date: 05/15/2017

CURRENT FLOOR PLAN



NOTE: THE DIMENSIONS ARE APPROXIMATE.

LAYOUT WITH CHANGES TO BE MADE



NOTE: THE DIMENSIONS ARE APPROXIMATE.