

Agenda

City of Middletown Planning Board

February 6, 2019
7:00 PM to 10:00 PM
Common Council Chambers

Meeting called by: Anthony Capozella, Plannign Board Chairman

Clerk: Martina Tu, Clerk

Members: John Naumchik, Nicole Hewson, Dan Higbie, Vanessa Cid,
Anthony Capozella, Andy Britto, Dave Madden

Approval of January 3, 2019 minutes

Paul Duggal, LLC.
119 Wickham Avenue
addition to the existing dental office

Michael A. Bull.
75 Wisner Avenue
an auto repair shop

Alexis Tellefsen and Andrew Whiteman
63-67 North Street
an art studio, ceramics workshop and retail space

The Missionary Society of Our Lady of Mount Carmel –
PRELIMINARY HEARING
128-172 Wawayanda Avenue
Retirement Parish Home

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 10/17/18

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 119 Wickham Avenue

Section 16 Block 11 Lot 34

Current Zoning District _____

Building Existing New _____

2. Owner of Property Paul Duggal LLC

Owner's Address 119 Wickham Avenue

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: _____

3. Applicant name Same

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 # 475-20

Classification of Occupancy requested Dental Practitioner

Description of what you are requesting: 30' x 32' Addition

Uses currently in property: Dental office

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	<u>475-20 (D)</u>	<u>7,500 SF</u>	<u>7,547 SF</u>
Front yard	<u>475-20 (F)(1)(a)</u>	<u>25 Ft.</u>	<u>17.3' ±</u>
Rear yard	<u>475-20 (F)(2)(C)</u>	<u>20 Ft.</u>	<u>33.9'</u>
Side yard	<u>475-20 (F)(1)(b)</u>	<u>5 Ft.</u>	<u>8.7'</u>
Side yard	<u>475-20 (F)(1)(b)</u>	<u>5 Ft.</u>	<u>9.7'</u>
Parking	<u>475-33 (A)(2)</u>	<u>4 spaces</u>	<u>8 spaces</u>

Answer this section only for multiple dwellings N/A

Lot coverage _____

Building height _____

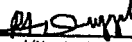
Open Space _____

Playlot _____

Livable floor area _____

Number of Bedrooms _____

7. Sign at the Place Indicated

Signature: 
paul duggal (Nov 3, 2018)

Printed Name and Title: paul duggal

Date: Nov 3, 2018

617.20
Appendix B
Short Environmental Assessment Form


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			
Name of Action or Project: <p style="text-align: center; font-size: 1.2em;">Existing building addition</p>			
Project Location (describe, and attach a location map): <p style="text-align: center; font-size: 1.2em;">191 Wickham Ave, Middletown, NY</p>			
Brief Description of Proposed Action: <p style="text-align: center; font-size: 1.2em;">Addition of 30' x 32' to existing building</p>			
Name of Applicant or Sponsor: <p style="text-align: center; font-size: 1.2em;">Paul Duggal LLC</p>		Telephone: 845-551-3838	
Address: <p style="text-align: center; font-size: 1.2em;">119 Wickham Avenue</p>		E-Mail:	
City/PO: <p style="text-align: center; font-size: 1.2em;">Middletown</p>		State: <p style="text-align: center; font-size: 1.2em;">NY</p>	Zip Code: <p style="text-align: center; font-size: 1.2em;">10940</p>
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 governmental Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
3.a. Total acreage of the site of the proposed action?		7547 acres SF	
b. Total acreage to be physically disturbed?		620 acres SF	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		7547 acres SF	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> 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?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
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? <input type="checkbox"/> NO <input type="checkbox"/> YES		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____		<input type="checkbox"/>	<input type="checkbox"/>

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>paul duggal</u> Date: <u>Nov 3, 2018</u>		
Signature: <u></u> <small>paul duggal (Nov 3, 2018)</small>		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

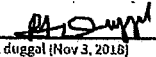
PRINT

6. AN INTERPRETATION OF THE ZONING ORDINANCE. Explain the circumstances of the Section in question, the Title of the Section, the nature of the request, and the person or agency making the original determination. Additional sheets may be attached if more space is required.

7. SIGN ORDINANCE. Indicate the section to be varied, the title, and the amount of the variance in excess of the ordinance. Explain all conditions that require the variance to be issued. Additional sheets may be attached if more space is required.

Section/ Title	Required Dimension	Actual Dimension	Variance required
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8. Sign at the place indicated and print name.

Signature of applicant 
paul duggal (Nov 3, 2018)

Printed name and title paul duggal

Date Nov 3, 2018

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete 1-10-19
Accepted by WCW

Date 1-10-2019

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 75 Wisner Avenue Unit #2

Section 8 Block 9 Lot 20.1

Current Zoning District I-3

Building Existing New

2. Owner of Property Ray S. Pantel

Owner's Address 71 Wisner Avenue

City Middletown State NY Zip 10940

Phone numbers: Home:

Business:

Cell:

3. Applicant name Michael A. Bull DBA: Orange Auto & Truck
If different from Owner

Applicants Address 75 Wisner Avenue Unit #2, PO Box 744

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 Repair Shop

Description of what you are requesting: Proof of zoning from the City of Middletown allowing a automotive repair business at this location. Please See Attached.

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 _____

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:

A handwritten signature in black ink, appearing to read "Michael A. Bull", written over a horizontal line.

Printed Name and Title: Michael A. Bull (owner)

Date: 1-10-2019



Department of Motor Vehicles

VEHICLE SAFETY & CLEAN AIR
6 EMPIRE STATE PLAZA
ALBANY, NY 12228

Attention All Repair Shop Applicants:

Chapter 63 of the Laws of 1989 amended Section 398-c of the Vehicle and Traffic Law which relates to zoning of repair shops. The law states all repair shop applicants shall provide appropriate certification or documentation from the municipality where the repair shop is located that the facility is in compliance with applicable zoning and planning regulations, fire regulations and building codes. This requirement may be waived for applicants from municipalities without such codes or regulations.

Therefore, any application submitted on or after October 18, 1989 **must** be accompanied by a **Certificate of Occupancy, a copy of the local license or a letter from the municipality stating that no local license or permit is required.**

ANY OF THE ABOVE DOCUMENTS MUST HAVE THE EXACT LOCATION AS STATED ON YOUR APPLICATION TO BECOME A REPAIR SHOP, AND CANNOT BE MORE THAN 10 YEARS OLD.

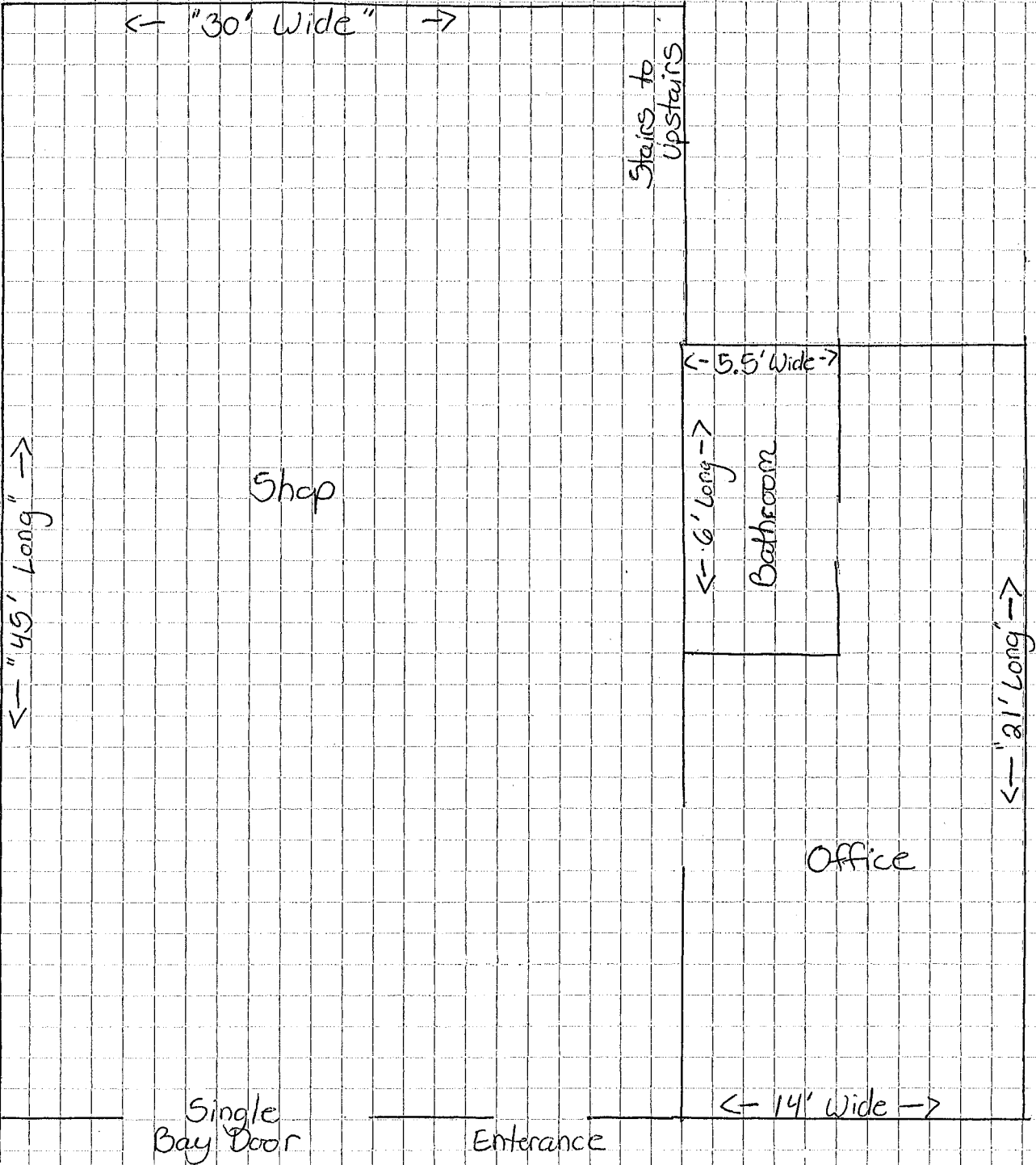
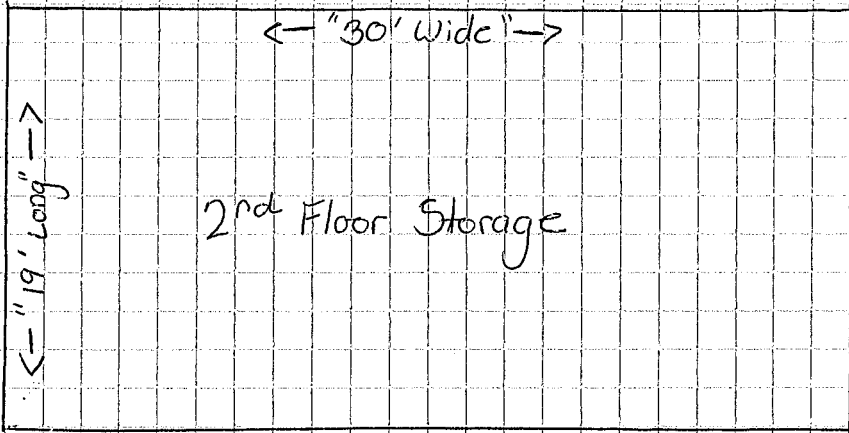
Any Certificate of Occupancy, local license or municipal letter must be on municipal letterhead and contain the following: full name and address of the business, type of business (i.e., Motor Vehicle Repair Shop), the written signature, printed name and title of the official preparing the letter (i.e., Town Supervisor, City Manager, etc.), and the date. For municipalities without such codes or regulations the municipal letter should be formatted as stated above and contain a statement that there is no objection to the operation of a Motor Vehicle Repair Shop at the requested location.

In lieu of any of the above, the facility number and/or name of a **previously registered Repair Shop** that was at that location will suffice. The previously registered facility must be verified through DMV records and must have not expired more than 10 years prior to the filing date of the application.

Failure to include these documents with your application will result in your application being rejected.

If you have any questions, please call the Application Processing Unit @ (518) 474-0919.





APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 1/17/19

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 63-67 North St.

Section 31 Block 7 Lot 1 Current Zoning District DMU

Building Existing New _____

2. Owner of Property Land & P 3216 Inc.

Owner's Address 508 Westchester Ave

City Port Chester State NY Zip 10573

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

3. Applicant name Alexis Tellefsen and Andrew Whiteman

If different from Owner

Applicants Address 12 Orchard Street

City Middletown State NY Zip 10940

Phone numbers: Home: 8 _____ 3
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: We are requesting to open a public art/ceramics studio to host workshops and classes with retail space in the front of the building ~~to~~ to sell handmade, made-in-NY goods and private studio space in the back.


Uses currently in property: _____

The property is currently not in use.

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: A. Tellefsen  _____

Printed Name and Title: Alexis Tellefsen and Andrew Whiteman

Date: January 17, 2019 _____

Agenda

City of Middletown Planning Board

February 6, 2019
7:00 PM to 10:00 PM
Common Council Chambers

Meeting called by: Anthony Capozella, Planning Board Chairman

Clerk: Martina Tu, Clerk

Members: John Naumchik, Nicole Hewson, Dan Higbie, Vanessa Cid,
Anthony Capozella, Andy Britto, Dave Madden

Approval of January 3, 2019 minutes

Paul Duggal, LLC.
119 Wickham Avenue
addition to the existing dental office

Michael A. Bull.
75 Wisner Avenue
an auto repair shop

Alexis Tellefsen and Andrew Whiteman
63-67 North Street
an art studio, ceramics workshop and retail space

The Missionary Society of Our Lady of Mount Carmel –
PRELIMINARY HEARING
128-172 Wawayanda Avenue
Retirement Parish Home

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date January 11, 2019

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 Retirement parish home for Carmelite Priests

Description of what you are requesting: Retirement parish home containing 8 individual bedrooms with a common area.

Uses currently in property: Vacant

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	475-9-F	7500 S.F.	
Front yard	475-9-F	30 Feet	
Rear yard	475-9-F	30 Feet	
Side yard	475-9-F	5 Feet	
Side yard	475-9-F	5 Feet	
Parking	475-33	8 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	

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 XXX 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: Rev. Paul Denault O.Carm

Printed Name and Title: Rev. Paul Denault, O.Carm

Date: January 11, 2019