

Agenda

City of Middletown Planning Board

July 3, 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 June 5, 2019 minutes

Miguel Nieto
14-18 North Street
Special use request for a liquor license at the existing eating
establishment

Cory D. Williams
204 Wickham Avenue
an auto detailing and cleaning business

Monhagen & West Main, LLC.
100 Monhagen Avenue
gas station expansion

Xian Yang
83-91 Linden Avenue
Private school

Middletown Downtown LLC. (Sal Vasapolli) – PRELIMINARY
22-26 Montgomery Street
Multi-family residential

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 14-18 North Street

Section 31 Block 10 Lot 7

Current Zoning District DMV

Building Existing New _____

2. Owner of Property Cherokee North Holdings LLC

Owner's Address 10 North Street

City Middletown State NY Zip 10940

Phone numbers: Home:

Business:

Cell:

3. Applicant name Miguel Nieto / Alondra's Cuisine

If different from Owner

Applicants Address 70 Delaware

City Pine Bush 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: ^{change to} eating & drinking ESTABLISHMENT / Full liquor
Hours of operation 7am - 9/10pm | Closed on Wednesdays ^{License}

Number of Employees: 4

Uses currently in property: Eating establishment only |
NO change in hours of operation / same as what we request
NO change in number of employees / " "

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area			
Front yard			
Rear yard			
Side yard			
Side yard			
Parking			
<i>Answer this section only for multiple dwellings</i>			
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.

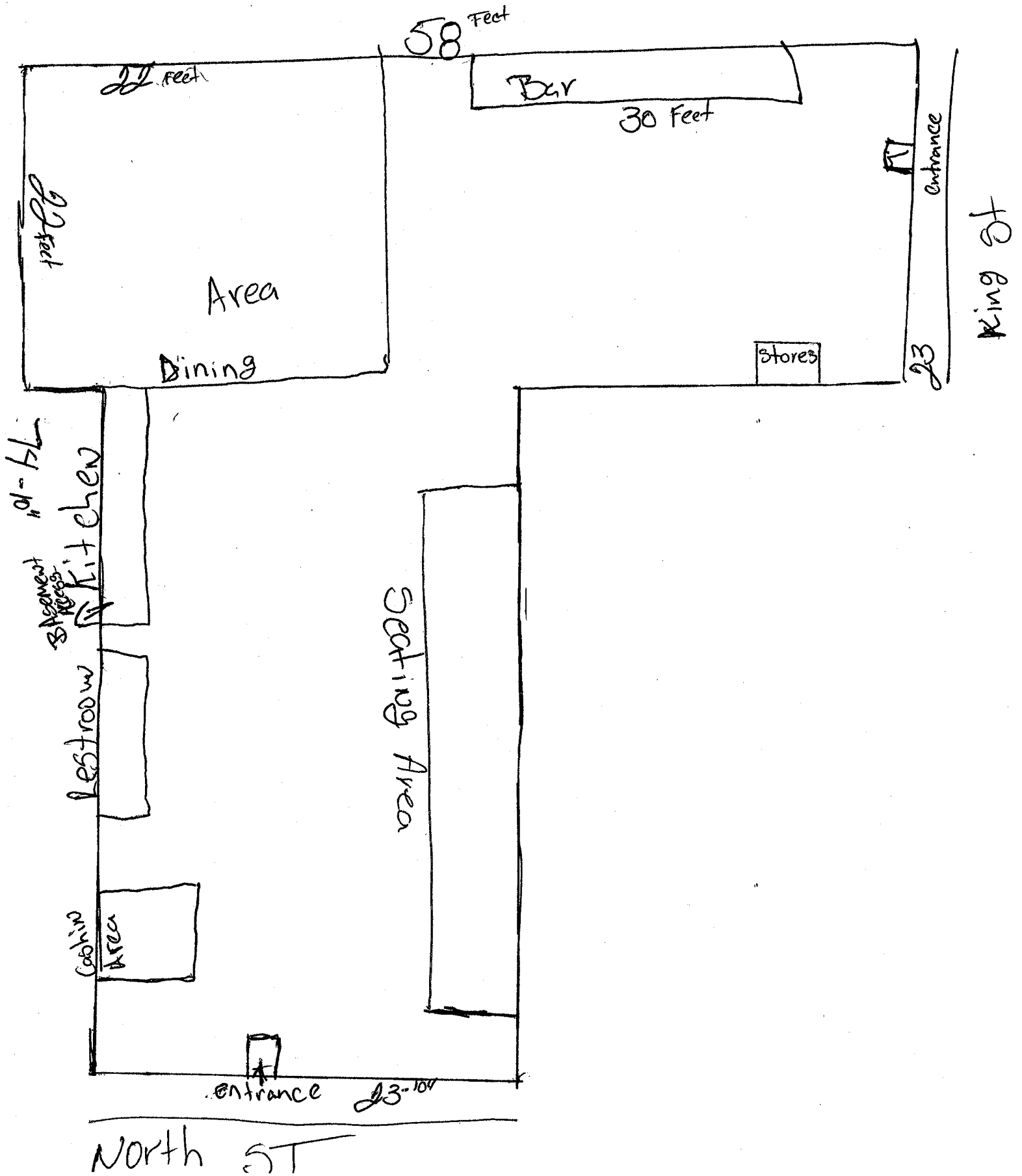
7. Sign at the Place Indicated

Signature: Miguel Nieto

Printed Name and Title: Miguel Nieto owner

Date: 06-12-2019

Alondras Cuisine
14 North st Middletown NY 10940



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 204 Wickham Ave Middletown NY 10940

Section 27 Block 2 Lot 24.1

Current Zoning District e-3

Building Existing New _____

2. Owner of Property M+M Property Holdings

Owner's Address 28 White Bridge Rd

City Middletown State Ny Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: 845-  _____

3. Applicant name Coey D. Williams

If different from Owner

Applicants Address 9 Little Monhagen Ave

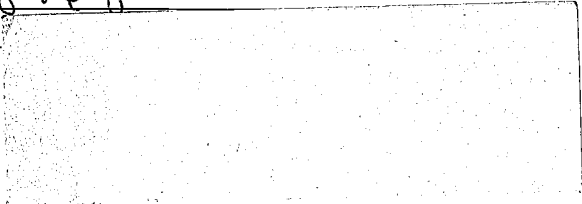
City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: (845) 283-7350

Cell: (845) 283-8768

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: Automobile Detailing and Cleaning Service

H/O Mon thru Sat 9am to 6 Sunday (Closed)

emp/ 4 Employees

Uses currently in property: Vacant

Title	Section Number	Required Dimensions	Actual Dimensions
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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	

Sig Date

Sight Plan
Location

Signature: Cory Williams

Printed Name and Title: Cory Williams (Owner)

Date: May 23, 2019

NORTH

WICKHAM AVENUE
(PAVED SURFACE)

BEATTIE AVENUE
(PAVED SURFACE)

1 STORY
FRAME/BLOCK
COMMERCIAL
BUILDING

RECESSED
ENTRY

WOOD
DECK &
STEPS

COVERED
RAMP

PORCH

REPUTED OWNER:
SCIALPI
TAX MAP # 27-2-24.2
DEED LIBER: 11027, PAGE: 131

REPUTED OWNER:
ROSEMAN
TAX MAP # 27-2-23
DEED LIBER: 3825, PAGE: 316

AREA:
0.462± ACRES

REPUTED OWNER:
HARNICK
TAX MAP # 27-2-5
DEED LIBER: 2225, PAGE: 2

REPUTED OWNER:
DUBOIS
TAX MAP # 27-2-23
DEED LIBER: 12480, PAGE: 237

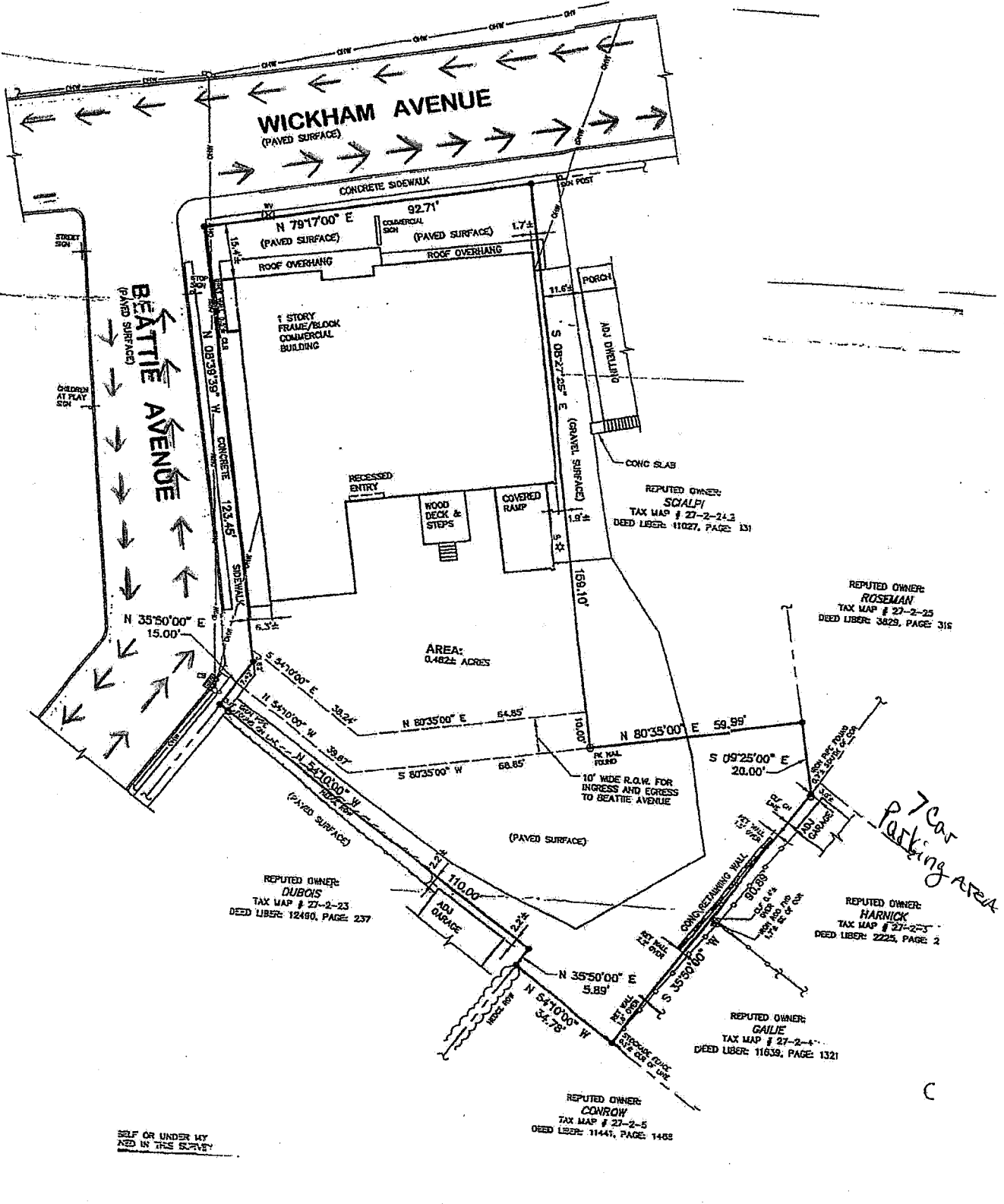
REPUTED OWNER:
GAILIE
TAX MAP # 27-2-4
DEED LIBER: 11638, PAGE: 1321

REPUTED OWNER:
CONROW
TAX MAP # 27-2-5
DEED LIBER: 11441, PAGE: 1488

SELF OR UNDER MY
NEED IN THIS SURVEY

7 Car
Parking Area

TRAFFIC FLOW



APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete 5-17-19
Accepted by Wcw

Date 5-17-19

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 100 Monhagen Ave, Middletown, NY

Section 29 Block 4 Lot 3&4 Current Zoning District C-2

Building Existing _____ New X

2. Owner of Property Monhagen & West Main, LLC

Owner's Address 100 Monhagen Ave

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 # 475-20(8) Gasoline or filling stations & convenience stores.

Classification of Occupancy requested _____
Description of what you are requesting: Site Plan amendment to construct a new food mart & add an additional canopy with gasoline dispensers.

Uses currently in property: A gasoline station & mini mart.

475-20 F.(1)(a) 7,500 SF 20,537.2

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	<u>475-20 D.</u>	<u>7,500 SF</u>	<u>20,537.2</u>
Front yard	<u>475-20 F.(1)(a)</u>	<u>25'</u>	<u>25'</u>
Rear yard	<u>475-20 F.(1)(b)</u>	<u>20'</u>	<u>20'</u>
Side yard	<u>475-20 F.(1)(b)</u>	<u>5'</u>	<u>5'</u>
Parking	<u>Not applicable</u>		

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: Bhayan Singh

Printed Name and Title: BHAYAN SINGH

Date: 4/11/19