

Agenda

City of Middletown Planning Board

September 2, 2020
7:00 PM to 10:00 PM
Common Council Chambers
and via Digital Town Hall

Meeting called by: Anthony Capozella, Planning Board Chairman

Clerk: Martina Tu, Clerk

Members: John Naumchik, Nicole Hewson, Dan Higbie, Gretchen Witt,
Anthony Capozella, Andy Britto, Dave Madden

Approval of August 5, 2020 Planning Board minutes

Cornerstone Family Healthcare
10 Benton Avenue
Addition to an existing outpatient facility

Luis Campos Castro
20-26 West Main Street
Martial Arts Studio

203-213 Wickham Avenue, LLC.
203-213 Wickham Avenue
Barber shop

203-213 Wickham Avenue, LLC.
203-213 Wickham Avenue
Beauty Salon

203-213 Wickham Avenue, LLC.
203-213 Wickham Avenue
Retail store (Indian Grocery)

RDM Group
102-128 Dolson Avenue
Distribution Center

Middletown Downtown, LLC.
22-26 Montgomery Street
Residential apartments and an office

INTRODUCTORY PRESENTATIONS - Not for any action but for future presentation and possible action at a date not yet determined.

The Missionary Society of Our Lady of Mount Carmel
128-172 Wawayanda Avenue
Addition to Retirement Parish Home for Carmelite Priests

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date: **January 31, 2020**

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property **10 Benton Ave, Middletown, NY 10940**

Section **36** Block **15** Lot **4.1**

Current Zoning District **R-2**

Total Building Square Footage = **15,300sf** Existing **10,090sf** New **5,210sf**

2. Owner of Property **Cornerstone Family Healthcare**
Attn: Anthony Mariani, Senior Director of New Projects and Initiatives

Owner's Address **2570 Route 9W, Suite 10**

City **Cornwall** State **New York** Zip **12518**

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

E ABS

3. Applicant name **Same as Above**
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 **B-Occupancy**

Description of what you are requesting: **Site Plan Approval.**
Requesting that the City of Middletown act as Lead Agency for SEQR

Uses currently in property: **Current Use = Outpatient Facility**
There is no change in use of the building

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	See attached site plan drawings for required information.		
Front yard	_____		
Rear yard	_____		
Side yard	_____		
Side yard	_____		
Parking	Off-street parking - Section 475-33.9 (Office Building: 1 Space per 300sf) Total Building Square Footage = 15,300/ 300 = 51 parking spaces required Note: 57 parking spaces have been provided		

Answer this section only for multiple dwellings

Lot coverage **Not Applicable**

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.

Not Applicable

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.

Fencing and parking have been indicated on the attached site plan drawings

7. Sign at the Place Indicated

Signature:

A handwritten signature in black ink that reads "MA Lombardini". The letters are cursive and fluid, with the first name "MA" being more compact and the last name "Lombardini" being more elongated and flowing.

Printed Name and Title:

Michael A. Lombardini, RA
Founding Partner
L2studio architecture
45 Lewis Street, Binghamton, NY 13901
(p) 607-217-7013
Email: mlombardini@L2studioarch.com

Date:

January 31, 2020

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 ²⁰⁻ 26 West Main St, Middletown, NY 10940

Section 35 Block 3 Lot 31

Current Zoning District DMU

Building

Existing

New

2. Owner of Property Karen Jo Cover

Owner's Address 20 West Main St.

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: _____

TERS, IN

3. Applicant name Luis Campos Castro

If different from Owner

Applicants Address 136 Lincoln Pl

City Liberty State NY Zip 12754

Phone numbers: Home: _____

Business: _____

Cell: _____

Fax: _____

-N-DAL

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: Martial Arts Studio

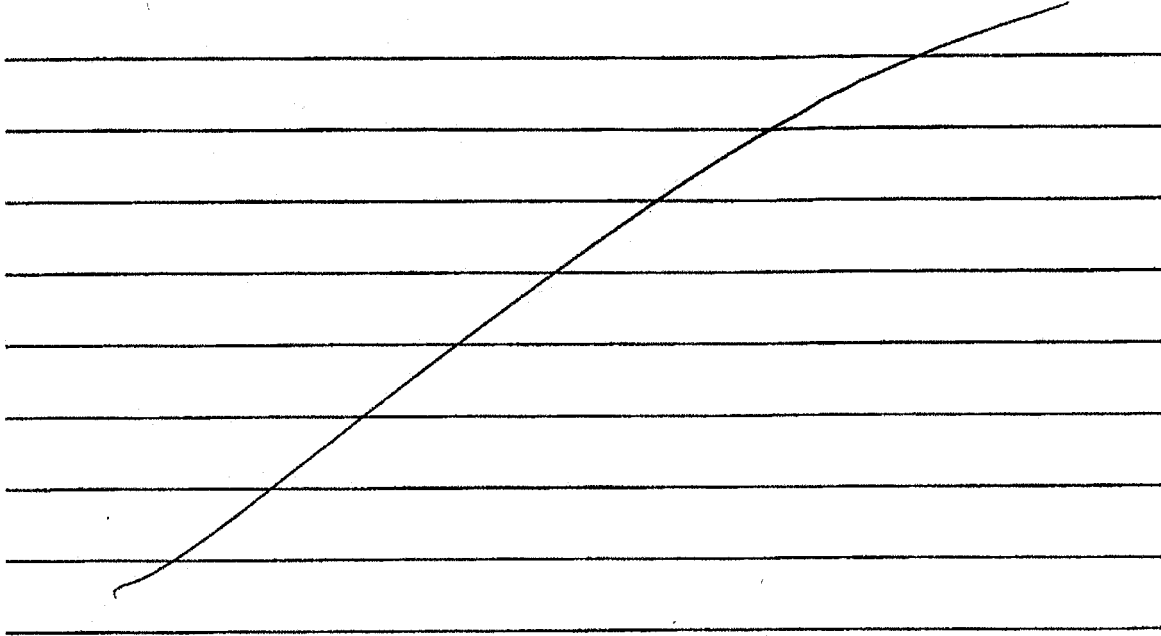
Uses currently in property: Empty space for lease
(last tenant gift store with classes)

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area		(area for lease)	28' frontage x 96' depth
Front yard			
Rear yard			
Side yard			
Side yard			
Parking			

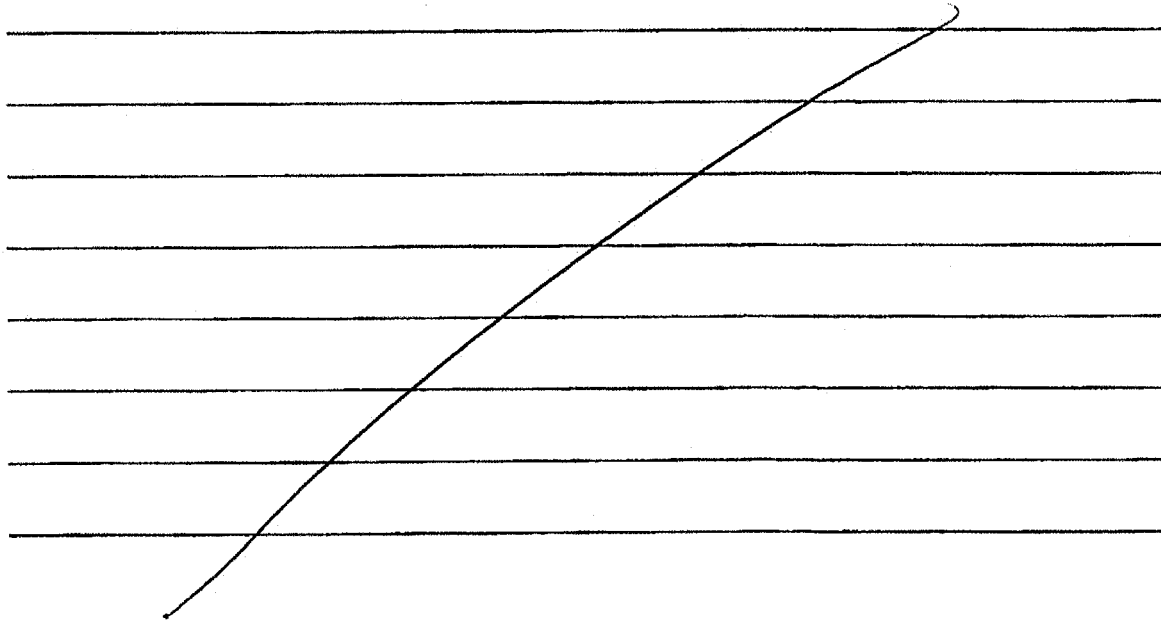
Answer this section only for multiple dwellings

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.

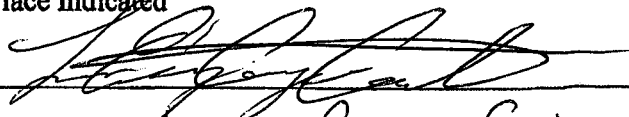


6. Fence and/or Parking Nonconformance. In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.



7. Sign at the Place Indicated

Signature: _____



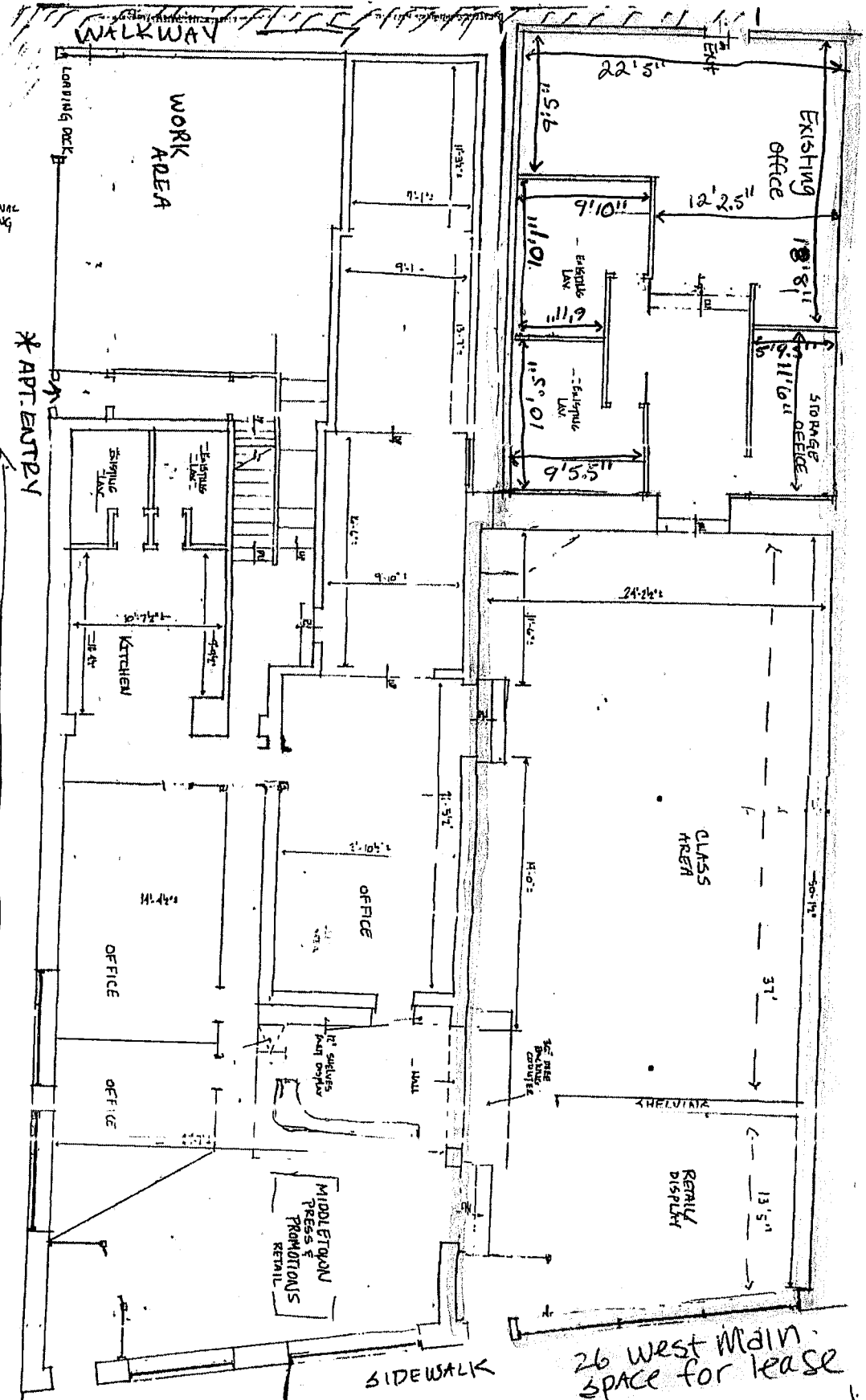
Printed Name and Title: _____

Luis Campos Castro

Date: _____

08/12/2020

20-26 WEST MAIN ST. MIDDLETOWN, NY 10940



↑ Paramount Theatre - end of lot,
 * Apartment space upstairs - over bldg.

Exclusive Right to Park - Municipal Lot
 (indeed)

Add:
 Hours/Days
 Operation

WEST MAIN STREET

ADDITIONAL PARKING

\$500

APPLICATION PLANNING BOARD City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 8-6-2020

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 203-213 Wickhame Avenue

Section 17 Block 5 Lot 7.1 Current Zoning District C-3

Building Existing X New _____

2. Owner of Property 203-213 Wickham Avenue, LLC (Franco Fidanza)

Owner's Address 265 Route 211, Suite 111

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 Commercial- Multiple Tenants

Description of what you are requesting: NEW RETAIL SPECIALTY

INDIAN GROCERY TENANT 3,425 SF

M-SUNDAY 8:00AM - 9:00PM

Uses currently in property: Mercantile (Golden Area Furniture)

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	Refer to Site Plan (No Changes)		
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 _____

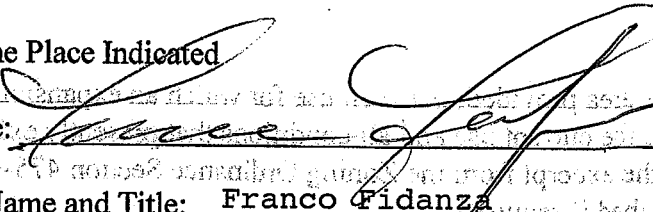
Number of Bedrooms _____

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:



Printed Name and Title: Franco Fidanza

Date: August 6, 2020

Il sottoscritto, Franco Fidanza, in qualità di [qualifica], ha autorizzato il presente documento a essere firmato e inviato a [destinatario] per [motivo].

\$350

APPLICATION
PLANNING BOARD
City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 8-6-2020

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 203-213 Wickhame Avenue

Section 17 Block 5 Lot 7.1 Current Zoning District C-3

Building Existing X New _____

2. Owner of Property 203-213 Wickham Avenue, LLC (Franco Fidanza)

Owner's Address 265 Route 211, Suite 111

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 Commercial- Multiple Tenants (SALON)

Description of what you are requesting: NEW 850 SF SALON

TENANT.

M-SA 9:00AM - 7:00PM

Uses currently in property: Mercantile (Golden Area Furniture)

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	Refer to Site Plan (No Changes)		
Front yard			
Rear yard			
Side yard			
Side yard			
Parking			

Answer this section only for multiple dwellings

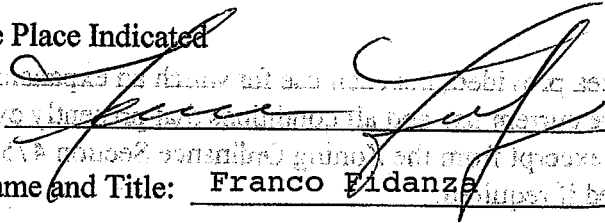
Lot coverage	
Building height	
Open Space	
Playlot	
Livable floor area	
Number of Bedrooms	

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:



Printed Name and Title: Franco Vidanza

Date: August 6, 2020

Person authorized to sign for the company on behalf of the company and to bind the company to the terms and conditions of the contract. The signature of the authorized person must be accompanied by the name and title of the authorized person and the date of the signature.

\$350

APPLICATION
PLANNING BOARD
City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 8-6-2020

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 203-213 Wickhame Avenue

Section 17 Block 5 Lot 7.1

Current Zoning District C-3

Building Existing X New _____

2. Owner of Property 203-213 Wickham Avenue, LLC (Franco Fidanza)

Owner's Address 265 Route 211, Suite 111

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 Commercial- Multiple Tenants (BARBER)

Description of what you are requesting: NEW 890 SF BARBER

TEVANT

M-SA 9:00AM-7:00PM

Uses currently in property: Mercantile (Golden Area Furniture)

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	<u>Refer to Site Plan (No Changes)</u>		
Front yard			
Rear yard			
Side yard			
Side yard			
Parking			

Answer this section only for multiple dwellings

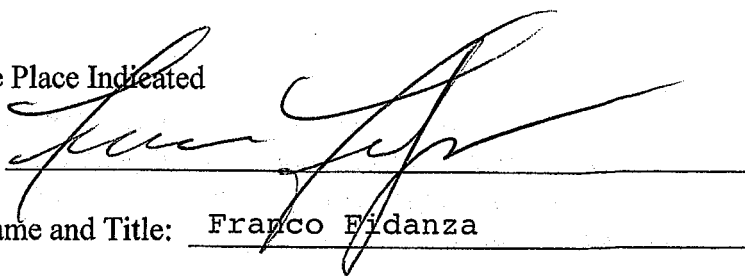
Lot coverage _____
Building height _____
Open Space _____
Playlot _____
Livable floor area _____
Number of Bedrooms _____

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 'Franco Bidanza', written over a horizontal line.

Printed Name and Title: Franco Bidanza

Date: August 6, 2020

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 8/12/2020

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 22-26 Montgomery Street
Section 3 Block 3 Lot 1 Current Zoning District _____

Building Existing New _____

2. Owner of Property Middletown Downtown LLC - Sal Vasapolli
Owner's Address 10 North St
City Middletown State Ny Zip 10940

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

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 # _____

Classification of Occupancy requested _____

Description of what you are requesting: Requesting the following Site Plan approval for Building B, C + D. Bldg B will be 7 - 1BR apartments >600 sq ft. Bldg C will be 6 - 1BR apartments >600 sq ft. Bldg D will be 2 Studio Apartments >500 sq ft. We are also requesting a 1000 sq ft office space in Building A on the 1st floor to house our Construction office.

Uses currently in property: Building A - 6 residential apartments

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			

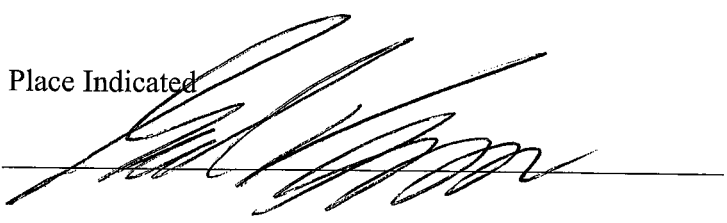
5. **Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those

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: _____



Printed Name and Title: Sal Vasapelli, Member

Date: 8/12/2020