Agenda

City of Middletown Planning Board

January 4, 2023
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 December 7, 2022 minutes

Bell Flavors and Fragrances
12-18 Sprague Avenue
Storage containers

Marco Antonio Naula Padilla
9 King Street
Eating and Drinking Establishment with beer and wine liquor license

Bridgette Simons for Cross the Bridge Counseling
81 Prospect Avenue
Mental health counseling agency

Tarsha Lyons
119-143 Dolson Avenue, Suite 22
Specialty clothing shop

Eva Flores
302 North Street
Car repair/sale

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____ **Date** 11/30/22
Accepted by _____

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 81 Prospect Ave

   Section 36 Block 4 Lot 18-2 Current Zoning District C-1

   Building Existing X New _____

2. Owner of Property PACMNM LLC

   Owner's Address 1 Maiden Lane 5th Floor

   City New York State NY Zip 10038

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

3. Applicant name Bridgette Simmons / Cross the Bridge Counseling
   If different from Owner
   Applicants Address 41 Dolson Ave

   City Middletown State NY Zip 10940

   Phone numbers: **Home:** [redacted]
   Business: [redacted]
   Cell: [redacted]3
   Fax: 845-344-0510

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: To use for mental health counseling agency. Please see printed e-mail

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: [signature], LCSW-R

Printed Name and Title: Owner / Director

Date: 11/30/22

OWNERS ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Andre Riche being duly sworn, deposes and says that he/she resides at 104 E. Main St, Middletown, NY 10940 in the County of Orange and State of New York and that he is the owner in fee or Owner of the
OFFICIAL TITLE
PACMAN LLC Corporation which is the owner in fee of the premises described in the foregoing application and that he has authorized _____ to make the foregoing application for approval as described herein.

Sworn before me this 9th day of Dec. 2022

NOTARY PUBLIC

TAYLOR R MINAYA
Notary Public - State of New York
NO. 01MI6325076
Qualified in Ulster County
My Commission Expires May 26, 2023

OWNERS SIGNATURE

CROSS THE BRIDGE COUNSELING

Addressing Life's Transitions

Cross the Bridge Counseling is a small group of privately practicing mental health professionals. We are a S-corporation. I currently employ 14 paid employees and 4 unpaid interns. They consist of 5 fully licensed therapists, 2 permitted mental health counselors, 2 office staff, 5 therapist assistants, and 4 interns. Not all staff are in the building at the same time as the shifts are staggered and only 2 employees are full-time. Each day's attendance varies as to what therapists are working that day.

Our schedule is as follows:

Monday hours – 8:15 am – 8:15 pm we see approximately 50 clients this day and our play therapy program takes place from 3pm- 8:15pm. During this program approximately 12 children are seen at a time in separate groups of 3.

Tuesday hours – 8:15am- 6:45pm- we see approximately 25 clients this day and our play therapy program takes place from 2 pm- 6:45pm. During this program approximately 9 children are seen at a time in separate groups of 3.

Wednesday hours-8:15 am -3:30 pm- at this time only adults are seen at the office on this day. Approximately 12 clients are seen.

Thursday hours-8:15 am-2:00 pm- only 1 office staff is at this office location. All other staff are at our Rock Hill location on this day once a week.

Friday hours-8:15 am – 3:00 pm- Approximately 10 adult clients are seen.

We perform psychotherapy via talk and play therapy. We DO NOT prescribe medication or do any type of medication management.

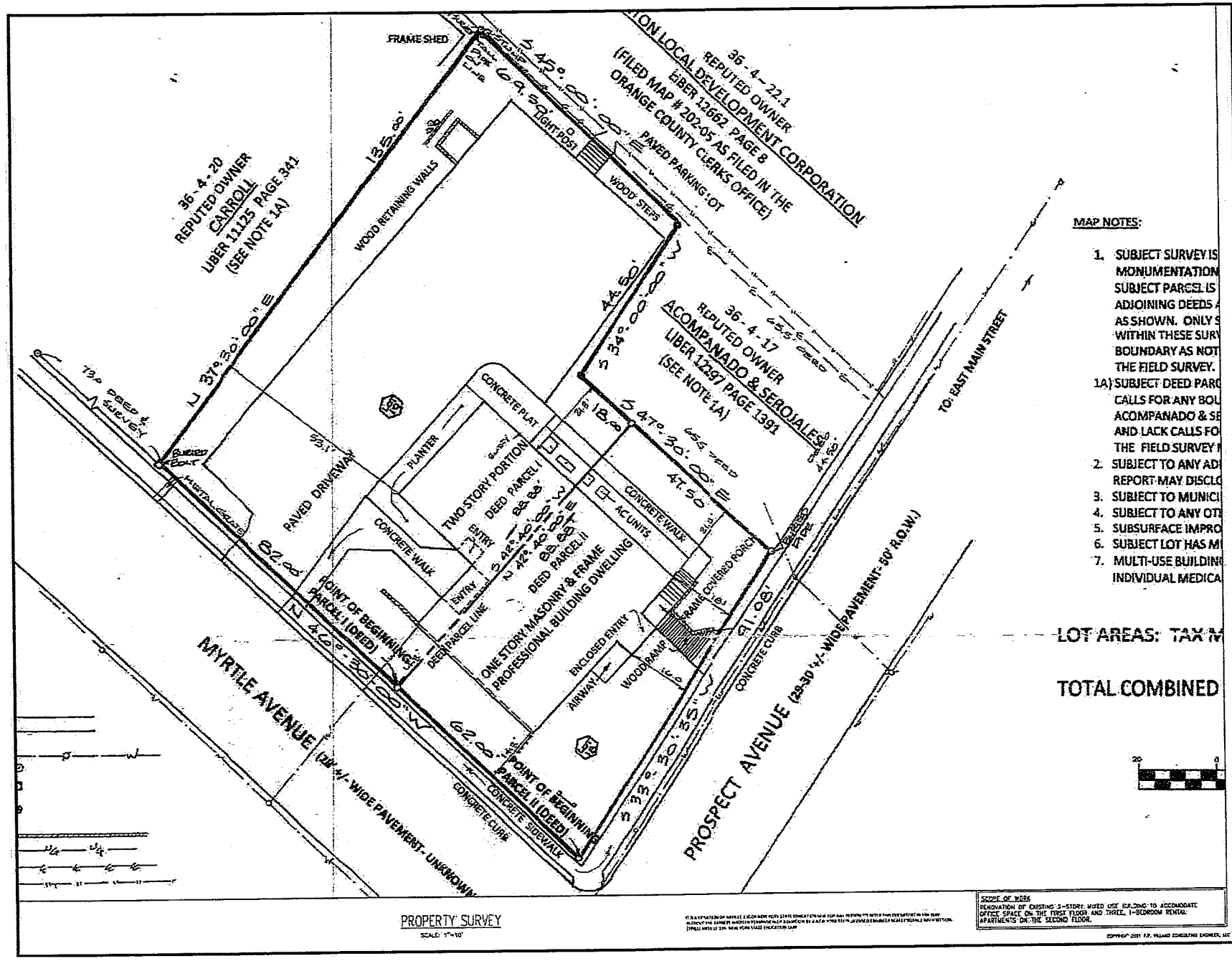
It should be noted that this counseling agency has been a part of this community since 1999. It was established by the late Jeffery Roosa, LCSW-R. Jeffery passed away in 2014 and I purchased the business from his wife in 2016. I have been employed by this agency since 1999.

41 Dolson Avenue
Middletown, NY 10940

230 Rock Hill Drive
Rock Hill, NY 12775

(845) 342-5789

www.crossthebridgecounseling.com



PROPERTY SURVEY

SCALE: 1"=10'

F. P. VILLANO
CONSULTING ENGINEER, LLC
35 EDGEHILL DRIVE - WAPPINGER FALLS, NY 12590
Phone: (201) 805-7211

Project Title:

25 MYRTLE AVE
RENOVATIONS

Project Type:

ALTERATION

Address:

25 MYRTLE AVE
AND
81 PROSPECT AVE
MIDDLETOWN, NY

Sheet Title:

EXISTING
SURVEY

NO.	DATE	REVISION
6		
5		
4		
3		
2		
1		

PROFESSIONAL ENGINEER'S CERTIFICATION

FRANK P. VILLANO, P.E.
NEW YORK LIC. NO. 078540

PROJECT NO:	4020
SCALE:	AS SHOWN
DATE:	MARCH 17, 2021

Drawing:

A-003.0

Fence on Touro
Stairs to Touro parking lot
56'-9"
28'-1 1/2"
12'-1"
38'-9 1/2"
Main office
Storage room
Director's office
Therapy room
Closet
Closet
Bath room
Hallway
4'-3"
Utility room
Kitchen Employee Lounge
Bath room
Bath room
Therapy room
Waiting room
Client entrance
Hallway
Therapy room
Therapy room
4'-8"
Therapy room
Hallway
Storage room
Storage
Existing Counter
Myrtle Ave.

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____ **Date** 12.6.22
Accepted by _____

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 119-143 Dolson Ave, Middletown NY

   Section 48 Block 2 Lot 7.2 Current Zoning District C3

   Building Existing ✓ New _____

2. Owner of Property Kale Realty Corp.

   Owner's Address 119-143 Dolson Ave, Suite 22

   City Middletown State NY Zip 10940

   Phone numbers: **Home:** _____
   Business: 845-343-3614
   Cell: 845-381-0208

3. Applicant name Tarsha Lyons

   If different from Owner
   Applicants Address 42 Underhill Rd Apt H

   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 # 475.21 (B)

Classification of Occupancy requested C3- Retail Store SQFT 1,360

Description of what you are requesting: Approval for Specialty Retail Clothing Shop catering to personalization of hats, jackets, etc -

Uses currently in property:

Shoprite, Dry Cleaners, Smoke Shop, Clothing Boutiques, Tea Shop, Daycare, Bagels, Pizza, Hairdresser, Dollar Tree, Beauty Supplies

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.

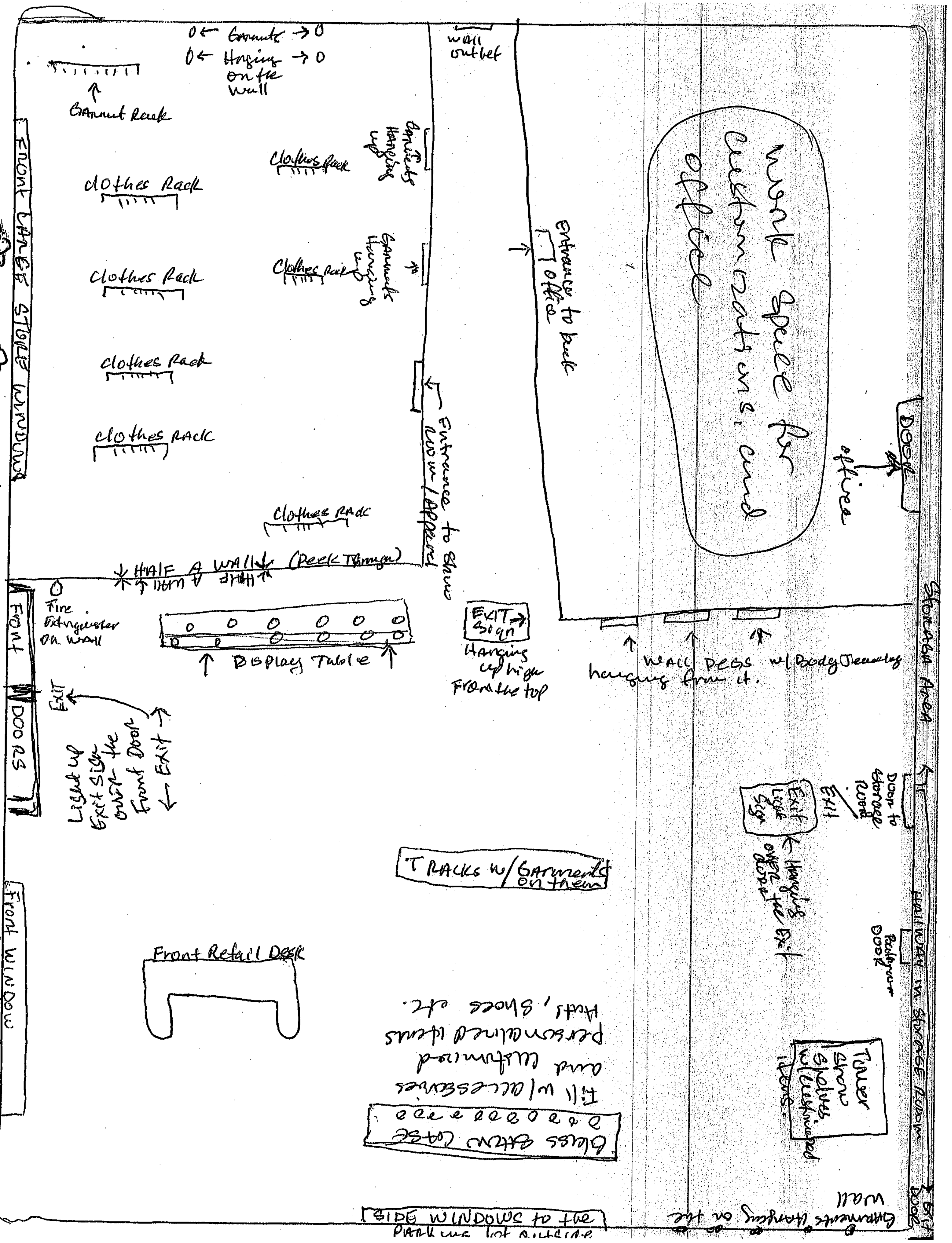
6. **Fence and/or Parking Nonconformance.** In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

7. Sign at the Place Indicated

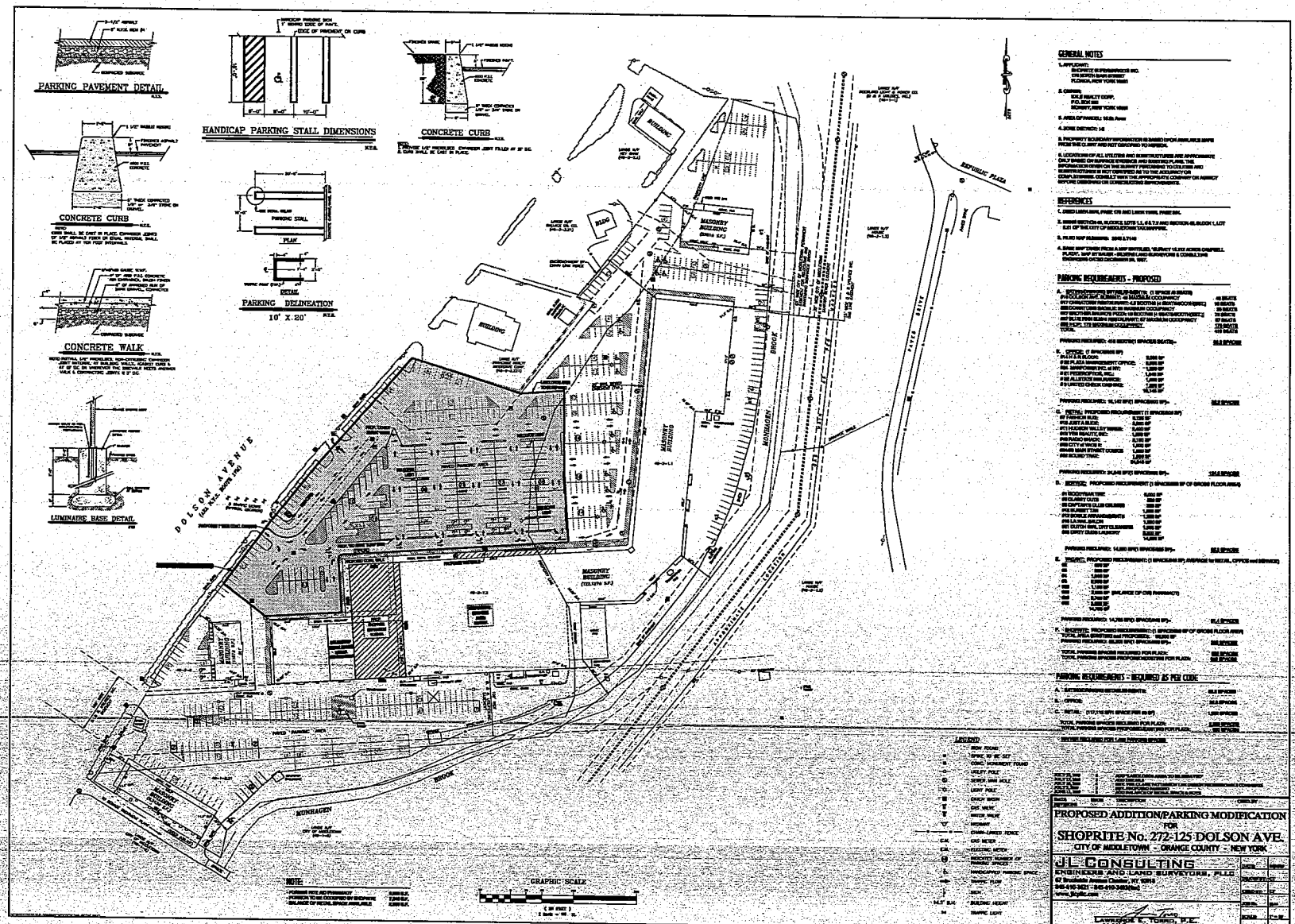
Signature: Tarsha Lyons

Printed Name and Title: TARSHA LYONS OWNER

Date: 12/6/2022


Garments Hanging on the Wall
Garment Rack
wall outlet
Clothes Rack
Clothes Rack
Clothes Rack
Clothes Rack
clothes Rack
Clothes Rack
Clothes Rack
Garments Hanging up
Garments Hanging up
Front Large Store Window
Outside - Street / Doors Thruway
Half a Wall (Peek Through)
Half a Wall
Fire Extinguisher on Wall
Display Table
Front Doors
Exit
Exit
Light w/ Exit Sign over the Front Door
Exit Sign Hanging up high From the top
Entrance to back office
Entrance to show room / apparel
Work space for customizations and office
Door
office
Wall pegs w/ Body Jewelry hanging from it.
Storage Area
Exit Light Sign
Exit
Hanging over the Exit door
Door to storage room
Hallway in Storage Room
Restroom Door
T Racks w/ Garments on them
Front Window
Front Retail Desk
Fill w/ accessories and customized personalized items Hats, shoes etc.
Glass Show Case
Tower Show Shelves w/ customized items
Garments Hanging on the wall
Exit Door
Side windows to the parking lot outside

Campbell Plaza Site plan



OWNERS ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Tammi Palmer being duly sworn, deposes and says that he/she resides at 125 (119-143) Dolson Ave, Middletown, NY in the County of Orange and State of NY and that he is the property Manager owner in fee or Property Manager of the
OFFICIAL TITLE
Kale Realty Corp. Corporation which is the owner in fee of the premises described in the foregoing application and that he has authorized Kascal Kutz, Tarsha Lyons to make the foregoing application for approval as described herein.

Sworn before me this 7 day of Dec 2022

KIM ARLINE MITA
Notary Public - State of New York
NO. 01MI6234349
Qualified in Orange County
My Commission Expires 01-12-2023

NOTARY PUBLIC

Tammi Palmer, Prop Mgr
OWNERS SIGNATURE

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 302 north St Middletown NY 10940

   Section 17 Block 2 Lot 16 Current Zoning District C2

   Building Existing X New _____

2. Owner of Property Eva Flores

   Owner's Address 245 Schutt Rd

   City Middletown State NY Zip 10940

   Phone numbers: **Home:** _____
   Business: 845. 342. 2242
   Cell: 845. 479. 9393

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: Zoning Authorization For Used Auto Dealership

MONDEI SATURDEI 9:00 - 6:00

Uses currently in property: Auto Repair Shop.

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.

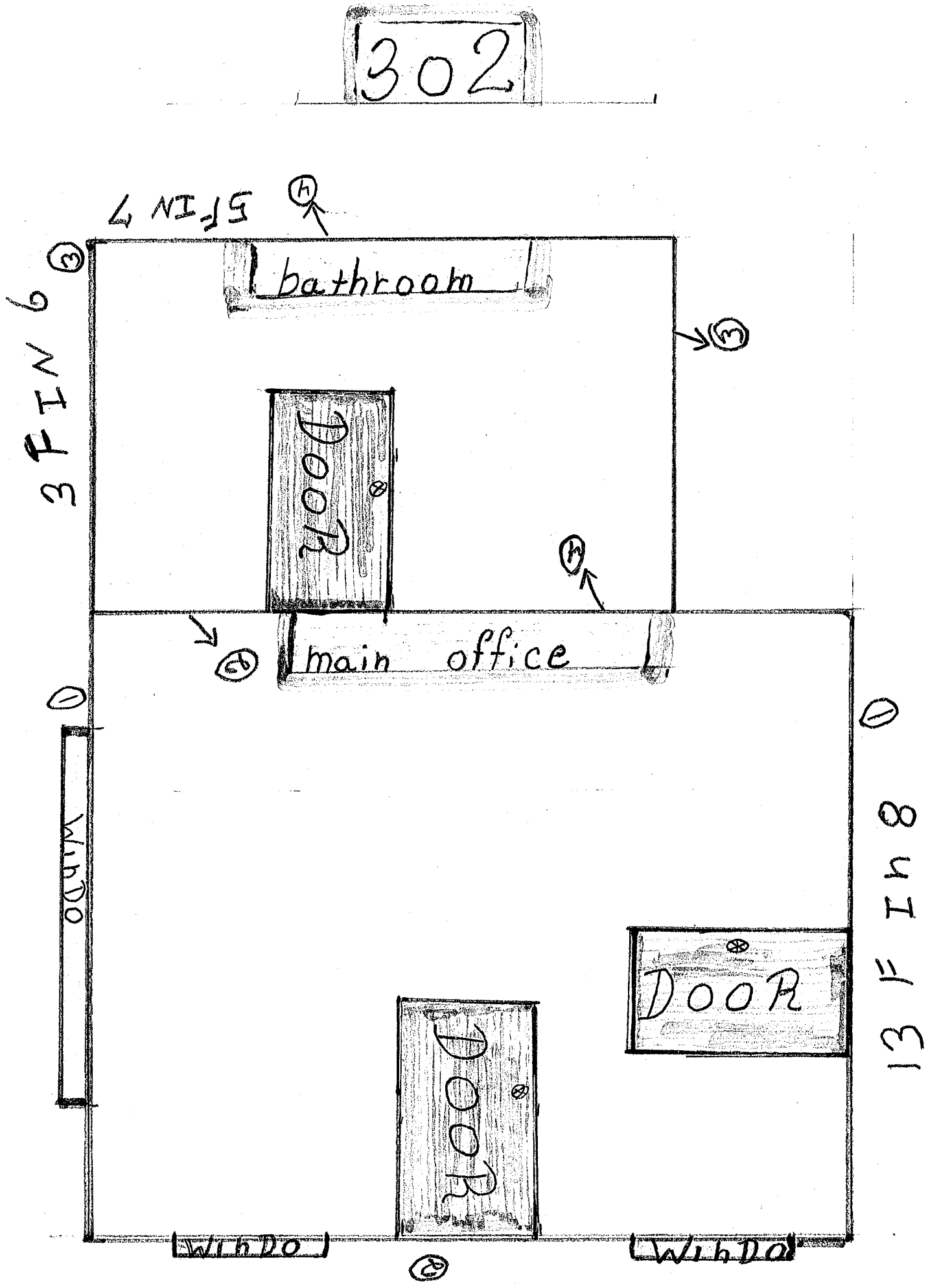
6. **Fence and/or Parking Nonconformance.** In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

7. Sign at the Place Indicated

Signature: Eva Flores

Printed Name and Title: Eva Flores

Date: 9/21/2022


302
5 FIN 7
3 FIN 6
bathroom
DOOR
main office
WinDO
DOOR
DOOR
WinDO
WinDO
13 FIN 8
7 F 6 In