

**CITY OF MIDDLETOWN
PLANNING BOARD MEETING AGENDA
JUNE 4, 2025 7:00 PM
COMMON COUNCIL CHAMBERS
AND VIA DIGITAL TOWN HALL**

Meeting Called By: Anthony Capozella, Planning Board Commissioner
Clerk: Martina Tu, Clerk

Members: Nicole Hewson, Dan Higbie, Richard McCormack, Gretchen Witt, Anthony Capozella, Andy Britto, Dave Madden

1. PLEDGE OF ALLEGIANCE
2. ROLL CALL
3. APPROVAL OF MINUTES
 - 3.1. Accept the Minutes of May 7, 2025
4. NEW BUSINESS

Request of Humberto Calero, for a special use permit and site plan approval in order to have a skin spa located at 28-32 County Highway 78, Middletown

Request of Tysan Lerner, for a special use permit and site plan approval in order to have fitness classes, health coaching, and wellness workshops located at 23 Center Street, Middletown

Request of Tasha Y. Crump for a special use permit and site plan approval in order to have an elective ultrasound studio specializing in 2D, 3D, 4D and HD live images of babies, photography and memorabilia located at 86-90 North Street, Middletown

Request of Silvia Gonzalez, for a special use permit and site plan approval in order to have business offices on the 1st floor of the premises located at 248 East Main Street, Middletown

5. ADJOURNMENT

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 04-10-2025

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 28-32 County Highway 78, Middle-town, NY 10940
Section 54 Block 1 Lot 12.11 Current Zoning District C3

Building Existing New _____
unit 1

2. Owner of Property 28-32 County Highway 78, MIDDLETOWN, NY 10940
unit 1

Owner's Address 28-32 County Highway 78, M

City MIDDLETOWN State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: 646-209-5354

3. Applicant name Humberto Calero

If different from Owner

Applicants Address 36.20 boerne Street

City Flushing State NY Zip 11354

Phone numbers: Home: 917-662-8832

Business: humbertocalero804@gmail.com

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 # 54 x

Classification of Occupancy requested _____


Description of what you are requesting: Facial - Skin Care
Business hours 10 AM to 10 PM daily

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 _____

Signature: 

Printed Name and Title: Humberto Calero

Date: 04-10-2025

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Shi Guang Si being duly sworn, deposes and says that

he/she resides at 28-32 County Rd 78, Middletown NY 10940

in the County of Orange and State of New York and that he/she is the

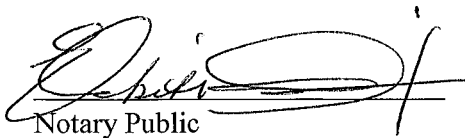
owner in fee or President of the Shi and Zhang LLC
OFFICIAL TITLE

Corporation which is the owner in fee of the premises described in the foregoing application and that

he/she has authorized Humberto Calero to make the foregoing

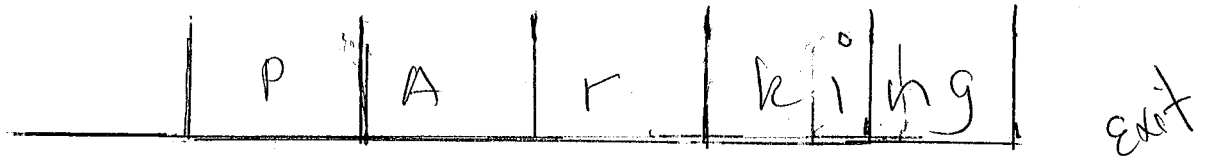
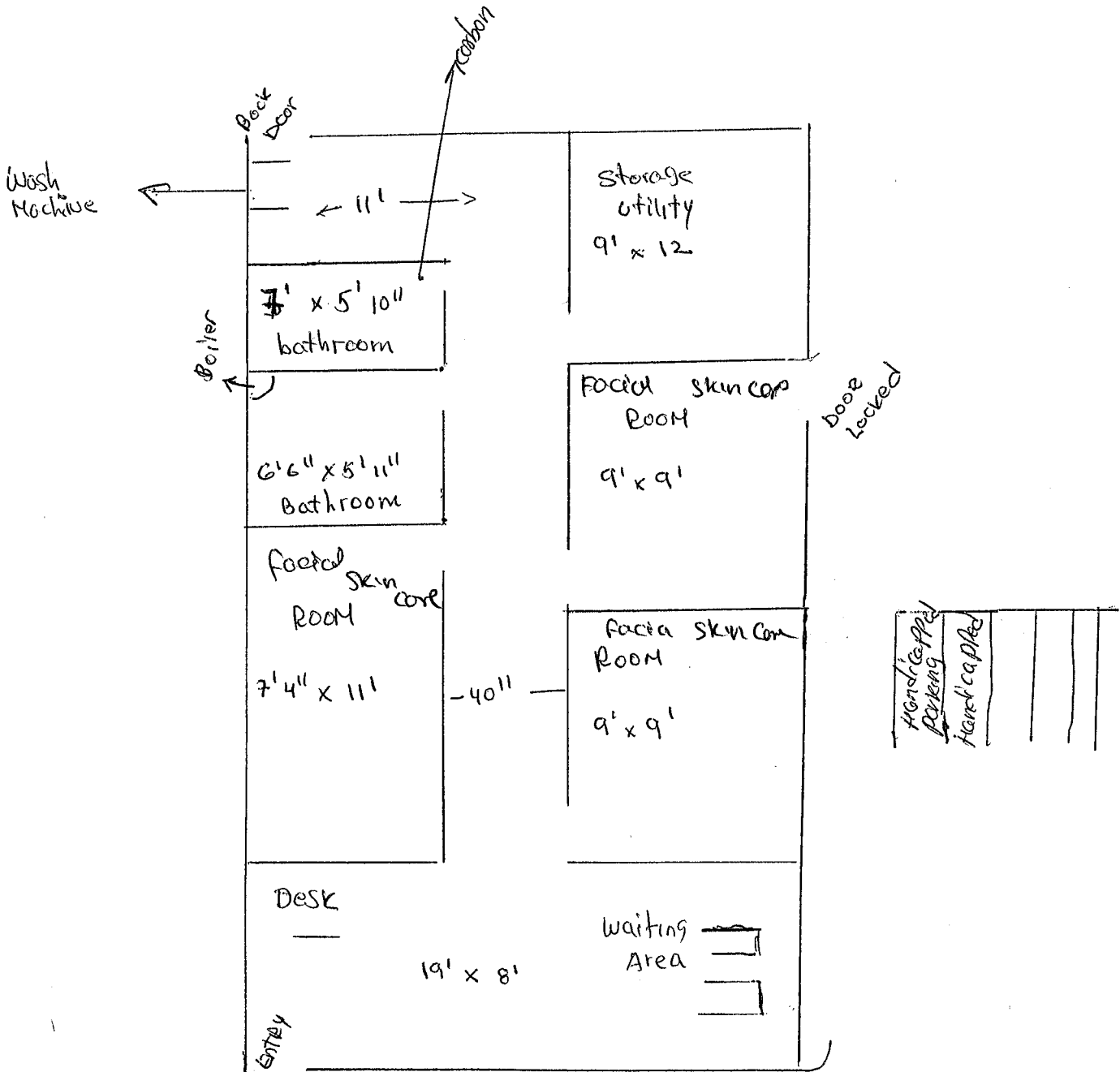
application for approval as described herein.

Sworn before me this 10th day of April 2025


Notary Public

ELIZABETH R. ARRINGTON
Notary Public - State of New York
No. 01AR6424430
Qualified in Orange County
My Commission Expires November 1, 2025

Shi Guang Si
OWNER'S SIGNATURE



County Rt 78

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 23 Center Street, Middletown, NY

Section 31 Block 8 Lot 22

Current Zoning District DMU

Building Existing New _____

2. Owner of Property Commedia Group Inc.

Owner's Address 23 Center Street

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: (919) 996-9635

3. Applicant name Tysan Lerner, Pilates Oasis LLC

If different from Owner

Applicants Address 293 Franke Road

City Huguenot State NY Zip 12746

Phone numbers: Home: _____

Business: _____

Cell: 212-390-8429

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'll offer Pilates Reformer and

Pilates equipment workouts as well as Mat, movement, yoga,

and fitness classes + privates. In the front reception area we
will ~~offer~~ have a gift shop. We'll also offer health coaching,

* Uses currently in property: wellness workshops, and online programs.

↳ Bookstore/gift shop + meditation.

First floor - Book store

Second floor - not occupied

Hours: Daily 6 AM - 9 pm

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: Tyran J.

Printed Name and Title: TySan Lerner, owner of Pilates Oasis LLC

Date: 4/16/25

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Christina Xia

being duly sworn, deposes and says that

he/she resides at 10 Wedgewood Ln, Middletown NY 10940

in the County of Orange and State of New York and that he/she is the

owner in fee or President of the Commedia Group Inc.
OFFICIAL TITLE

Corporation which is the owner in fee of the premises described in the foregoing application and that

he/she has authorized Pilates Oasis LLC to make the foregoing

application for approval as described herein.

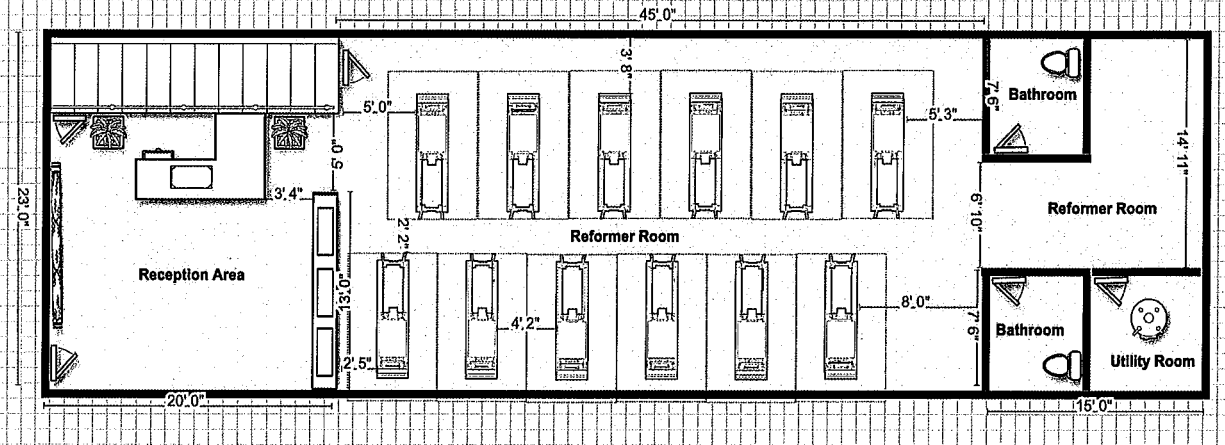
Sworn before me this 28th day of February 2025

Keyana Downes
Notary Public

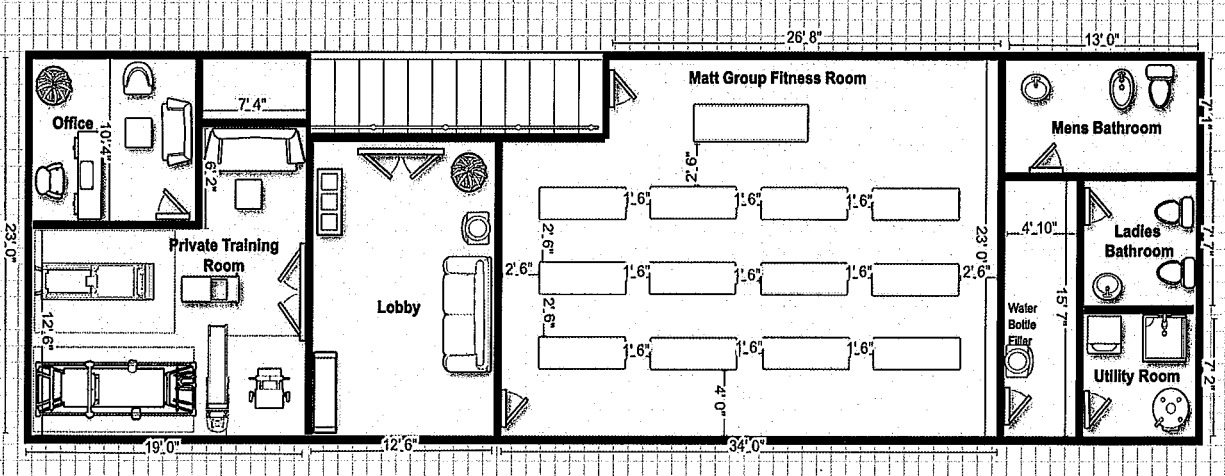
Christina Xia
OWNER'S SIGNATURE

KEYANA L. DOWNES
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DO6358802
Qualified in Orange County
My Commission Expires 05-15-2025

23 Center St - 1st Floor



23 Center St - 2nd Floor



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 86-90 North St. Middletown NY 10940
Section Block Lot 31-2-8 Current Zoning District DWU
Building Existing New
2. Owner of Property Zhongling Jia
Owner's Address 32 Vraga Ln M
City Middletown State NY Zip 10940
Phone numbers: Home: 845-916-2508
Business: _____
Cell: 845-916-2508
3. Applicant name Tasha Y. Crump
Waiver from Owner
Applicant's Address 1244 Silverlake Scotchban Rd #18F
City Middletown State NY Zip 10941
Phone numbers: Home: _____
Business: 845-394-0095
Cell: 347-862-3093
Fax: 845-239-4418

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 _____

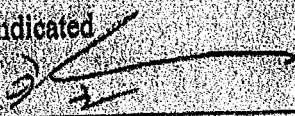
Description of what you are requesting: Elective ultrasound studio specializing in 2D 3D 4D and HD live images of babies. Also photography services and memorabilia. Office hours Mon-Tues 5³⁰pm-10pm Wed 10am-10pm Sat 9-6pm Sun 10-3pm

Uses currently in property: NONE

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			
Plylot			
Livable floor area			
Number of Bedrooms			

7. Sign at the Place Indicated

Signature: _____

A handwritten signature in black ink, appearing to be 'zhongling jia', written over a horizontal line.

Printed Name and Title: _____

zhongling jia

Date: _____

4/24/2025

OWNER'S ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Zhongling Jia being duly sworn, deposes and says that

he/she resides at 32 Drago Ln Middletown

in the County of orange and State of NY and that he/she is the

owner in fee or owner of the Hope of middletown Gardens LLC
OFFICIAL TITLE

Corporation which is the owner in fee of the premises described in the foregoing application and that

he/she has authorized Tasha Crump to make the foregoing

application for approval as described herein.

Sworn before me this 2nd day of May 2025

[Signature]

Notary Public



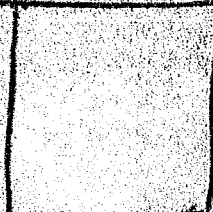
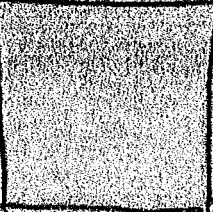
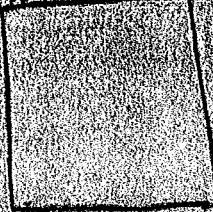
[Signature]

OWNER'S SIGNATURE

Window

Window

Window



Wall

Window

Wall

Window

Wall

Window

Door

Door

Door

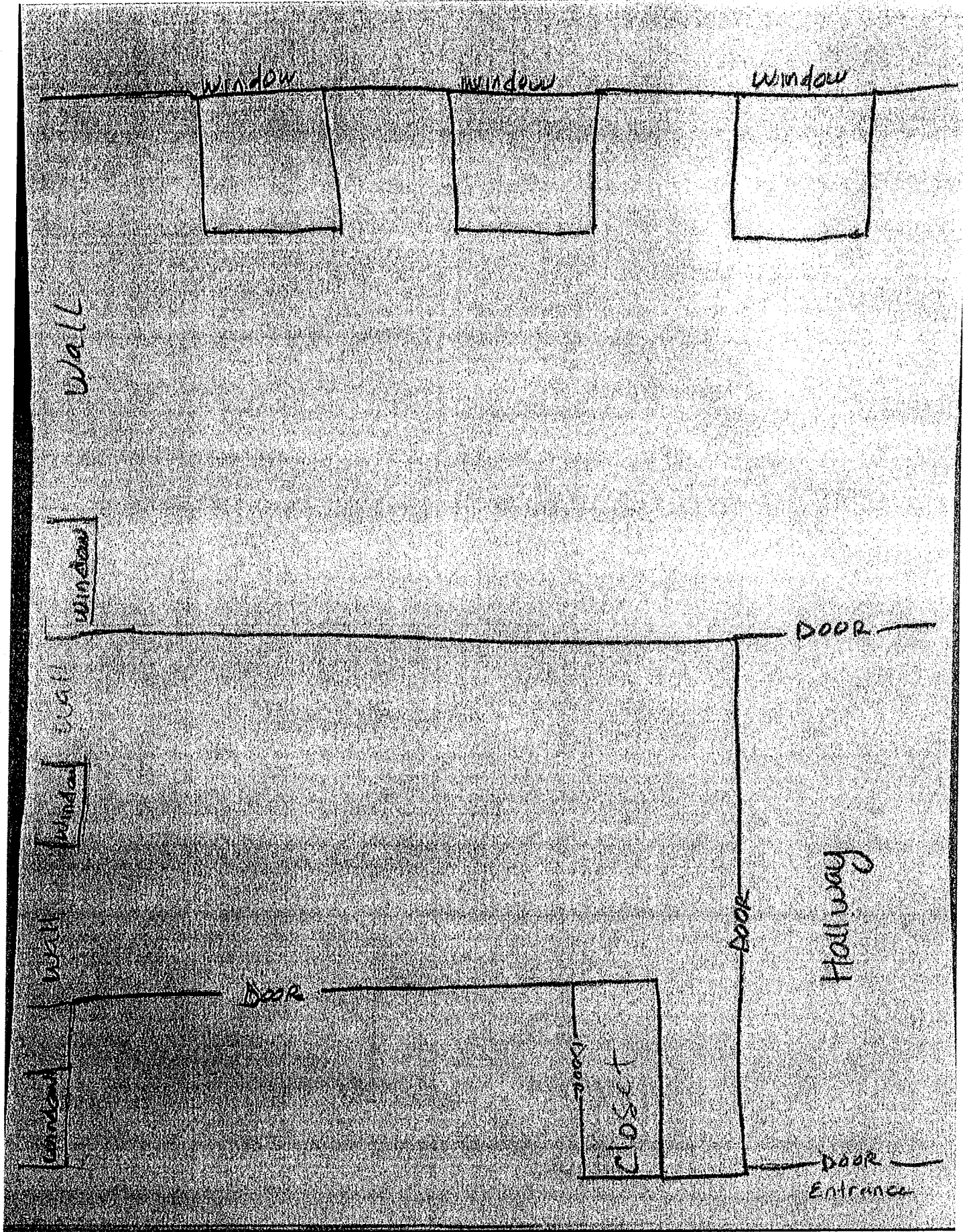
Door

Door

Entrance

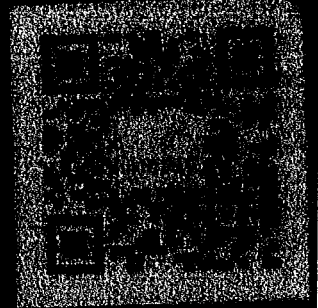
Closet

Hallway



ARDMS

To verify status scan QR code or
visit ARDMS.org/VerifyStatus



ARDMS HAS AWARDED CREDENTIALS TO
TASAKI CRUMP

CREDENTIALS
RVT/CR/CRNP

DOB
12/27/1981

REGISTERED SINCE
2009

EXPIRES ON
12/31/2025

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 4/10/2025

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 248 East Main St.

Section 36 Block 4 Lot 4 Current Zoning District C2

Building Existing New _____

2. Owner of Property Gonzalez Rental Incorporated

Owner's Address Po-Box 194

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: 845 648 5499

3. Applicant name Silvia Gonzalez

If different from Owner

Applicants Address 151 Reinhardt Road

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: 845 648 5499

Fax: email: gonzalezrental.845@gmail.com

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 would like to use the
first floor as an office for our business.

Monday - Saturday 7 - 5 pm.

Uses currently in property: Empty apartment. First Floor

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

Printed Name and Title: Silvia Gonzalez

Date: 4/10/2025