

Agenda

City of Middletown Planning Board

November 1, 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:

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

Approval of October 4, 2023 minutes

Buttercup Jewelry
119-143 Dolson Avenue
Jewelry store

David Cohen
14-20 Acadey Avenue
Offices, storage, and workshop for construction business

Sandra Sosa
102-104 North Street, Suite B
Hair salon

Janice Liu
22 Orchard Street
Book store with food and drink

Guadalupe Tomax
360 North Street
Deli

Estela Aragon Marin
1-7 Courtland Street
Restaurant

Catherine Yaa Yaa Whaley-Williams
37 North Street
an eating and drinking establishment

91-95 North Street, Inc.
91-95 North Street
4 residential apartments (2nd floor)

Jian Hu
33 Fulton Street
Site plan amendment

Shen Yun Foundation Inc.
29-35 North Street
Rebuilding existing roof deck area to create offices on the 3rd floor

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 10/10/23

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 119-143 Dolson Ave, Suite 24, 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 PO. Box 200

City Monsiey State NY Zip 12590

Phone numbers: Home: Work 845 425-9130

Business: 845-343-5614

Cell: 845-381-0208

Middletown

3. Applicant name Buttercup Jewelry

If different from Owner

Applicants Address PO Box 30

City Wawarsing State NY Zip 12489

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: RETAIL JEWELRY STORE

7 DAYS A WEEK 10^{AM} TO 6⁰⁰ PM

2- EMPLOYEES

Uses currently in property:

(CLOTHING STORE)

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.

N/A

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.

N/A

7. Sign at the Place Indicated

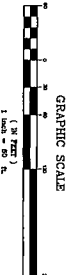
Signature: Douglas J. Pomerantz Ruth Pomerantz

Printed Name and Title: Douglas POMERANTZ & Ruth POMERANTZ

Date: 10/11/23

[illegible]

Any change of the ID is done 50% free.
 Mr. Chelton, Charlotte, CT, Elmwood, 12-acre, 1000 sq ft.
 Appraised 1976, value \$100,000.
 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647

[illegible]

FRANK A. MURPHY N.Y.S.L.S. 1046298	DATE

[illegible]

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R/R/16 Revised report, new birth,

REVIEWS

3. 2. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 8

100

| | |
|------------------|-------------|
| RESEARCH FUNDING | 551 STUDIES |
| INDUSTRY PATENTS | 27 STUDIES |

PARKING NOTE

1 square inch; and seeds protected by bees from 15 square inches (approx).

Paper 208 of A.C., Miss Lillian E. Webb Member, M.O.F.I.S.H.E.L., Erected
Date August 3, 1908 there is no one indicated as being at work.
Reference would need again subject to "Mentioned by" if answer is

FLOOD BOUNDARY NOTE

SEARCHED BY BUENOS-AIRES DATED 12/29/87
SERIAL 87 00147 4 BUENOS AIRES 8/21/84

WORKING PAPER

TAL MAP

6 STONES OR SO FITT

SOX 404
FIN 404

ADDITIONAL ACCOUNTING
MONITORING REQUIRED

Verbal and Written Expression

BULK REQUIREMENTS

INCIDENT MAP



OWNERS ENDORSEMENT

COUNTY OF ORANGE
STATE OF NEW YORK

Tammi Palmer being duly sworn, deposes and

says that he/she resides at ~~000~~ 125 DOBSON AVE, Suite 24

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

Property Manager of the Property Manager

Kale Realty Corporation which is the owner

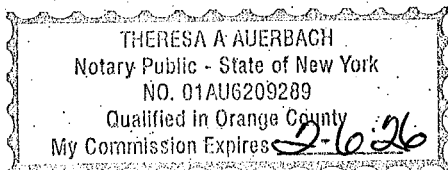
in fee of the premises described in the foregoing application and that he has authorized

Ruth Pomerantz to make the foregoing application for

approval as described herein.

Sworn before me this 10th day of October 2023

[Signature]
NOTARY PUBLIC



Tammi Palmer
OWNERS SIGNATURE

APPLICATION

PLANNING BOARD

City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 9/25/23

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 14-20 Academy Ave

Section 36 Block 15 Lot 1

Current Zoning District C-3

Building Existing ☒ New ☐

2. Owner of Property Mike Matuszewski

Owner's Address _____

City _____ State _____ Zip _____

Phone numbers: Home: 845 342 6967

Business: _____

Cell: 845 742 3963

3. Applicant name David Cohen

If different from Owner

Applicants Address 24 Rachel Ct

City Bloomington State NY Zip 12721

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 # _____ ROOFING + EXTERIOR REMODELING
Classification of Occupancy requested Offices / Storage / Workshop
Description of what you are requesting: To use the space as an
office with storage of tools + supplies on
one side and a work shop on the other side
Uses currently in property: Currently used as an automotive
repair + towing center that sells cars.

| 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

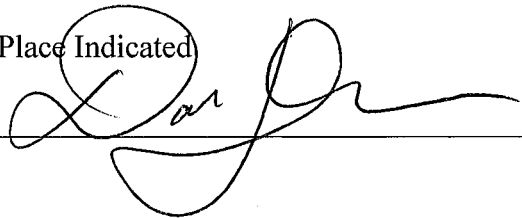
| | |
|--------------------|------------|
| Lot coverage | |
| Building height | |
| Open Space | <u>N/A</u> |
| Playlot | |
| Livable floor area | |
| Number of Bedrooms | |

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: 

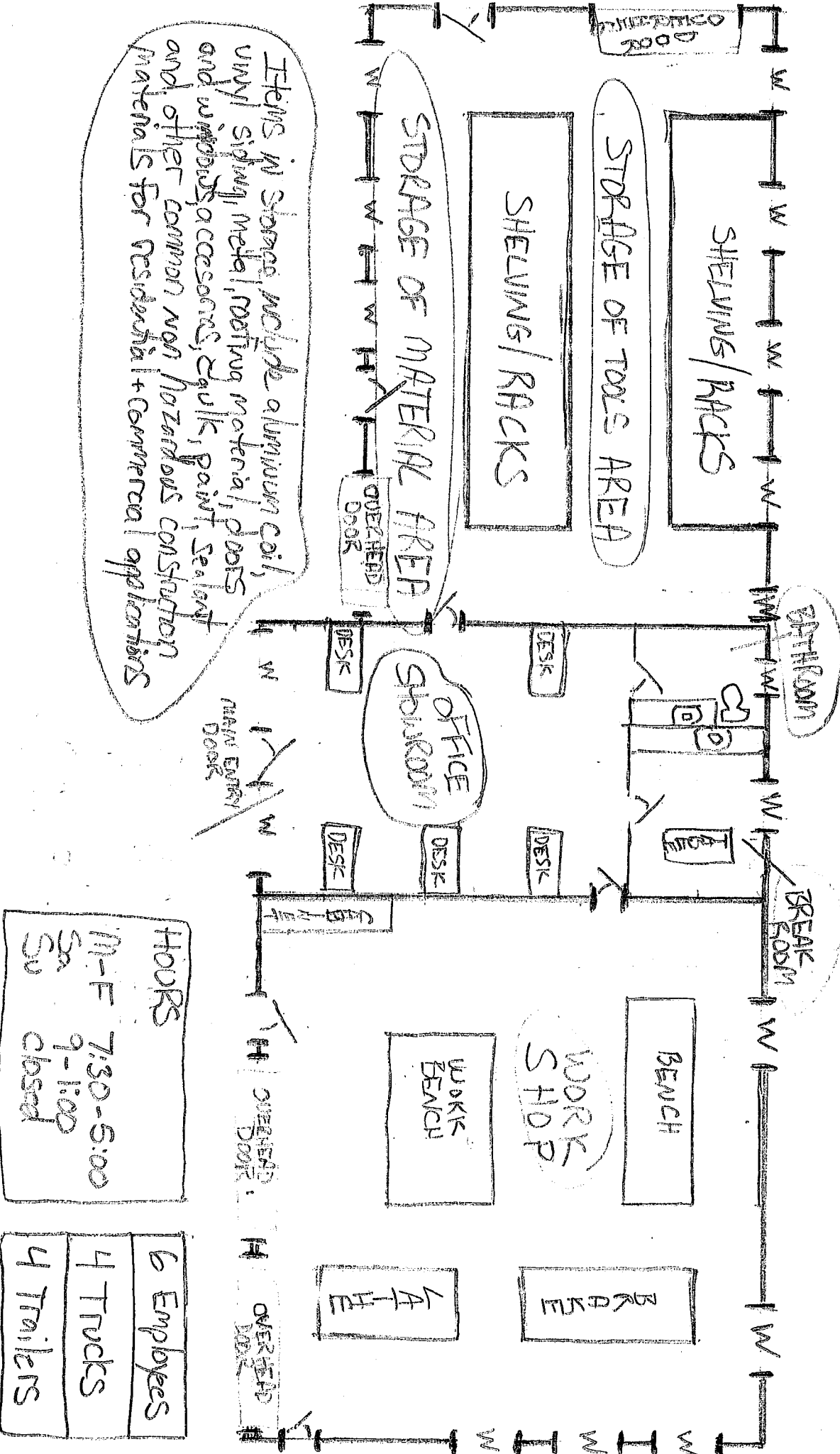
Printed Name and Title: David J. Cohen (President)

Date: 9/26/23

14-20 ACADEMY AVE
MIDDLETOWN NY 10940

3358 sq ft

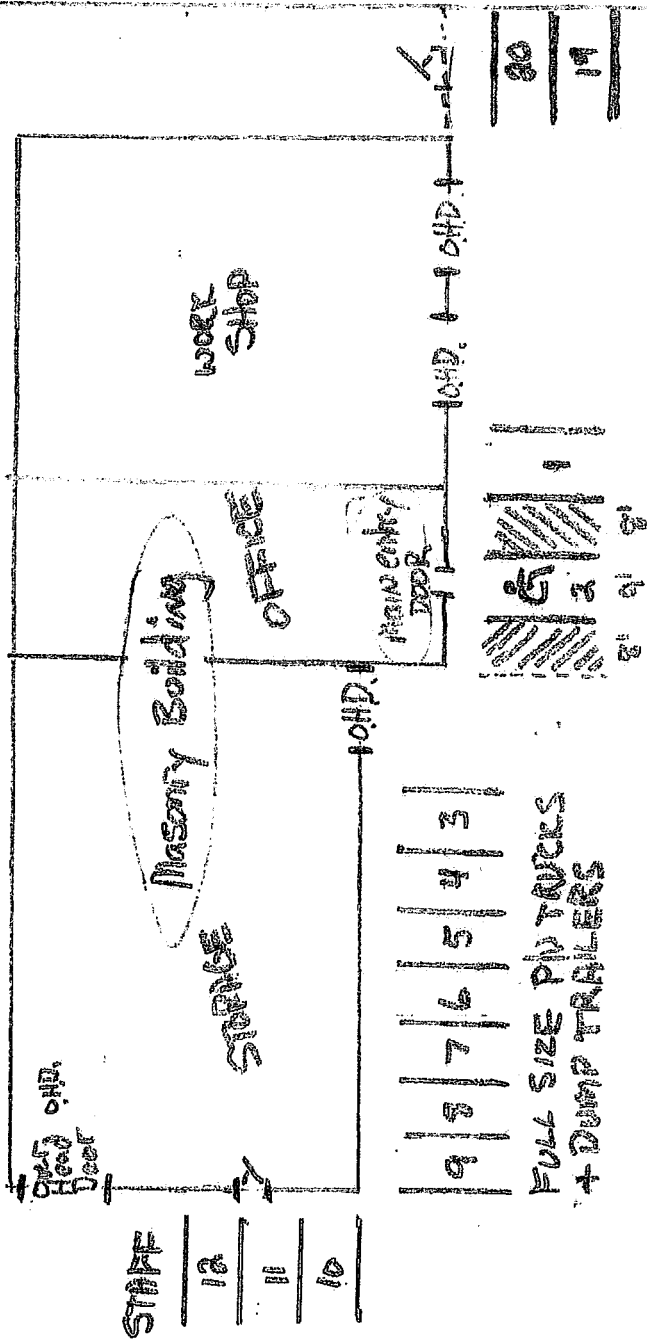
no changes to interior
configuration



HOURS
M-F 7:30-5:00
Sa 9-1:00
Su closed

| |
|-------------|
| 6 Employees |
| 4 Trucks |
| 4 Trailers |

PARKING DIAGRAM 14-20 ACADEMY AVE



Black top

ADDITIONAL SPACES

13 | 14 | 15 | 16 | 17 | 18

LIGHT POLE

BENTON AVE

NO CURBS

CONC. SIDE WALK WITH CURBS

NO CURBS

ACADEMY AVE

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 102 NORTH ST SUITE: B S.S

Section 25 Block 12 Lot 7

Current Zoning District DMU

Building

Existing ☒

New ☐

2. Owner of Property GUAVA PROPERTY LLC

Owner's Address 1015 GUYMARD TRKE

City DTISVILLE State NY Zip 10963

Phone numbers: Home: _____

Business: _____

Cell: _____

3. Applicant name SANDRA SOSA

If different from Owner

Applicants Address 6 ALBERT ST

City MIDDLETOWN State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: 845-800-0825

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 BEAUTY SALON

Description of what you are requesting: HAIR SALON

Uses currently in property: VACANT

| 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: Sandra Sosa

Printed Name and Title: SANDRA SOSA

Date: 8-3-23

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 22-24 Orchard Steet

Section 31 Block 7 Lot 3 Current Zoning District DMU

Building Existing ☒ New _____

2. Owner of Property Fa Yuan, Inc.

Owner's Address 20 Smith Rd

City Middletown State NY Zip 10941

Phone numbers: **Home:** _____

Business: 248-981-1702

Cell: 408-495-1553

3. Applicant name Janice Liu

If different from Owner

Applicants Address 195 South St

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 # 31-7-3

Classification of Occupancy requested Group-B

Description of what you are requesting: We are going to renovate and repurpose this building into a book store, including beverage and food retail services, office and storage.

Uses currently in property: Vacant

| Title | Section Number | Required Dimensions | Actual Dimensions |
|----------|----------------|---------------------|-------------------|
| Lot area | 31-7-3 | 115.1 x 121.9 | 115.1 x 121.9 |
| Front | | | |
| Rear | | | |
| | | | |
| | | | |
| | | | |

this section only for multiple dwellings

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 'Zhan Liu', written over a horizontal line.

Printed Name and Title: _____

Zhan Liu CEO of Fa Yuan, Inc.

Date: Sep. 27, 2023

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 360 north st

Section 11 Block 7 Lot 4

Current Zoning District G1

Building Existing ☒ New ☐

2. Owner of Property Zishe Bahad

Owner's Address 235 N. main St.

City Spring Valley State NY Zip 10977

Phone numbers: Home: _____

Business: 845-367-4240

Cell: _____

3. Applicant name Guadalupe Tomax

If different from Owner

Applicants Address 364 north st Apt #10

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: 845-217-6130

Cell: 845-313-0880

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: Deli open Monday To
Sunday 11:00 am to 8:30 pm

Uses currently in property: Vacant

| Title | Section Number | Required Dimensions | Actual Dimensions |
|------------|----------------|---------------------|-------------------|
| Lot area | | | |
| Front yard | | | |
| Rear yard | | | |
| Side yard | | | |
| Side yard | | | |
| Parking | | | |

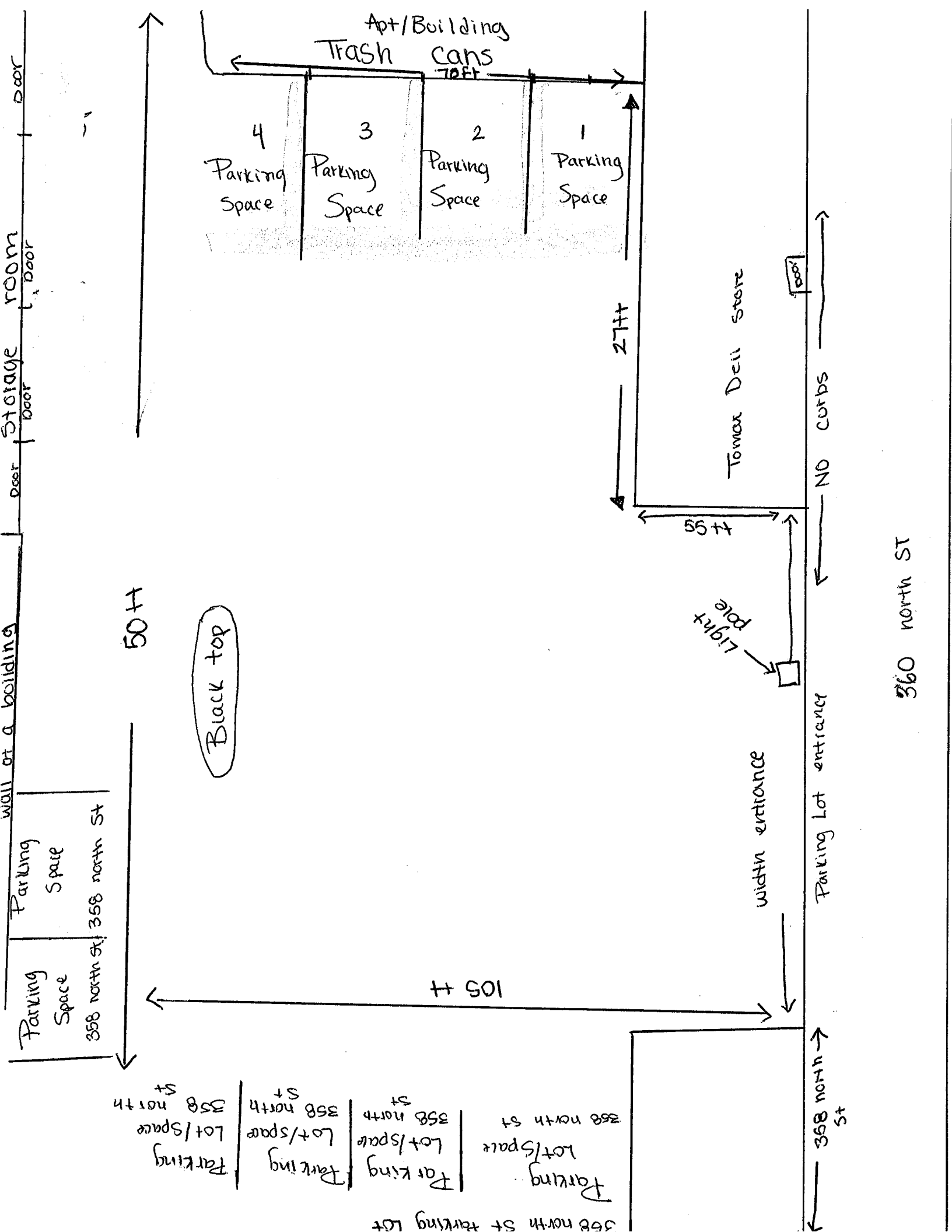
Answer this section only for multiple dwellings

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: 20th Babu, Author

Date: 8/7/23



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 1-7 Courtland Street
114 North Street

Section 25 Block 9 Lot 12

Current Zoning District DMU

Building

Existing ☒

New ☐

2. Owner of Property Trustees of Hoffman Lodge

Owner's Address 9 Courtland St

City Middletown State NY Zip 10940

Phone numbers: Home: 845 294-9557

Business: 845 294-5400 ex 237

Cell: 845 598-7864

3. Applicant name Estela Aragon Marin

If different from Owner

Applicants Address 12 Grey Beech Dr

City Bloomington State NY Zip 12721

Phone numbers: Home: _____

Business: _____

Cell: 845 421-7138 845 321-3704*

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 ESTELLA'S MEXICAN CUISINE

Description of what you are requesting: Restaurant No liquor license

Monday to Sunday

Sunday

(HOURS) Monday to Thursday 7am-10pm Friday and Sat 7am-10pm

Uses currently in property: Vacant

| 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 _____

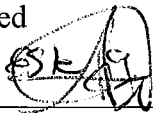
5. **Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those

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 be "SKA", is written over a horizontal line.

Printed Name and Title: Estela Aragon Marin

Date: 09/18/2023

back door

Tables

RESTAURANT

1,080 SF

Front door

18 Ft

Counter

12 Ft

Kitchen Hood

~~10 Ft~~
10 Ft

4 Ft

sink

3 Ft +

130 ft²

60 Ft

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 33 Fulton St, Middletown, NY 10940

Section 35 Block 2 Lot 8 Current Zoning District DMU-1

Building Existing X New _____

2. Owner of Property Gran Jing World

Owner's Address 33 Fulton St

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: 873-849-0818

Cell: _____

3. Applicant name Jian Hu

If different from Owner
Applicants Address 5 Gillian Ct

City Monroe State NY Zip 10950

Phone numbers: Home: _____

Business: _____

Cell: 917.520.9216

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: _____

Request for overflow parking easement on adjacent lot(35-1-8.2) across Mulberry Street

Existing parking lots of 33 Fulton St: 46 cars. Proposed overflow parking: 47 cars

Uses currently in property: _____

Provide parking for Group B: Office space

| Title | Section Number | Required Dimensions | Actual Dimensions |
|------------|----------------|---------------------|-------------------|
| Lot area | 35-2-8 | | |
| Front yard | | | |
| Rear yard | | | |
| Side yard | | | |
| Side yard | | | |
| Parking | | 93 cars | |

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.

Existing parking lots of 33 Fulton St: 46 cars.
Proposed overflow parking on adjacent lot: 47 cars

Parking required: 93 cars

Parking provided: 93 cars

Cross - Easement for Parking 47 Cars

7. Sign at the Place Indicated

Signature: _____

Printed Name and Title: _____

Date: _____

Jian Hu
06/07/23

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

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 29-35 North St, Middletown, NY 10940

Section 31 Block 17 Lot 14.1 Current Zoning District DMU-1

Building Existing x New _____

2. Owner of Property Shen Yun Fundation Inc.

Owner's Address 29-35 North St

City Middletown State NY Zip 10940

Phone numbers: Home: _____

Business: _____

Cell: 845-393-0903

3. Applicant name Jian Hu

If different from Owner

Applicants Address 5 Gillian Ct

City Monroe State NY Zip 10950

Phone numbers: Home: _____

Business: _____

Cell: 917-520-9216

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 # 31

Classification of Occupancy requested Mixed-use (Group M and Group B)

Description of what you are requesting: _____

Expand the office space on the 3rd floor to enclose the existing roof deck area.
(See attached 3rd floor plan)

Uses currently in property: _____

Basement: Storage

1st Floor: Store

2nd Floor: Store, Internal office, and Studio for product video shooting

3rd Floor: Office use

| Title | Section Number | Required Dimensions | Actual Dimensions |
|------------|----------------|---------------------|-------------------|
| Lot area | # 31 | | 10,774 sf |
| Front yard | | 0 | |
| Rear yard | | 0 | |
| Side yard | | 0 | |
| Side yard | | 0 | |
| 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: Jian Hu Architect

Date: 10/16/2023

APPLICATION
PLANNING BOARD
City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date 8/25/23

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property 91 North St, Middletown NY 10940

Section 31 Block 2 Lot 9

Current Zoning District DMU

Building Existing ☒ New ☐

2. Owner of Property 91-95 North St, Inc.

Owner's Address 55 North St.

City Middletown State NY Zip 10940

Phone numbers: Home: 1 (917) 972-9717

Business: _____

Cell: _____

3. Applicant name Brock De Graw (Owners Agent)
If different from Owner

Applicants Address 55 North St

City Middletown State NY Zip 10940

Phone numbers: Home: 845-544-6650

Business: _____

Cell: _____

Fax: _____

bdegrow@degrowanddehaan.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 R-2 (APARTMENTS)

Description of what you are requesting: Currently the second floor of the building is office space (5 units). We are proposing creating (4) dwelling units

Uses currently in property: _____

First Floor - Commercial (3-Separate tenants)

Second floor - Unoccupied office space

| 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 3p10 Sq. Ft.

Number of Bedrooms (6)

2 - (2) Bedrooms &

1 - (1) Bedroom

1 - studio

- 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.

Existing

1st Floor - (3) Separate commercial tenants

2nd Floor - (5) Separate vacant office spaces

PROPOSED

1st Floor - Existing to Remain

2nd Floor - 2- New two bedroom apartments

1- New one bedroom apartment

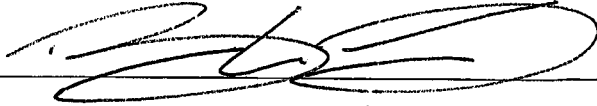
1- New Studio Apartment

- 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.

The current site has no on site parking but is adjacent to "ERIE WAY" which provides public parking.

7. Sign at the Place Indicated

Signature: _____

A handwritten signature in black ink, appearing to read 'Brock DeGraw', written over a horizontal line.

Printed Name and Title: Brock DeGraw, Owners Agent

Date: 8/25/23