

# Agenda

## City of Middletown Planning Board

February 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 January 4, 2023 minutes

Mayelin Reyes  
100 North Street  
Beauty supply retail store

Universal Communication Network, Inc.  
39-50 Dolson Avenue  
Office building

# 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 100 North Street Middletown NY 10941

Section 25 Block 12 Lot 8

Current Zoning District DMU

Building Existing  New \_\_\_\_\_

2. Owner of Property Liang Bing Ren

Owner's Address 25 Howard CT

City Goshen State NY Zip 10946

Phone numbers: Home: \_\_\_\_\_  
Business: \_\_\_\_\_  
Cell: \_\_\_\_\_

3. Applicant name Mayela Reyes

*If different from Owner*  
Applicants Address 24 Johns Rd Ardeltet

City Middletown State NY Zip 10941

Phone numbers: Home: \_\_\_\_\_  
Business: \_\_\_\_\_  
Cell: 8  
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 Retail store

Description of what you are requesting: Beauty supply retail store

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	

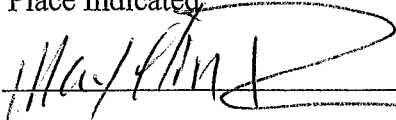
5. **Nonconforming Use.** In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those

that will be created. Refer to the excerpt from the Zoning Ordinance Section 475-44. Additional sheets may be attached if required.

A series of horizontal lines for writing, with a large diagonal line drawn across them from the top-left to the bottom-right.

**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: Martin Reyes

Date: 12/29/22

OWNER'S ENDORSEMENT

COUNTY OF ORANGE  
STATE OF NEW YORK

Liang Bing Ren being duly sworn, deposes and says that

he/she resides at 25 Howard Ct Goshen NY 10940

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

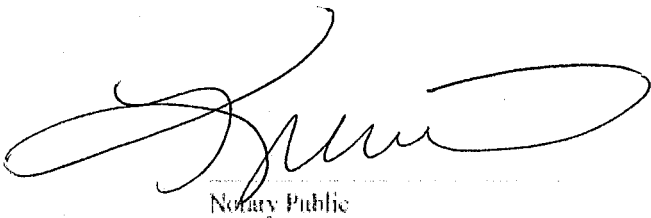
owner in fee or Partner of the Ren 100 North St. LLC  
OFFICIAL TITLE

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

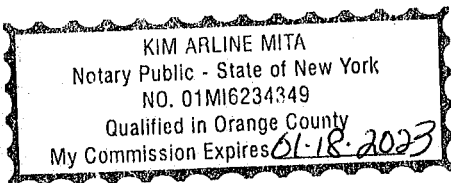
he/she has authorized Mayelin Reyes to make the foregoing

application for approval as described herein.

Sworn before me this 16 day of December 2022



Notary Public



OWNER'S SIGNATURE

North Street

Front Entrance



Coffin

Shelf

Shelf

Shelf

Shelf

Shelf

Shelf

Shelf



Stacking Room

Break Room

Bathroom

38

14

10

14

11

14

18

11

6

11

10, 12, 21, 10

9

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

Date deemed complete \_\_\_\_\_  
Accepted by \_\_\_\_\_

Date 11/21/2022

*Items 1, 2 and 3 are required to be completed*

1. Address of Subject Property 39-55 Dolson Ave

Section 45 Block 4 Lot 9 Current Zoning District I-1A

Building Existing X New \_\_\_\_\_

2. Owner of Property Network Inc Universal Communications

Owner's Address 5 Penn Plz 8th Floor

City New York State NY Zip 10001

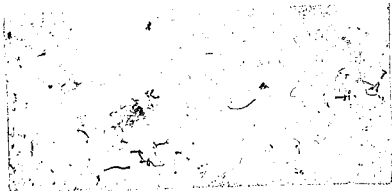
Phone numbers: Home: \_\_\_\_\_  
Business: \_\_\_\_\_  
Cell: \_\_\_\_\_

3. Applicant name Sen Wang

*If different from Owner*  
Applicants Address 20 Lewis St

City Ottisville 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 Office Building

Description of what you are requesting: Upgrade the building facade as shown on the drawings;

Addition at the south end and middle area in the building;

Uses currently in property: Office Building

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.

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**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.

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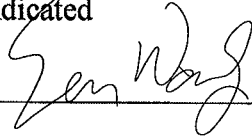
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7. Sign at the Place Indicated

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Sen Wang", written over a horizontal line.

Printed Name and Title: \_\_\_\_\_

Sen Wang/Project Manager

Date: \_\_\_\_\_

11/21/2022