

# Agenda

## City of Middletown Planning Board

April 5, 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 March 1, 2023 minutes
  
- No action on Notice of Intention  
Twin Towers Middle School Modernization Project
  
- Polycraft  
36-60 Industrial Place Ext.  
6-month extension
  
- Dunkin Donuts  
2-8 James P. Kelly Way  
Amendment of the site plan
  
- Angie Cruz Garcia  
105 Academy Avenue  
Retail store
  
- Lepore R. H. LLC.  
108-110 Sprague Avenue  
Off-site cleaning service
  
- Idris Sutton  
39 Railroad Avenue  
Convenience store

**APPLICATION**  
**PLANNING BOARD**  
**City of Middletown, New York**

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

Date 03/16/2023

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

1. Address of Subject Property 2-8 James P Kelly Way

Section 64 Block 1 Lot 2.32

Current Zoning District C-3 General Business

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

2. Owner of Property SB Dolson Realty, LLC

Owner's Address PO Box 340

City Laconia State NY Zip 03247

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

3. Applicant name Same

*If different fro*

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 # 475-21 B. (8)

Classification of Occupancy requested Eating and Drinking Places

Description of what you are requesting: Amended Site Plan, removing 11 spaces located within the City of Middletown and Town of Wawayanda

Uses currently in property: Vacant

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area		7,500 s.f.	+57,000s.f.
Front yard		None	
Rear yard		None	
Side yard		None	
Side yard		None	
Parking		6	33

*Answer this section only for multiple dwellings*

Lot coverage NA  
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.

NA

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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.

NA

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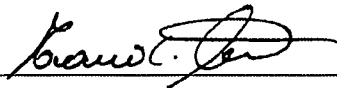
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7. Sign at the Place Indicated

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



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

Mario C. Sardinha - Manager Member

Date: 11/19/2020



Montgomery Office:

71 Clinton Street  
Montgomery, NY 12549

Goshen Office:

262 Greenwich Ave, Ste B  
Goshen, NY 10924

(845) 457 - 7727

[www.EngineeringPropertiesPC.com](http://www.EngineeringPropertiesPC.com)

February 9<sup>th</sup>, 2023

City of Middletown Planning Board  
16 James Street  
Middletown, NY 10940

**ATTN: Anthony Capozella**

**RE: W.O. # 1148.08  
DUNKIN' DONUTS DOLSON AVENUE  
DOLSON AVENUE & JAMES P. KELLY WAY  
SITE PLAN AMENEDMENT NARRATIVE**

Dear Chairman Capozella,

The applicant has requested a revision to the plan which includes the removal of 11 spaces on the north side of the proposed Dunkin' Donuts parking lot. Per City of Middletown code, the required amount of spaces are 6, with this revision the total amount of parking provided will be 33. As these spaces partially lie partially within the Town of Wawayanda and City of Middletown we are requesting a site plan amendment for the removal.

If you have any additional questions and/or comments please don't hesitate to contact this office.

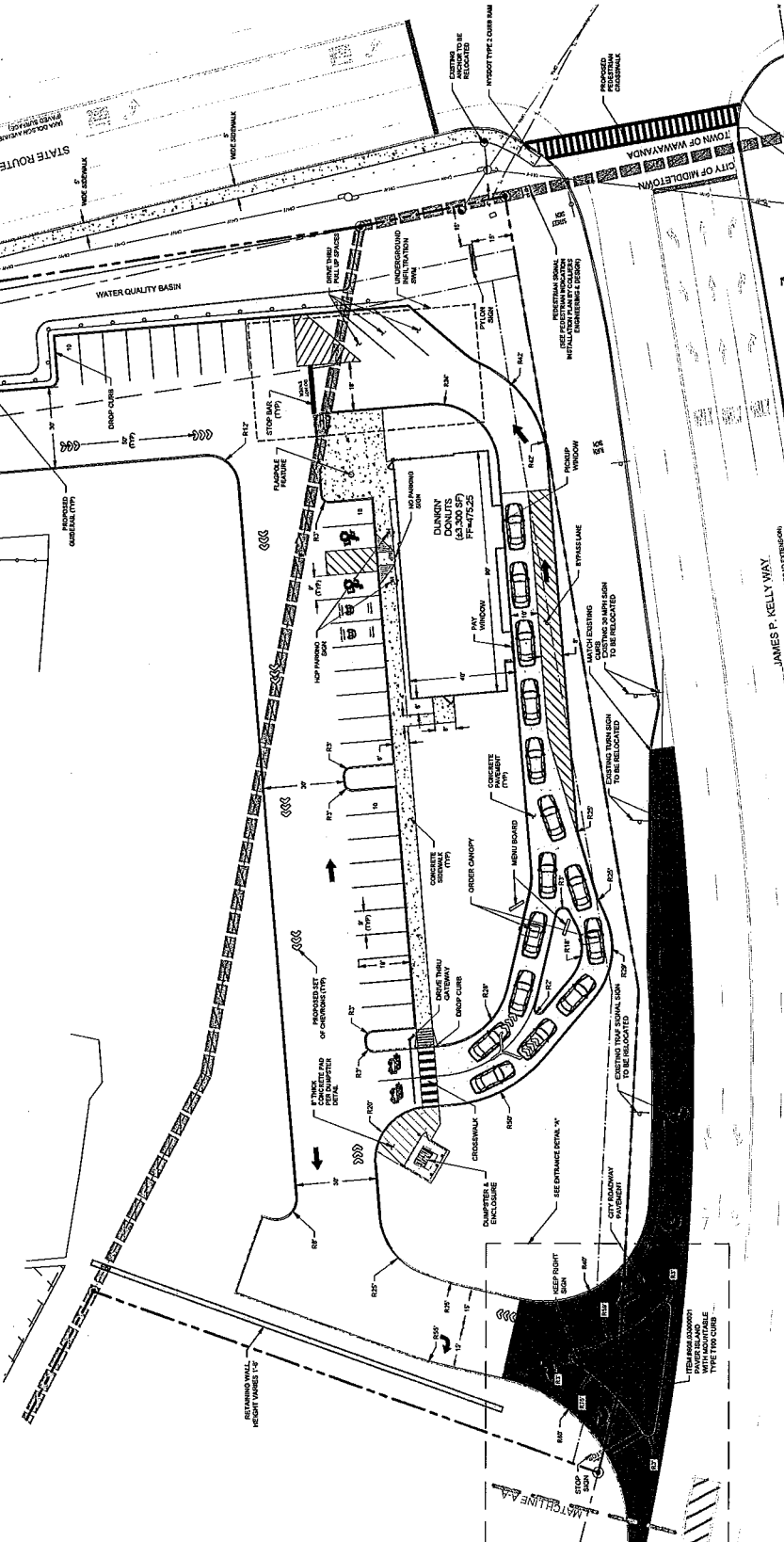
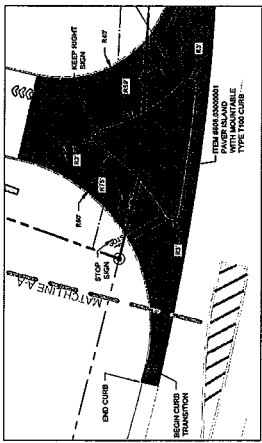
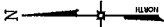
Sincerely,  
Engineering & Surveying Properties, PC

  
Ross Winglovitz, P.E.  
Principal

  
Zach Szabo, E.I.T.  
Project Engineer


encl:

cc: file



NO.	DATE	DESCRIPTION
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 ENGINEER  
 JAMES P. KELLY  
 1148 30th Street  
 Middletown, NY 13450  
 Phone: 518-833-8333  
 Fax: 518-833-8333

NO.	DATE	DESCRIPTION
1		ISSUED FOR PERMITTING
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**C-102**  
 DATE: 03/16/07  
 SCALE: 1" = 30'  
 SHEET: 25  
 PROJECT: JAMES P. KELLY WAY  
 TOWN OF WAWAMONDA & CITY OF MIDDLETOWN  
 ORANGE COUNTY, NEW YORK

# APPLICATION

## PLANNING BOARD

### City of Middletown, New York

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

Date 2/16/2023

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

1. Address of Subject Property 105 Academy A.V. Middletown NY  
10940  
Section 40 Block 6 Lot 4 Current Zoning District C-2

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

2. Owner of Property San Diego Arcevedo

Owner's Address 105 ACADEMY A.V.

City Middletown State N.Y. Zip 10940

Phone numbers: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: (212) 551-9133

3. Applicant name Angie Cruz Garcia

*If different from Owner*

Applicants Address 140 Excelsior Avenue

City Middletown State New York 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 Retail/accessories women's Body  
shapewear

Description of what you are requesting: Monday - Sunday from 8am  
to 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.

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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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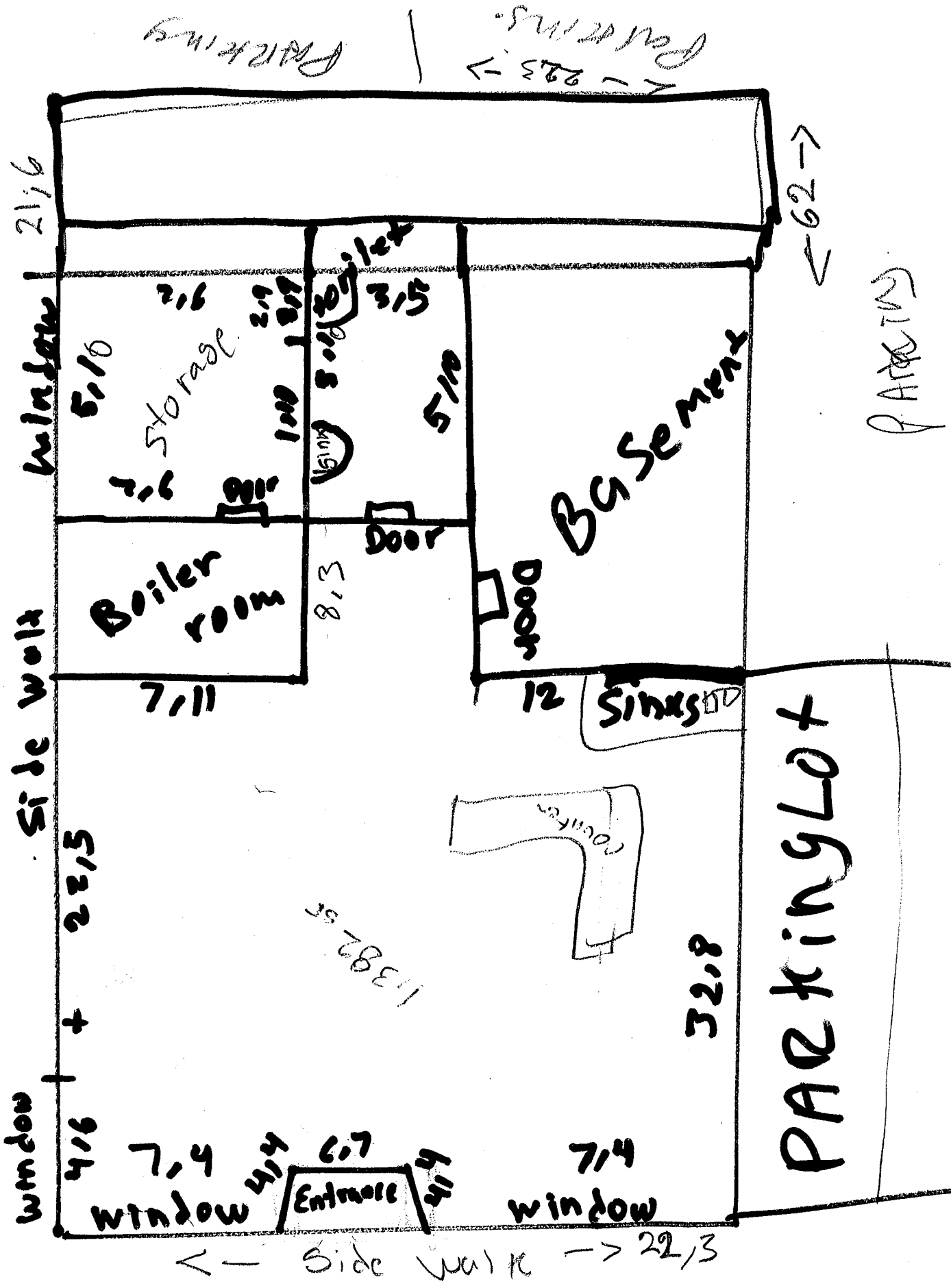
7. Sign at the Place Indicated

Signature: Angie C.

Printed Name and Title: Angie Cruz Garcia

Date: 2/10/2023

6erung street ← 62



PARKING → 22/3

← 62 →

PARKING

PARKING LOT

← Side walk → 22/3

Academy Avenue.

**APPLICATION**  
**PLANNING BOARD**  
**City of Middletown, New York**

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

Date January 20, 2023

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

1. Address of Subject Property 108-110 Sprague Ave., Middletown, NY 10940  
Section 41 Block 2 Lot 14 Current Zoning District C2 - Limited Business District  
Building Existing X New \_\_\_\_\_
2. Owner of Property 108-110 Sprague Avenue LLC  
Owner's Address PO Box 918  
City New Hampton State NY Zip 10958  
Phone numbers: Home: \_\_\_\_\_  
Business: \_\_\_\_\_  
Cell: c/o 845-594-1055
3. Applicant name Lepore R, H L, LC  
*If different from Owner*  
Applicants Address 36 Cottage Street  
City Poughkeepsie State NY Zip 126010  
Phone numbers: Home: \_\_\_\_\_  
Business: 845-485-7000  
Cell: \_\_\_\_\_  
Fax: 845-485-7052

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 # 41

Classification of Occupancy requested C2 Limited Business District - Subsection B

Description of what you are requesting: Offsite Commercial Cleaning Service.

Occupy existing building for storage of cleaning supplies and small landscaping equipment.

Uses currently in property: Previously occupied by HVAC company

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	<i>N/A - no changes to building structure, except for the replacement of existing windows with energy efficient windows.</i>		
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.

Existing building was used as an HVAC business. Applicant intends to occupy existing building as an off site commercial cleaning service. No expansion is sought.

Subsection 475-44(E)

Changes. Once changed to a conforming use, no building or land shall be permitted to revert to a nonconforming use. A nonconforming use may be changed to a use of the same or higher classification (for example, if in an R-2 Zone there exists a legal nonconforming use which normally would only be allowed in a C-3 Zone as a permitted use, then such use may be changed to another use which would be allowed as a permitted use in a C-3 Zone), and such use thereafter shall not be changed to a lower classification.

Per Section 475-20, C2 Limited Business District, Subsection B, Uses requiring issuance of both special permit and site plan approval by the Planning Board, Paragraph (11), Offices for the following New Subparagraph 11,

(1) Offsite commercial cleaning services, but only in that C-2 zoning district bounded by Sprague Avenue, Sterling St., Academy Avenue, and Genung St. And further provided that:

- (i) All services must be provided offsite; and
- (ii) All large equipment must be stored inside a structure as per the direction of the Planning Board.

**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 - Fence and/or parking in conformance with regulations

7. Sign at the Place Indicated

Signature: KLIBOLT

Printed Name and Title: Kelly Libolt, as agent for Applicant

Date: January 27, 2023

## Short Environmental Assessment Form

### Part 1 - Project Information

#### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: LCS (108-110 Sprague Avenue, LLC) - Off Site Commercial Cleaning Service			
Project Location (describe, and attach a location map): 108-110 Sprague Ave., Middletown, NY 10940 - Parcels 41-2-12.1 and 41-2-14			
Brief Description of Proposed Action:  Reuse existing buildings for an offsite commercial cleaning service. Storage of cleaning supplies and small landscaping equipment.			
Name of Applicant or Sponsor: Lepore R.H. LLC		Telephone: c/o 845-594-1055	
		E-Mail: c/o kelly@karcpc.com	
Address: 36 Cottage Street			
City/PO: Poughkeepsie		State: NY	Zip Code: 12601
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		.60 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.60 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			



14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?  Existing site with no exterior improvements proposed.	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,  a. Will storm water discharges flow to adjacent properties?  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____  Spill site closed by NYSDEC	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor/name: <u>Kelly Libolt</u> Date: <u>February 20, 2023</u> Signature: _____ Title: <u>Agent</u>		

# 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 39 RAILROAD AVE

Section 26 Block 17 Lot 8

Current Zoning District DMU

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

2. Owner of Property 11 CENTER STREET LLC.

Owner's Address 16 BAUMIN HILL RD.

City MIDDLETOWN State N.Y. Zip 10941

Phone numbers: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: 212 461 134

3. Applicant name EDRIS SUTTON

*If different from Owner*

Applicants Address 110 CENTER ST ELLENVILLE NY 12428

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home

Business

Cell:

Fax


**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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**7. Sign at the Place Indicated**