For Office Use Only	t e e e e e e e e e e e e e e e e e e e		
Action Date:	Date Received: 10/31/2023		
Fees Paid/Amt:			
Has the ZBA granted any variances or special permits for this property?: NO  (Attach a copy of any variance or special permit to this application)			
	Please include a copy of the most recent or previously approved Site Plan.		
Owner's Name:	Railroad Ave Holding LCC		
Address:	5-37 47th Rd		
_	Long Island City NY 11/01		
Telephone:	Home: Business: 718 344 5505 (M)		
	(John Theologis)		
. In 1980 to 2			
Applicant's Name: _	Chegory Rhein		
Address:	12 Clinton Ada eat@coanfordfruk.ion		
	Werwick, NY 10996		
Telephone:			
relephone.	Home: Business: 845 - 870 - 1017 9		
relepitorie.	Home: Business: 845 - 870 - 1017 9		
	Home:		
Tax Map ID:	7 1)		
	2/1 Block: 7 Lot(s): 4		
Tax Map ID:	7 1)		
Tax Map ID: Section: Project Location:	211 Block: 7 Lot(s): 4  [ Railreand Ave Svite ?		
Tax Map ID: Section:	2/1 Block: 7 Lot(s): 4		
Tax Map ID: Section: Project Location: Zoning District: Applicant to complete	Block: 7 Lot(s): 4  [Barilres and Ave Suite 2]  Parcel Area (SF/Acres): 3, 961  te the following questions:		
Tax Map ID: Section: Project Location: Zoning District: Applicant to complete	21)  Block: 7  Lot(s): 4  [B Railreand Ave Svite 2  Parcel Area (SF/Acres): 3, 969		
Tax Map ID: Section: Project Location: Zoning District: Applicant to complete 1. Identify the EXISTII **See Se	Block: 7  Lot(s): 4  Are S., te 7  Parcel Area (SF/Acres): 3, 967  te the following questions:  NG & PROPOSED category of use(s) of the property & building (Check all that apply):		
Tax Map ID: Section: Project Location: Zoning District: Applicant to complete 1. Identify the EXISTII **See Se EXIST	Block: 7 Lot(s): 4    Cot(s): 4		
Tax Map ID: Section: Project Location: Zoning District: Applicant to complet  1. Identify the EXISTII  **See Se  EXIST Type of Use Residential	Block: 7 Lot(s): 4    Continue		
Tax Map ID: Section: Project Location: Zoning District: Applicant to complete 1. Identify the EXISTII **See Se EXIST Type of Use Residential Mixed Uses	Block: 7 Lot(s):    Continued Assembly Service Continued Assembly: 2   Continued Assembly Service Continued Assembly: 3   9   6   7      Continued Assembly: 3   9   6      Continued Assembly: 3   9   6   7      Continued Assembly: 3   9   6      Continued Assembly: 3   9   6   7      Continued Assembly: 3   9   6      Continued Assembly: 3   9   6      Continued Assembly: 3   9   9      Continued Assembly: 3   9      Continued Assembly: 3   9      Continued Assembly:		
Tax Map ID: Section: Project Location: Zoning District: Applicant to complet  1. Identify the EXISTII  **See Se  EXIST Type of Use Residential	Block: 7 Lot(s):    Continued Assembly Service Continued Assembly: 1 Parcel Area (SF/Acres): 3, 961    Continued Assembly Service Continued Assembly: 1 Parcel Area (SF/Acres): 3, 961    Continued As		

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VILLAGE OF WARWICK CLERK

2. Identify the EXISTING & PROPOSED use(s) of the property and building (Complete the following table):

Building Story	Existing Use	Existing Area (SF)	Proposed Use	Proposed Area (SF)
First Floor	Sand wich Shop	6000soft	Sindrich Shop/lower	1,000s, A
Second Floor	4		,	
Third Floor				
Describe the PROPOSED use(s): Lowkex coettail lounge w/				
small bites - full liquor license				
3. Identify the Specific Use and Use Group that applies to the proposed use(s):				
(See Section 145-31 for the Use Table and specific uses - Included with this form as Attachment 1)				
4. is the property lo	cated within the Histori	ic District? (Y/N):	· .	
5. Are there any physical changes proposed to the property or exterior of the building? (Y/N) (If Yes, Describe. If No, skip Questions 6, 7, & 8):				
	N.			

6. Complete the following table for the applicable Bulk Zoning Requirements for the proposed use/use group:

(See Chapter 145 ZONING, Article IV BULK REQUIREMENTS of the Village of Warwick Code - Attachment 2)

Required	Existing	Proposed
· · · · · · · · · · · · · · · · · · ·		
-		
1		
	Required	Required Existing

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			er utility lines, underground/above ground ach by type, size, and location:
	J es		
			survey submitted with this application**)
change of use? (Y/	N): 10	MA.	anged, or effected by the proposed
ir the projec	t is located within the	mistoric District it must be r	eferred to the Village of Warwick AHDRB
9. Are there any ph	nysical changes propose	ed to the interior of the build	ling? (Y/N) (Describe):
Paint/	Small ce	novations C	nothing structural)
	located wholly or parti	ally within a FEMA designate plain maps available for rev	ed Floodplain (Y/N)?
	al EXISTING and PROPC ee Water Billing Clerk I	SED water and sewer usage or past data) (See Attachme	rates for each use in gallons per day (GPD): ent 3 for standard usage rates)
Water Use (GPD)	Existing Use	Proposed Use  300	Samuel
Sewer Use (GPD)	300	300	
12. Is on-street par	king available near the	site? (Y/N): <u> </u>	
13. Is a Municipal P	arking Lot available wit	hin 300-FT of the site? (Y/N)	Identify Location:
14. Identify the nur	nber of on-site parking	spaces Provided for the EXIS	STING and PROPOSED use(s):
	Existing Use	Proposed Use	
# Spaces Provided	0	O	
15. Identify the tota otherwise:		SED number of persons occu	upying the site as employees, customers, or
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Existing Use	Proposed Use	·
# Employees	2	~7	
# Customers	11/4	40	
# Other Users			

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16. Identify the nu	mber of deliveries per o	day for the EXISTING and P	ROPOSED use(s):
	Existing Use	Proposed Use	
# Deliveries/Day	ż	Iper week	Same
17. Identify the nur	mber, location, and size	of loading spaces for the l	EXISTING and PROPOSED use(s):
	Existing Use	Proposed Use	
# Loading Areas	. /		
Loading Area Size	-		Same
Loading Location	16 Rail Road	16 RailRead	<del></del>
18a. Identify the an	nount of solid waste/ga	rbage generated by the EX	SISTING and PROPOSED use(s):
	Existing Use	Proposed Use	
Cans of Waste Generated/Wk.		2 per rock	Same
18b. Identify the me	ethod of solid waste dis	posal for the EXISTING and	(i.e. How often is waste collected?
Waste Disposal		L1.	Same Will individual cans or a dumpster be used?)
Method		take away	be used?)
18c. Identify the loca	ation of any outdoor st	orage of solid waste for th	e EXISTING and PROPOSED use (S):
	Existing Use	Proposed Use	
Outdoor Waste Storage Location	none	none	Same
19. Will the PROPOS	ED use increase the loc	ation, amount of, and inte	nsity of exterior lighting? (Y/N):
If YES, Describe:	No		
20. Will there be any	change in the existing	drainage or stormwater de	etention areas? (Y/N) If YES, Describe:
		\$ 4.5 × 10 × 10 × 10 × 10 × 10 × 10 × 10 × 1	

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21. Will there be any increase in demand of municipal services such as fire, police, ambulance, school services, etc? (Y/N):    If yes, please describe:	
22. Will the proposed use routinely produce odors? (Y/N) If YES, Describe:	
23. Will the proposed use produce operating noise exceeding the local ambient noise levels? (Y/N)	
If YES, Describe: No	
24. Identify the hours of operation for the EXISTING and PROPOSED use(s):	
Existing Use Proposed Use	
Hours of Thurs-Thes extra hours Operation 1/25 6pm Fri and Sat till 11pm	
Operation 1/ax 6pm (fc) and Sat till 11pm	
26. Are any other outside agency approvals required for the PROPOSED use? (Y/N) If yes, list all approvals:  Health Department / NYS Ligyar Authority	
**Applicant to certify that the above information is complete and correct. All required information must be completed in order for the Change of Use Walver Application to be heard at a Planning Board meeting**	
Signature of Applicant: Date: 10/31/23	
10/-103	
Signature of Owner/Agent: Date: (0/3)/23	
To be completed by the Village of Warwick Planning Board Secretary:  **Note: The Planning Board Secretary is authorized to review this application for completeness purposes only. On the application has been deemed complete it will be forwarded to the Planning Board for formal action.**	ce
L. Has the information in this Waiver Application been reviewed for completeness? (Y/N):	
. Has the Applicant submitted a current certified property survey? (Y/N):	
Signature of Planning Board Secretary Date	

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To be completed by the Village of Warwick Planning Board:			
1. Has the information in this Waiver Application been reviewed by the Planning Board for and accuracy? (Y/N):	or completeness		
2. Does this application require formal Site Plan Review/Approval by the Planning Board?	Y(Y/N) (Describe):		
Waiver Approval: YES NO Date:			
Does the Planning Board have any specific comments or conditions on this Waiver Appro	val?		
	the property of the state of th		
Signature of Planning Board Chairman	Date		

