

4/21/25 \$300.00  
ESCROW

Village of Warwick Planning Board  
Change of Use Waiver Application

4/21/25 \$150.00 VOW  
4/21/25

For Office Use Only:

Action Date: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Fees Paid/Amt: \_\_\_\_\_ Received By: \_\_\_\_\_

**ORIGINAL**

Has the ZBA granted any variances or special permits for this property?: \_\_\_\_\_  
(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: ~~x Raymond Micali~~ Ram N. Anand  
Address: ~~29 Conklin Rd~~ 10 Knollcraft Terrace  
Telephone: Home: 845 731-9693 Business: \_\_\_\_\_

Applicant's Name: x Raymond Micali \*DM.SweetDS@gmail.com  
Address: 29 Conklin Rd Warwick NJ 0880  
Telephone: Home: 845 527 2335 Business: 845 527 2335

Tax Map ID:  
Section: x 210 Block: x 6 Lot(s): x 6  
Project Location: 25 Main St  
Zoning District: CB Parcel Area (SF/Acres): \_\_\_\_\_

Applicant to complete the following questions:

1. Identify the EXISTING & PROPOSED category of use(s) of the property & building (Check all that apply):  
\*\*See Section 145-30 Use Table for uses within each category (Included as Attachment 1\*\*

EXISTING  
Type of Use  
Residential  
Mixed Uses  
General Uses  
Business and Service Uses

+

PROPOSED  
Type of Use  
Residential  
Mixed Uses  
General Uses  
Business and Service Uses

+

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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	Retail		Eating/Drinking	
Second Floor				
Third Floor				

Describe the PROPOSED use(s): \* Ice Cream Shop

3. Identify the Specific Use and Use Group that applies to the proposed use(s): \* P CB USE Group K  
(See Section 145-31 for the Use Table and specific uses - Included with this form as Attachment 1)  
Eating/Drinking Establishment

4. Is the property located within the Historic 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):

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
Min Lot Area (SF)			
Lot Width (FT)			
Front Setback (FT)			
Side Setback (FT)			
Total Side Setback (FT)			
Side Yard (FT)			
Side Yard w/in 25' of a R Zone			
Rear Setback (FT)			
Rear Yard (FT)			
Rear Yard w/in 25' of a R Zone			
Street Frontage (FT)			
Max Height (FT)			
Development Coverage (%)			
Building Coverage (%)			
Floor Area Ratio (F.A.R.)			
Lot Depth (FT)			
Livable Floor Area/Unit (SF)			
Lot Area/Dwelling Unit (FT)			
Bedrooms/Acre Lot Area			

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7. Are there any EXISTING easements for access, drainage, sewer/water utility lines, underground/above ground utility rights-of-way, street rights-of-way, etc.? (Y/N) If yes, identify each by type, size, and location:

(\*\*All existing easements & ROWs should be shown on the property survey submitted with this application\*\*)

8. Will any of the EXISTING easements identified above be altered, changed, or effected by the proposed change of use? (Y/N):

If the project is located within the Historic District it must be referred to the Village of Warwick AHDRB

9. Are there any physical changes proposed to the interior of the building? (Y/N) (Describe):

Paint  
Floor, Counter, Seats, Tables

10. Is the property located wholly or partially within a FEMA designated Floodplain (Y/N)?  
(FEMA Floodplain maps available for review at Village Hall)

N/A

11. Identify the total EXISTING and PROPOSED water and sewer usage rates for each use in gallons per day (GPD):  
(See Water Billing Clerk for past data) (See Attachment 3 for standard usage rates)

	Existing Use	Proposed Use
Water Use (GPD)	16,000 Gallons	16,000 Gallons
Sewer Use (GPD)	12,000 Gallons	12,000 Gallons

12. Is on-street parking available near the site? (Y/N):

13. Is a Municipal Parking Lot available within 300-FT of the site? (Y/N) Identify Location:

14. Identify the number of on-site parking spaces Provided for the EXISTING and PROPOSED use(s):

	Existing Use	Proposed Use
# Spaces Provided	0	0

15. Identify the total EXISTING and PROPOSED number of persons occupying the site as employees, customers, or otherwise:

	Existing Use	Proposed Use
# Employees	2	2
# Customers	15	10-15
# Other Users	NO	NO

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16. Identify the number of deliveries per day for the EXISTING and PROPOSED use(s):

	Existing Use	Proposed Use
# Deliveries/Day	2 once Every 2 weeks	2 once Every 2 weeks

17. Identify the number, location, and size of loading spaces for the EXISTING and PROPOSED use(s):

	Existing Use	Proposed Use
# Loading Areas	0	—
Loading Area Size	N/A	—
Loading Location	N/A	—

18a. Identify the amount of solid waste/garbage generated by the EXISTING and PROPOSED use(s):

	Existing Use	Proposed Use
Cans of Waste Generated/Wk.	1 container	One Container

18b. Identify the method of solid waste disposal for the EXISTING and PROPOSED use(s):

	Existing Use	Proposed Use
Waste Disposal Method	once a week	Once a week

(i.e. How often is waste collected?  
Will individual cans or a dumpster  
be used?)

18c. Identify the location of any outdoor storage of solid waste for the EXISTING and PROPOSED use (S):

	Existing Use	Proposed Use
Outdoor Waste Storage Location		N/A

19. Will the PROPOSED use increase the location, amount of, and intensity of exterior lighting? (Y/N):

If YES, Describe:

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20. Will there be any change in the existing drainage or stormwater detention areas? (Y/N) If YES, Describe:

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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: \_\_\_\_\_

24. Identify the hours of operation for the EXISTING and PROPOSED use(s):

	Existing Use	Proposed Use
Hours of Operation		1 <sup>PM</sup> to 9 <sup>PM</sup> M - Sun

26. Are any other outside agency approvals required for the PROPOSED use? (Y/N) If yes, list all approvals: \_\_\_\_\_

**\*\*Applicant to certify that the above information is complete and correct. All required information must be completed in order for the Change of Use Waiver Application to be heard at a Planning Board meeting\*\***

Signature of Applicant: \_\_\_\_\_

Date: 4/17/25

Signature of Owner/Agent: \_\_\_\_\_

Date: 5/9/25

**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. Once the application has been deemed complete it will be forwarded to the Planning Board for formal action.\*\***

1. Has the information in this Waiver Application been reviewed for completeness? (Y/N): \_\_\_\_\_

2. Has the Applicant submitted a current certified property survey? (Y/N): \_\_\_\_\_

Signature of Planning Board Secretary \_\_\_\_\_

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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 completeness and accuracy? (Y/N): \_\_\_\_\_

2. Does this application require formal Site Plan Review/Approval by the Planning Board? (Y/N) (Describe): \_\_\_\_\_

Waiver Approval: YES ☐ NO ☐ Date: \_\_\_\_\_

Does the Planning Board have any specific comments or conditions on this Waiver Approval? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Planning Board Chairman

Date

