TOWN OF WAPPINGER

PLANNING BOARD

Conceptual Review Only

No Escrow Fees Taken

PROJECT NAME:	Adult Medical Day Care	
MEETING DATE:	November 3, 2025	
ACCOUNT NUMBER:	25-3527	
DATE PREPARED:	October 23, 2025	
X_SITE PLAN	SPECIAL USE PERMITSUBDIVISION	
RECOMMENDATIONS.	EEN REFERRED TO YOU FOR YOUR COMMENTS AND PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF G BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS, EEN (15) DAYS.	
1 TOWN FILE 7 TOWN OF WAPPINGER PLANNING BOARD 1 PLANNING BOARD ENGINEER 1 PLANNER TO THE TOWN 1 PLANNING BOARD ATTORNEY HIGHWAY SUPERINTENDENT FIRE PREVENTION BUREAU RECREATION TOWN OF WAPPINGER TOWN BOARD DUTCHESS COUNTY DEPT. OF PLANNING NEW YORK STATE DEPT. OF TRANSPORTATION DUTCHESS COUNTY DEPT. OF HEALTH DUTCHESS COUNTY SOIL & WATER NYS DEPT OF D.E.C TOWN OF FISHKILL PLANNING BOARD TOWN OF EAST FISHKILL PLANNING BOARD TOWN OF LAGRANGE PLANNING BOARD VILLAGE OF WAPPINGER PLANNING BOARD BUILDING INSPECTOR 1 ZONING ADMINISTRATOR-BARBARA ROBERTI		

****** PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW********

RECEIVED 1

Planning Department Town of Wappinger

TOWN OF WAPPINGER PLANNING BOARD

Application No.
Date Received:

Fee Received:

10-20-25

APPLICATION FOR A CONCEPTUAL

TITLE OF PROJECT: ADULT DAY CARE/RETAIL RENOVATION/
NAME & ADDRESS OF APPLICANT (Corporation or Individual).
TI LOGANS WAY, HOPEWELL JNCN, NY 12533
Street SYED RIZNI, (845) 661-5604 Contact Person Phone Number Rev. N
Contact Person Phone Number Fax Number EMAIL
NAME & ADDRESS OF OWNER (Corporation or Individual):
180 CARPENTER AVE, MIDDLETOWN, NY 10940
JON HABER (845) 692-6922 (845) 346-0016
Contact Person Phone Number Fax Number EMAIL: JONE SLTOMUSIC. COM
Grid No. 6158-04-530446
Please specify use or uses of building and amount of floor area devoted to each:
Existing Use: 11,090 S.F. RETAIL STORE SELLING
MUSICAL INSTRUMENTS AND EQUIPMENT.
Proposed Use: 8,250 S.F. ADULT MEDICAL DAY CARE,
1,706 SF RETAIL TENANT #1, 1,134 S.F. RETAIL TENANT#2
Location of Property: 1676 ROUTE 9
Zoning District: HO ZONE Acreage: 73,321 S.F. = 1.68 AC.
Anticipated No. of Employees: 1Z
Existing No. of Parking Spaces: 64 Proposed No. of Parking Spaces: 62
IQBAL COMMBECIAL LLC
Type Name (Corporation II C Individual etc.)
10/20/25 Seens Som M.
Owner or representative's signature (845) 661-6132 Owner or representative's signature (PURCHASE)
Owner's Telephone No. Type Name and Title ***
47 LOGANS WAY, HOPEWELL JNON, MY 12523
Owner's Address

***If this is a Corporation or LLC please provide documentation of authority to sign.

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590 PH: 845-297-6256 Fax: 845-297-0579

Owner Consent Form

•	250		
Project No: 25-3527	Date: 10/20/25		
Grid No.: 6158-04-530446	Zoning District: HD		
Location of Project:			
1676 RT.9			
Name of Applicant: SYBO RIZYI (IQBAL Connec	CIAL, LLC) (845) 661-5604 phone number		
Description of Project: CONYERSION OF BUILDING FROM RETAIL			
TO ADULT DAY CARE US	SE WITH (2) RETAIL TENANTS		
hereby give permission for the Town of Wappings accordance with local and state codes and ordinate	, owner of the above land/site/building er to approve or deny the above application in ances.		
10/20/25 Date	Owner's Signature		
(845) 692 -6922 Owner's Telephone Number	Print Name and Title ***		

*** If this is a Corporation or LLC, please provide documentation of authority to sign.

If this is a subdivision application, please provide a copy of the deed.