

TOWN OF WAPPINGER

PLANNING BOARD

PROJECT NAME: Adult Medical Day Care – Amended Site Plan

MEETING DATE: January 5, 2026

ACCOUNT NUMBER: 25-3527

DATE PREPARED: December 3, 2025

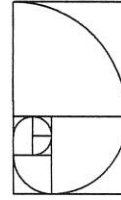
 X SITE PLAN SPECIAL USE PERMIT SUBDIVISION

THE ATTACHED HAS BEEN REFERRED TO YOU FOR YOUR COMMENTS AND RECOMMENDATIONS. PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF WAPPINGER PLANNING BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS, NY 12590 WITHIN FIFTEEN (15) DAYS.

 1 TOWN FILE
 7 TOWN OF WAPPINGER PLANNING BOARD
 1 ENGINEER TO THE TOWN
 1 PLANNER TO THE TOWN
 1 ATTORNEY TO THE TOWN
 HIGHWAY SUPERINTENDENT
 1 FIRE PREVENTION BUREAU
 RECREATION
 ARMY CORP. OF ENGINEERS
 1 DUTCHESS COUNTY DEPT. OF PLANNING
 DUTCHESS COUNTY DEPT. OF PUBLIC WORKS
 1 NEW YORK STATE DEPT. OF TRANSPORTATION
 1 DUTCHESS COUNTY DEPT. OF HEALTH
 1 DUTCHESS COUNTY SOIL & WATER
 NYS DEPT OF D.E.C
 TOWN OF FISHKILL PLANNING BOARD
 TOWN OF POUGHKEEPSIE PLANNING BOARD
 TOWN OF LAGRANGE PLANNING BOARD
 1 VILLAGE OF WAPPINGER PLANNING BOARD
 BUILDING INSPECTOR
 1 ZONING ADMINISTRATOR-BARBARA ROBERTI
 TOWN CLERK
 CAMO POLUTION
 STORM WATER MANAGEMENT (MICHAEL BODENDORF)
 CENTRAL HUDSON

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

KEVIN BRODIE
ARCHITECT
218 SPRING STREET
MONROE, NY 10950
TEL: (845) 928-2504
FAX: (845) 928-6581
EMAIL: KBROD7@OPTONLINE.NET



December 1, 2025

Planning Board
Town of Wappinger
20 Middlebush Road
Wappingers Falls, NY 12590

Re: Adult Medical Day Care / Medical Office / Retail Renovation
1676 Route 9
Wappingers Falls, NY

Dear Board Members,

Attached are drawings for a proposed Adult Medical Day Care Center with a Medical Office, and two Retail / Office Tenants. The building is presently owned by Alto Music, a retail musical instrument store. My client is in contract to purchase the building. The proposed use of Adult Medical Day Care will consist of patients being transported to the facility via private van(s) at 9:00 a.m. each day. The Daycare / Medical facility will be open Monday through Friday 9 am - 5 pm. The retail tenants are unconfirmed at this time but hours will be limited to 6 am to 11 pm.

The building is an unsprinklered one-story, 11,090 s.f. steel and concrete block structure with a height of 22'-0". The building presently has 66 parking spaces, we are providing a total of 62 spaces since we added (2) handicapped spaces and converted one existing handicapped space to a handicapped van parking space. The proposed uses reduces the present retail parking load of 150 s.f. per space (74 required spaces total) since all patients will be transported via private van(s). We are calculating a total parking requirement of 50 spaces required using actual numbers provided by the owner for her uses, plus required parking for the retail component.

The facility will be owned and managed by Seema Rizvi, MD who will be onsite daily and will provide medical care to each patient as needed. Breakfast and lunch will be served at the facility and will consist of food brought in from an outside cafeteria. They will have warming ovens here and a dishwasher for cleaning the dishes, trays, and utensils. There will be roughly 8 staff members including nurses, administration, physical therapists, aides, and Dr. Rizvi.

The exterior will remain unchanged except for new signage that will be submitted for approval at a later date. The parking lot will be restriped where needed. The interior will have much of it's existing drywall office and support spaces with suspended ceilings remaining. The rest of the interiors will be gutted to create open spaces with moveable divider partitions. The proposed Adult Day Care is 8,250 s.f. and will have a maximum of 83 people. Dr. Rizvi will start with approximately 20 patients and gradually grow to 50

Proposed Adult Medical Day Care Center / Retail Stores
1676 Route 9
December 1, 2025
Page 2

patients. Retail / Office Tenant #1 is 1,706 s.f. with a maximum occupancy of 29 people. Retail / Office Tenant #2 is 1,134 s.f. with a maximum occupancy of 19 people. Ideally Dr. Rizvi is looking to fill these Tenant Spaces with Geriatric Care support doctors, a pharmacy, or related Medical Offices.

We look forward to discussing this in more detail at the next Planning Board Meeting. Please contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Brodie". The signature is fluid and cursive, with a large initial "K" and a long, sweeping underline.

Kevin Brodie, R.A.

RECEIVED

DEC 02 2025

Planning Department
Town of Wappinger

TOWN OF WAPPINGER PLANNING BOARD

Application No.

25-3527

Date Received:

12-2-25

Fee Received:

\$750.00

Escrow Received:

\$750.00

APPLICATION FOR SITE PLAN APPROVAL

TITLE OF PROJECT: ADULT MEDICAL DAYCARE, RETAIL / OFFICE RENOVATIONLocation of Property: 1676 RT. 9

NAME & ADDRESS OF APPLICANT (Corporation or Individual):

IQBAL COMMERCIAL, LLC47 LOGAN'S WAY, HOPEWELL JNCN., NY 12533

Street

Town

State

Zip

SYED RIZVI (845) 661-5604 IQBAL7173@YAHOO.COM

Contact Person

Phone Number

Email

NAME & ADDRESS OF OWNER (Corporation or Individual):

JONATHAN HABER (PRES. OF ALTO MUSIC)180 CARPENTER AVE., MIDDLETOWN, NY 10940

Street

Town

State

Zip

JON HABER (845) 692-6922 JON@ALTOMUSIC.COM

Contact Person

Phone Number

Email

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 EQUIPMENTProposed Use: 8,250 S.F. ADULT MEDICAL DAYCARE, 1706 S.F.RETAIL / OFFICE TENANT #1, 1,134 S.F. RETAIL / OFFICE TENANT #2Existing Sq. Footage: 11,090 Use: RETAILProposed Sq. footage: 11,090 Use: ADULT MEDICAL DAYCARE / RETAIL / OFFICELocation of Property: 1676 RT. 9

Zoning District:

HD (Hwy. Design)

Acreage:

1.68 AC.

Anticipated No. of Employees:

50

Existing No. of Parking Spaces:

66

Proposed No. of Parking Spaces:

62

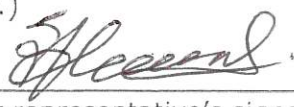
IQBAL COMMERCIAL, LLC

Type Name (Corporation, LLC, Individual, etc.)

Date

(845) 661-5604

Owner's Telephone No.


Owner or representative's signature

SYED RIZVI

Type Name and Title ***

47 LOGANS WAY, HOPEWELL JNCM., NY

Owner's Address

12533

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

Note: *The applicant is responsible for the cost involved in publishing the required legal notice in the local newspaper;

* If Special Use Permit for the above use has been applied for, please check ☐.

* Application Fees are non-refundable.

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

Project No: 25-3527

Date: 10/20/25

Grid No.: 615B-04-530446

Zoning District: HD

Location of Project:

1676 RT. 9

Name of Applicant:

SYED RIZVI (IQBAL COMMERCIAL, LLC) (845) 661-5604
Print name and phone number

Description of

Project: CONVERSION OF BUILDING FROM RETAIL
TO ADULT DAY CARE USE WITH (2) RETAIL TENANTS

I JONATHAN HABER, owner of the above land/site/building
hereby give permission for the Town of Wappinger to approve or deny the above application in
accordance with local and state codes and ordinances.

10/20/25
Date

Jonathan Haber
Owner's Signature

(845) 692-6922
Owner's Telephone Number

Jonathan Haber Owner/President
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.

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.

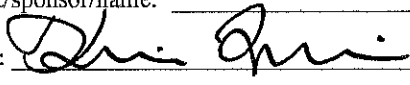
Part 1 – Project and Sponsor Information			
Name of Action or Project: Adult Medical Day Care Center / Retail / Office			
Project Location (describe, and attach a location map): 1676 Route 9, Wappingers Falls, NY			
Brief Description of Proposed Action: Renovation of a one-story, 11,090 sf retail store. The existing store will be altered to make an 8,250 s.f. Adult Medical Day Care Center with two retail and / or office tenant spaces. The only site work will be parking lot restriping and landscaping.			
Name of Applicant or Sponsor: Kevin Brodie Architect		Telephone: 201-486-1120 E-Mail: kbrod7@optonline.net	
Address: 218 Spring Street			
City/PO: Monroe		State: NY	Zip Code: 10950
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?		1.68 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?		1.68 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action: <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 checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ Existing well _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ Existing Septic _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 checked="" 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?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
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:	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Kevin Brodie</u> Date: <u>11/26/25</u> Signature: <u></u> Title: <u>Architect</u>		