

TOWN OF WAPPINGER PLANNING BOARD

Application No. _____

Date Received: _____

Fee Received: _____

Escrow Received: _____

APPLICATION FOR SITE PLAN APPROVAL

7 Brew Coffee - WAPPINGERS FALLS, NY

TITLE OF PROJECT: _____

Location of Property: 1506 US Route 9, Block 2, Lot 653

NAME & ADDRESS OF APPLICANT (Corporation or Individual):

Brew Team NY, LLC

3108 Vestal Pkwy E. Vestal New York 13850
Street Town State Zip

Doug Beachel 315.409.8692 doug.beachel@7brewteam.com
Contact Person Phone Number Email

NAME & ADDRESS OF OWNER (Corporation or Individual):

WAPPINGER SHOPPING CENTER LLC

500 5TH AVENUE, 39TH FLOOR NEW YORK, NEW YORK 10110
Street Town State Zip

HAROLD SUTTON 212.204.3450

Contact Person Phone Number Email

Grid No. 6157-02-653974

Please specify use or uses of building and amount of floor area devoted to each:

Existing Use: VACANT PROPERTY (CLOSED SONIC RESTAURANT)

Proposed Use: Installation of a 510 sf prefabricated building, 338 sf
cooler/storage, canopies and associated site work.

Existing Sq. Footage: 1,815 Use: RESTAURANT
510 7 Brew Coffee Stand - Drive Thru only
Proposed Sq. footage: _____ Use: _____

Location of Property: 1506 US Route 9, Block 2, Lot 653

Zoning District: SC Acreage: 0.74

Anticipated No. of Employees: 6-10

Existing No. of Parking Spaces: 30 Proposed No. of Parking Spaces: 9

Brew Team NY, LLC

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

12/19/2025

Date 315-409-8692

Owner's Telephone No.

Doug Beachel

Owner or representative's signature
Doug Beachel - Director of Entitlements

Type Name and Title ***
3108 Vestal Pkwy E., Vestal, NY 13850

Owner's Address

*****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.