



Town of
Washington

**TOWN OF WASHINGTON
PLANNING BOARD**

10 Reservoir Drive • P.O. Box 667 Millbrook,
NY 12545 • (845) 677-3419 EXT 116 •
planningboard@washingtonny.org

PRE-APPLICATION MEETING REQUEST FORM

SUBMIT THIS FORM IF YOU WOULD LIKE TO SCHEDULE A MEETING WITH THE PLANNING BOARD TO DISCUSS YOUR PROJECT AND ASK QUESTIONS BEFORE YOU FILE A FORMAL APPLICATION.

Submit this Form and four copies, together with the required \$500 fee, to:

Planning Board Secretary
Town of Washington
10 Reservoir Drive
Millbrook, NY 12545
T: (845) 677-3419, Ext. 116
F: (845) 677-2085

With electronic copy (including any maps or plans you choose to include) to:

Planning Board Secretary
planningboard@washingtonny.org

The digital copy shall be in a pdf, jpeg or other suitable write-protected image format capable of being opened and viewed using standard Windows-based software. If available, you may attach or email plans, survey, pictures, diagrams with dimensions and material samples. These are not required for this meeting but may be helpful.

Name of Applicant - (may be architect, engineer or other design professional):

Abraham Rubin

Business Name: Sunnyside18 LLC

Address: 268 Brook Ave.

Passaic N.J. 07055

Telephone: 646 709 1374 Email Address: abraham.sunnyside@yahoo.com

Name of Record Owner(s) of Property: _____

Address: _____

Telephone: _____ Email Address: _____

Applicant Name: Abraham Rubin -

PROJECT LOCATION: 26 Old Route 82, Millbrook N.Y. 12545

PARCEL ID #: Grid # 6764-01-283600


DESIGN PROFESSIONAL/CONSULTANT NAME (if, any):

FIRM ADDRESS:

TELEPHONE: 646-709-1374 EMAIL: abraham.sunnyside@yahoo.com

DESCRIBE PROJECT:

To operate an "In-Patient Substance Use Disorder Program" as well as an "In-Patient Withdrawal (Detox) Program". I'd like to use some of the beds for the residential residents and a portion of the beds for detox-withdrawal management. The facility will be 24/7 medically supervised based on OASAS staffing guidelines. Our target client, is the Medicaid community with our goal to enable all willing individuals this opportunity to affect change and healing in their lives. Additionally, operating this facility will provide jobs for this area as the staffing is quite extensive. We seek your approval for this much needed project.

SIGNATURE:  DATE: 11-27-24

REQUIRED: Check for a nonrefundable application fee of \$500.00 made out to the Town of Washington

Applicant Name: Abraham Rubin



Town of Washington

TOWN OF WASHINGTON PLANNING BOARD
PlanningBoard@Washingtonny.org
10 Reservoir Dr, PO Box 667
Millbrook, NY 12545
845-677-3419

THIS DOCUMENT MUST BE SIGNED BEFORE A NOTARY PUBLIC

PLEASE NOTE: If ownership is held by a corporation, LLC, jointly or in partnership, each owner and/or partner must sign a separate owner's endorsement.

OWNER'S ENDORSEMENT

STATE OF NEW YORK)

COUNTY OF Kings) ss:

Joseph Taub, being duly sworn, deposes and says:

- I am: (check one) 1. the sole owner in fee (One individual on the tax roll)
- 2. a part owner in fee (Two or more individuals on the tax roll)
- 3. an officer of the corporation which is the owner in fee of the premises described in the foregoing application.
- 4. designated party authorized to act pursuant to a trust or legal document. (Trustees listed on tax roll)
- 5. member/owner(s) of Limited Liability Corporation (LLC).

(If you checked #3, #4 or #5, you must attach proof of authority (i.e.: Corporate Resolution, Surrogate Letter, Executor of the Will, Certified Letter of Testamentary, Letter of Administration, Attorney-Opinion Letter, Letter or Probate, Power of Attorney)

I reside at 1701 Quanta Rd, Unit B7

City Brooklyn State NY Zip 11229

I have authorized (name) Abraham Rubin of Sunnyside LLC

(name of company) to make the foregoing application to the Town of Washington for approval as described herein for the property located at 26 Old Rt 82 Millbrook, NY 12545 Property ID # G764-01-283600

Signature: [Handwritten Signature]

If owner is a corporation or LLC, please indicate name of the entity and title of the officer whose signature appears above.

Sworn to before me this 4th day of December, 2024
Notary Public [Signature]
Commission expires: [Signature]

Notary Stamp:

CHEKAL M. KISS
Notary Public State of New York
Qualified in Kings County - No. 01K16346854
Commission Expires August 22, 2028

Proof of Authority is attached. Type of Authority: _____

Applicant Name: Abraham Rubin



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AFFIDAVIT TO BE COMPLETED BY AGENT OF OWNER

State of New York }
County of Richmond } ss:

Abraham Rubin being duly sworn, deposes and says:

1. That he/she is the agent named in the foregoing application for Approval to operate
Impaired Substance/Withdrawal Program and that he/she has been duly authorized by the owner in fee to make such application and that the foregoing statements contained therein are true to the best of his/her knowledge and belief.
2. That he/she resides at 268 Brook Ave. Passaic in the County of Passaic and the State of New Jersey.
3. That he/she is the Agent looking to operate of the within property as described in the foregoing application for Planning Board approval and that the statements contained therein are true to the best of his/her knowledge and belief.
4. That he/she understands that the Town of Washington Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury he/she declares that he/she has examined this affidavit and that it is true and correct.

[Signature]
Agent

Agent

[Signature]
Notary Public
YITZCHOKY WEISS
Notary Public, State of New York
No. 01WE6345789
Qualified in Richmond County
Commission Expires August 01, 2028

Applicant Name: Abraham Rubin



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DISCLOSURE OF BUSINESS INTEREST

State of New York }
County of Richmond } ss:

Abraham Rubin being duly sworn, deposes and says:

1. Pursuant to §803 of the General Municipal Law the following municipal officer(s) or employee(s), and any of their family members, outside employers, business associates, clients or campaign contributors, have, or will later acquire, an ownership position, employment position, or other contractual interest in the proposed project: (Insert name, home address and municipal position held. Attach additional pages as necessary.)

I Abraham Rubin intend to purchase the above property in order to operate an In Patient Substance/Withdrawal Abuse Program, pursuant to your certification and support

2. That the interest of said municipal officer(s) or employee(s) is: (Detail the nature and extent of the interest. Attach additional pages as necessary.)

Purchasing complete Parcel = Grid # 6764-01-283600
Address: 26 Old Rt. 82 Millbrook N.Y. 12545
Tax ID: 6764-01-283600

3. That he/she understands that the Town of Washington intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury he/she declares that he/she has examined this affidavit and that it is true and correct.

Abraham Rubin
Agent or Owner

Agent or Owner

[Signature]
Notary Public
YITZCHOKY WEISS
Notary Public, State of New York
No. 01WE6345789
Qualified in Richmond County
Commission Expires August 01, 2028