



# VILLAGE OF BROCKPORT

49 State Street, Brockport, New York 14420  
Telephone: (585)-637-5300 Fax: (585)-637-1045  
Website: [www.brockportny.org](http://www.brockportny.org)

## PLANNING BOARD APPLICATION

**DEADLINE: MONDAY Noon, 2 weeks prior to meeting**

**Meeting Date: June 13 at 7:00pm**

Application Fee: \$ 45

Date Submitted: May 23, 2016

Plans Submitted (10 copies): \_\_\_\_\_

Environmental Assessment Form Submitted: \_\_\_\_\_

Change of Use:  Addition: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Site Plan: \_\_\_\_\_  
Other: \_\_\_\_\_

Please note:

- Applicant must attend meeting(s).
- Failure to show, withdrawal of application, or denial will result in forfeiture of fee.
- Applicant may be billed for Village Engineer fees related to the review of application.
- The Planning Board will determine the need for a public hearing. If so, a separate fee will be billed.

**PROPERTY ADDRESS:** 33 west Ave. Brockport

Tax Map Parcel #(s): 265201-068-440-0002 Parcel size: 90 width 126 depth

Property Zoning District: Commercial Property Class: 483

Present Use of Property: dental office Proposed Use of Property: farm to table market  
2 bedroom apartment

Flood Zone:  Yes  No Map # \_\_\_\_\_ Map Date \_\_\_\_\_

Description of Proposal: change of use from dental office to farm to table market

Value of Construction: \$ \_\_\_\_\_ Building Permit required after Planning Board approval:  yes  no

### Certification of Statements:

The **applicant(s)** hereby affirms that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/We are **title owner(s)** of the property property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

Michaelann Murphy  
Applicant Signature

\_\_\_\_\_  
Owner Signature

Michaelann Murphy  
Applicant Name Printed/Typed

\_\_\_\_\_  
Owner Name Printed/Typed

Po Box 444 stephentown NY 14168  
Mailing Address

\_\_\_\_\_  
Mailing Address

~~XXXXXXXXXX~~  
\_\_\_\_\_  
Phone # / Fax # / E-mail

\_\_\_\_\_  
Phone # / Fax # / E-mail

Copies to:  Planning Board  B/Z Officer  Village Attorney  Village Engineer  DPW Spt.



*Gypsy MaMa's  
Farm to Table*

- Objective:** Our business objective is to provide locally farmed produce and make available to the community- prepared nourishing products and meals from our farm to their table.
- Start date:** Our goal is to have soup and accompaniments available for take-out in the beginning of October 2016.
- Hours:** We will be open from 11:30 am to 7:00 pm. Monday thru Saturday
- Staff:** Gypsy MaMa's is a family run business.
- Business Plan:** The majority of produce will be grown on Earth and Sky Farm located in Sweden NY. (Owned by Louis Christie and Michaelann Murphy). Any ingredients and produce that are not provided by Earth and Sky Farm will be sourced through a network consisting of local farms, artisans and co-operative markets.
- Types of products available:** We will have a seasonal selection of local produce and farm products. Soup and accompaniments will be available for take-out in both hot and frozen forms. Fresh seasonal salads will be created and available to go. Canned goods featuring seasonal fruits and vegetables will be preserved utilizing traditional canning techniques. Handcrafted items created within traditional agricultural practices will be for sale and special order. We will also offer an assortment of books and literature providing education on natural living and sustainable agriculture.
- Certificates/ Permits:** All requirements set forth by the Village of Brockport, the NY State Department of Agriculture, the NY State Health Department and the Cornell preservation unit will be adhered to the highest degree.
- Existing Building:** The only changes planned for the existing physical building are cosmetic such as, painting, refinishing floors etc.
- Parking:** Existing doublewide drive and parking area.
- Safety:** The building has 4 entrance/exit doors on the commercial floor and all exits and entrances will be clearly marked. There is a handicapped accessible ramp and entrance with handrails.

Trash/  
Waste:

All excess will be composted or recycled. Items purchased will be minimally packaged and bought in bulk whenever possible in order to reduce trash. There will never be any hazardous or chemical waste.

Additional  
Information:

Farm to table markets have the opportunity not only to provide healthy food choices but also to educate the public on sustainable farming practices and creating local economy. We appreciate the opportunity to establish our business in a geographical region that is rich in agricultural history and that continues to offer farming as a way of life. It is our hope that Gypsy Mama's can bring health and nourishment to the community, the land and the future.

617.20  
Appendix B  
Short Environmental Assessment Form

**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.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project: <b>Gypsy MaMa's Farm to Table</b>			
Project Location (describe, and attach a location map): <b>33 West Ave Brockport</b>			
Brief Description of Proposed Action: <b>Change of use from dental office to farm to table market.</b>			
Name of Applicant or Sponsor: <b>Michaelann Murphy</b>		Telephone: <del>XXXXXXXXXXXX</del>	
Address: <b>5400 S. Steadentown Rd</b>		E-Mail: <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>	
City/PO: <b>Steadentown</b>	State: <b>NY</b>	Zip Code: <b>12168</b>	
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	YES
			✓
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
3.a. Total acreage of the site of the proposed action?		0.20 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?		0.20 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size:	NO	YES
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
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
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor name: <u>Michaelann Murphy</u> Date: <u>May 25, 2016</u> Signature: <u>Michaelann Murphy</u>		

**STOP**

**Part 2 - Impact Assessment.** The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

**Part 3 - Determination of significance.** The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)