VILLAGE OF BROCKPORT

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

The Victorian Village on the Erie Canal
Preserve America Community
Listed on the State and National Registers of Historic Places
Certified Local Government
Tree City USA Community
Erie Canalway Heritage Award of Excellence
Climate Smart Community

October 7, 2016

Jayson S. Noonan-Young

Dear Mr. Noon-Young:

The Village is in receipt of your application to the Planning Board regarding a change of use for a massage therapy practice at 50 Clinton Street. BI/CEO David Miller reviewed the materials submitted and found them acceptable.

The Planning Board will review your application at its next meeting: **Wednesday, October 19, 2016 at 7:00pm** in the Village Hall Conference Room, 49 State Street.

Your attendance or that of a representative is required at the meeting. Please be prepared to present the application and bring any further materials that might support its approval.

Any questions prior to the meeting should be directed to me at 637-5300 x12 or BI/CEO Miller at 637-5300 x19.

Sincerely,

Leslie Ann Morelli
Brockport Village Clerk

Xc: PB file
Property owner: Peter B. Smith

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49 State Street, Brockport, New York 14420
Phone: (585)-637-5300 ext. 14 Fax: (585)-637-1045
Website: www.brockportny.org

PLANNING BOARD APPLICATION

Deadline Oct 5

DEADLINE: MONDAY Noon, 2 weeks prior to meeting
Meeting Date: Oct 19 **at 7:00pm**

Change of Use: X Fence: _____
Subdivision: _____ Site Plan: _____
Other: _____

Application Fee: $ 45.00
Date Submitted: _____
Plans Submitted (7 copies): _____
Environmental Assessment Form Submitted

VILLAGE OF BROCKPORT
PAID OCT - 5 2016 PAID
Cash 45.00
PER

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: 50 Clinton St.

Tax Map Parcel #(s): 068.52-2-2 Parcel size: 75.5 width 92.18 depth

Property Zoning District: B-Bus Property Class: 484

Present Use of Property: Vacant Proposed Use of Property: Massage therapy

Flood Zone: □Yes □No Map # _____ Map Date _____

Description of Proposal: Massage Therapy Practice, used for treating clients needs as a licensed Massage Therapist

Description of any planned remodeling: Painting, new toilet & sink

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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.

Jayson S. Noonan-Young
Applicant Signature

Jayson S Noonan-Young
Applicant Name Printed/Typed

Street City State Zip

Phone # E-mail

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.

Peter B. Smith
Owner Signature

Peter B. Smith
Owner Name Printed/Typed

Street City State Zip

Phone # E-mail

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.

Part 1 - Project and Sponsor Information

Name of Action or Project: Young Forever Massage Therapy

Project Location (describe, and attach a location map):

Brief Description of Proposed Action: would like to open a massage practice to assist clients/patients with there aches & pains. Also to try to heal their bodies to the best of my knowledge

Name of Applicant or Sponsor:	Telephone:
	E-Mail:

Address: 50 Clinton St.

City/PO: Brockport	State: NY	Zip Code: 14420

	NO	YES
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.	X	
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:	X	

3.a. Total acreage of the site of the proposed action? _____ acres
b. Total acreage to be physically disturbed? _____ acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres

4. Check all land uses that occur on, adjoining and near the proposed action.
☒ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☒ Residential (suburban)
☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____
☐ Parkland

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?		X	
b. Consistent with the adopted comprehensive plan?		X	

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		X
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify:	X	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	X	
b. Are public transportation service(s) available at or near the site of the proposed action?		X
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		X
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies:	X	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water:		X
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment:		X
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	X	
b. Is the proposed action located in an archeological sensitive area?	X	
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?	X	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:	X	
	X	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional

☐ Wetland ☒ Urban ☐ Suburban

	NO	YES
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?	X	
16. Is the project site located in the 100 year flood plain?	X	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? ☒ NO ☐ YES	X	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: ☒ NO ☐ YES	X	

	NO	YES
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:	X	
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:	X	
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:	X	

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: Jayson Noonan-Yung Date: 10/5/2016

Signature: [signature]

STOP HERE

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.

☐ 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.

☐ 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)

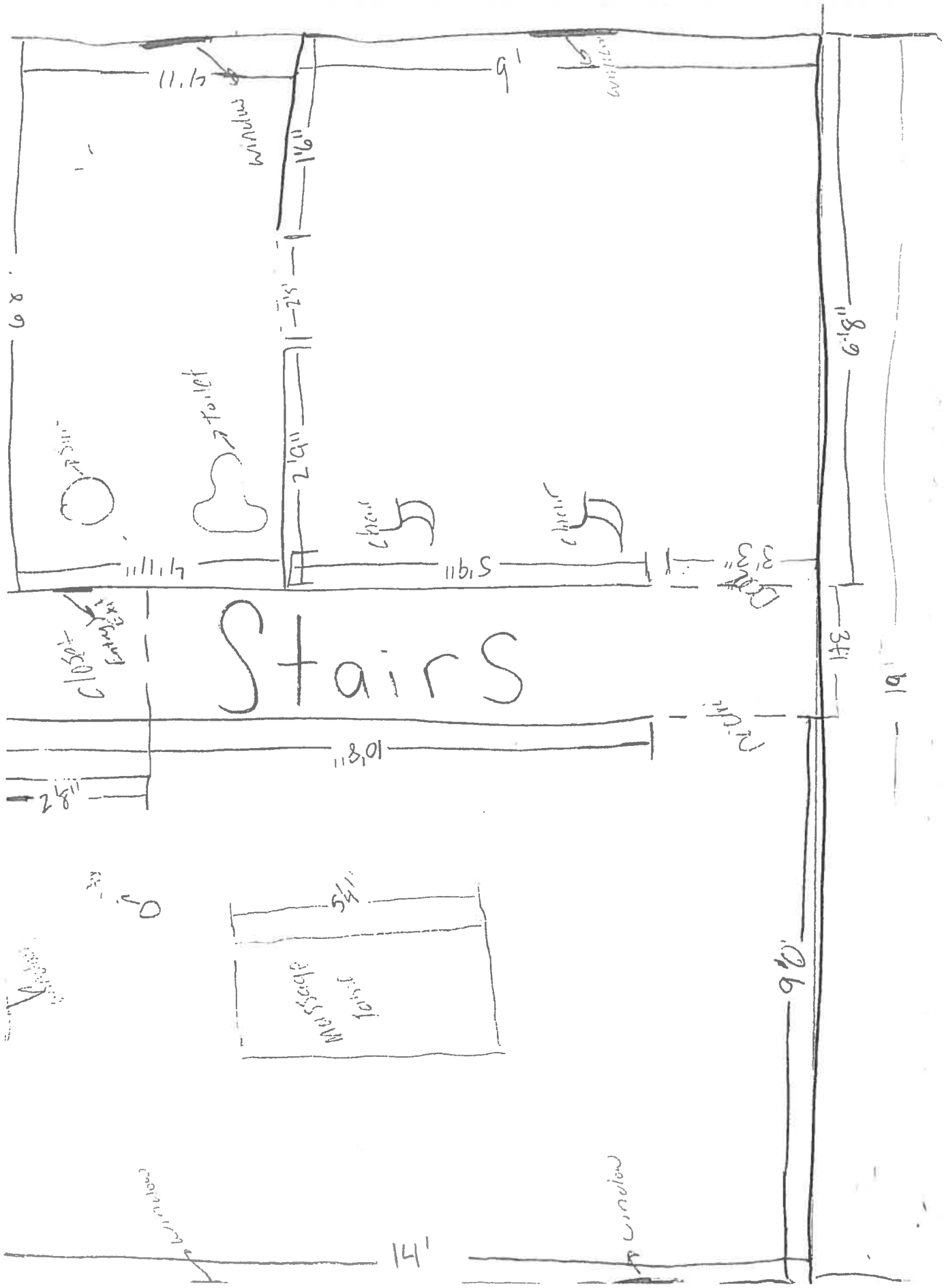
Business plan for Young Forever

Massage Therapy

Young Forever Massage therapy is DBA private practice, seeking to guide and aid clients to establish a better human form in a physical, mental manner. I will use the massage techniques and lessons learned from my school I attended such as deep tissue, Swedish, and treatments massage to try and accomplish these goals. My hours of operation will be 8am-8pm but can vary due to my business is client based. I will be the only employer of my business for at least 2-3 years. My number of customers will vary depending on how many appointments I have scheduled that day/week. My clients can park right in front of the building on Clinton St. or in the side parking lot just around the left of the building. I will have trash bags in every single one of my rooms for disposal. I will have a sign in front of the building, and hoping to eventually have one on the back of the building as well. No other special certificates/permits that I know of at the time except for my NYS massage therapy license and proof of insurance.

Inventory:

Items	Quantity/ Description	Estimated Cost
Massage Table	2	$600
Bolster	2	In possession of
Lubricant (unscented)	1 gallon of oil, and lotion	$150.25
Towels	60	$60 ($2 each)
Towel Warmer	1	$200
Table Warmer	1	$80
Guess Chairs	3	$120 ($30 each)
Stool	1	$75
Sheets	Cotton-10	$200 ($20 each)
Blanket	3	$60 ($20 each)
Pillows/Breast Pillows	4	$100
Face Covers	10	$50 ($5 each)
Decor		$200
Cleaning supplies		$100 annually



Stairs
Toilet
Closet
Entry Ext
Chair
Chair
Massage Table
window
window
window
9'
1'6"
2'9"
5'9"
4'11"
3'3"
6'8"
10'8"
2'8"
5'4"
9'0"
14'