

**Village of Brockport
Planning Board
Meeting Agenda
Monday, September 8, 2014 7pm**

CALL TO ORDER / PLEDGE / ROLL CALL

APPROVAL OF MINUTES of August 11, 2014

CORRESPONDENCE:

NEW BUSINESS APPLICATIONS:

1. Name: Luigi Nisdeo
Address: 50 Clinton Street
Tax Map #: 068.52-2-2
Zoning: B-Business
Parcel Size: 75.51' deep x 92.8' deep
Prop. Class: 484
Purpose: Change of use from vacant to fitness studio

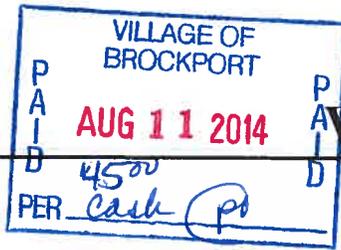
ADJOURNMENT:

UPCOMING REGULAR MEETINGS/DEADLINES (only upon application):

- No meeting scheduled for October 13 due to the holiday
- November 10, 2014 7pm. Deadline: October 27, 12 noon

PENDING OLD BUSINESS APPLICATIONS:

- 24 North Main Street, proposed commercial building



VILLAGE OF BROCKPORT

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

PLANNING BOARD APPLICATION

DEADLINE: MONDAY Noon, 2 weeks prior to meeting

Meeting Date: 9/8/14 at 7:00pm

Application Fee: \$ 4500

Date Submitted: 8/11/14

Plans Submitted (10 copies): 1 copy

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: 50 Clinton St

Tax Map Parcel #(s): 068 57-2-2 Parcel size: 75.51 width 92.8 depth

Property Zoning District: R Property Class: 1 USA sm. build. (484)

Present Use of Property: vacant Proposed Use of Property: Fitness studio

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: Fitness studio for weight loss, cardiac rehab, + strength.

Value of Construction: \$ n/a 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.

Applicant Signature

Owner Signature

Applicant Name Printed/Typed

Owner Name Printed/Typed

Mailing Address

Mailing Address

Fax #

E-mail

age Engineer _____ DPW Spt.

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Change of Use: _____ Addition: _____

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Subdivision: _____ Site Plan: _____

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- 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): 008 52-2-2 Parcel size: 75.51 width 92.18 depth

Property Zoning District: Business Use Dist. Property Class: 1 use sm bld. (484)

Present Use of Property: _____ Proposed Use of Property: _____

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: _____

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.

Applicant Signature

Peter Smith
Owner Signature

Applicant Name Printed/Typed

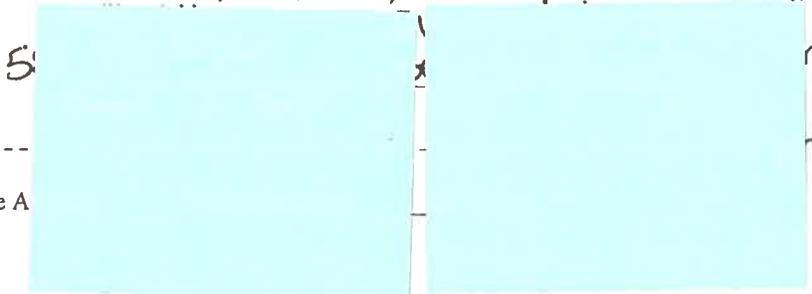
Peter Smith
Owner Name Printed/Typed

Mailing Address

PO Box 602, Brockport 14420

Phone # / Fax # / E-mail

Copies to: ___ Planning Board ___ B/Z Officer ___ Village A



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.

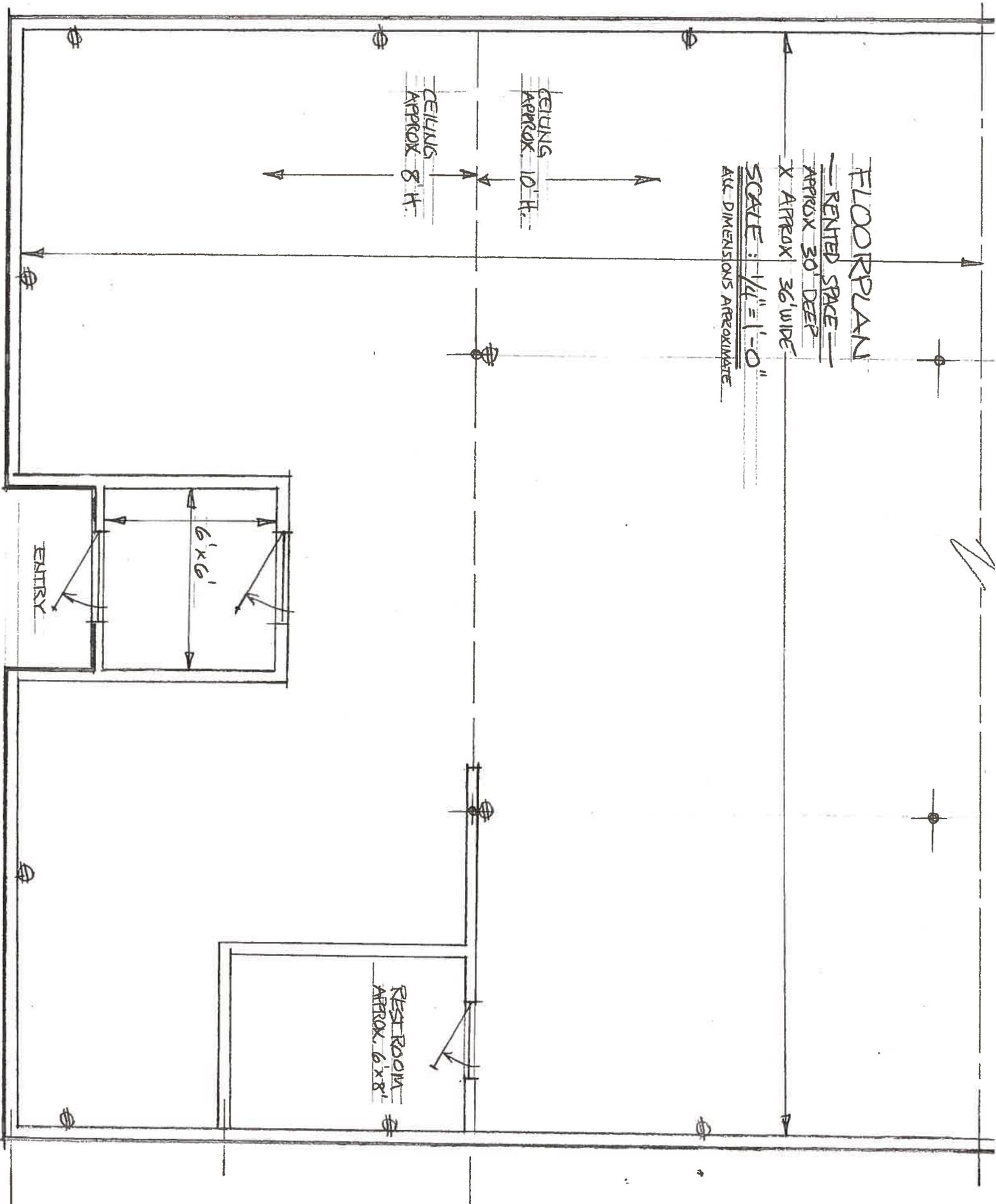
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map): <i>50 Clinton St. Brockport</i>			
Brief Description of Proposed Action: <i>to start up a private fitness studio for weight loss, general health and strength.</i>			
Name of Applicant or Sponsor: <i>Luigi Nisco</i>		Telephone:	
Address: <i>171 West Ave</i>		E-Mail:	
City/PO: <i>Brockport</i>		State: <i>NY</i>	
		Zip Code: <i>14420</i>	
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"/>
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:			YES <input checked="" type="checkbox"/>
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.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Luigi Nicotri</u>		Date: <u>8/2/14</u>
Signature: <u>[Signature]</u>		

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)?	✓	



LIGHTING PLAN

RENTAL SPACE
APPROX 301' x 36'

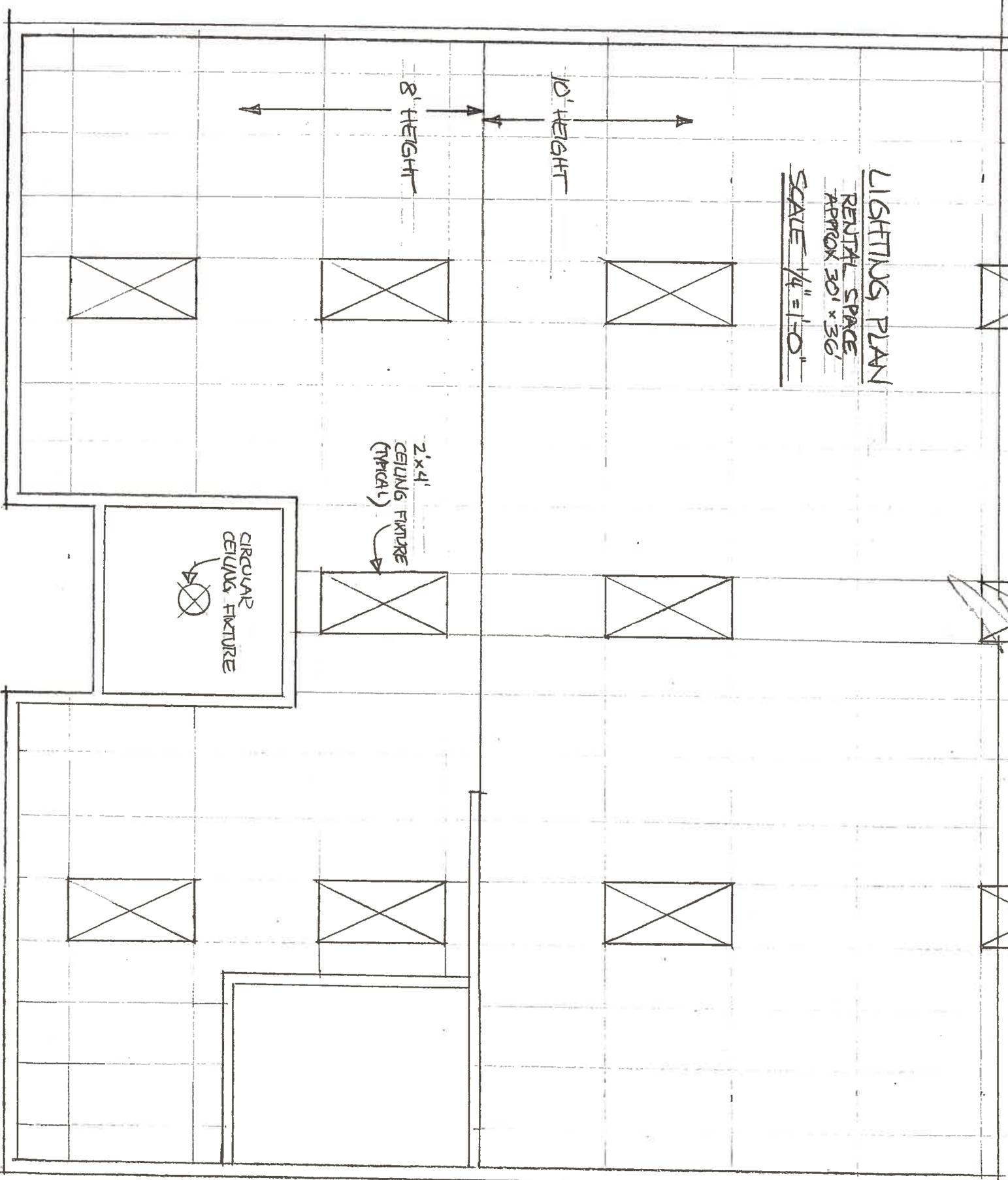
SCALE 1/4" = 1'-0"

10' HEIGHT

8' HEIGHT

2' x 4'
CEILING FIXTURE
(TYPICAL)

CIRCULAR
CEILING FIXTURE



Franella Fitness Club

50 Clinton Street, Brockport, NY 14420

Fiscal Year: 2014

ONE
PAGE
PLAN

Luigi Nisdeo, MS, CFT

Last Updated: 08/4/2014



vision

To provide a warm and inviting fitness facility that is not in the traditional “health club” mindset or model. One that attracts people who desire a true fitness experience in regards to weight loss, strength and health that emphasizes and focuses on the whole person in a fun, exciting and results-producing way.



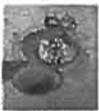
mission

Our mission is to have a positive impact on our client’s lives by creating a memorable fitness experience. We will deliver the best possible fitness and nutrition solutions to our customers’ needs through fun, challenging, appropriate and effective programs thereby being recognized as a unique and respected fitness resource for our community.



objectives

- Generate \$75,000 in total revenues by 2015
- Generate a 10% yearly increase in sales
- The business will be cash flow positive within the first year
- Land 50 new clients per year
- Increase market penetration every quarter
- Meet with 5 healthcare practitioners/providers by 1/15
- Recruit/train 1 student intern by 5/15



strategies

- Morning hours by appointment
- Sole proprietorship with student-intern assistance
- Coach groups of 4-5 clients within one hour time slots
- Risk management strategies include: instruction on proper lifting techniques, use of spotters, regularly inspect machines, have a written emergency response policies and procedures
- Install flat face outdoor sign
- Put in place waste pickup program from trash collection agency
- Maintain property neat and tidy for increased “curb appeal”
- Off-street parking and small parking lot on west side of building
 - Street and exterior building lights present
- No special certificates needed nor potential drainage, flooding or erosion concerns



action plans

- Develop online and offline advertising & marketing plan
- Create business website and Facebook page
- Purchase exercise equipment
 - Maximum \$10,000 equipment budget
- Establish a referral network with other businesses in the community
- Generate exercise and nutrition templates
- Obtain Precision Nutrition Certification by the end of the year
- Be up and running by the start of the new year