



# 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

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

Meeting Date: TUES. OCT 15 at 7:00pm

Application Fee: \$ 45.00

Date Submitted: 10-1-13

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

Environmental Assessment Form Submitted:

### 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: 46 MAIN ST BROCKPORT

Tax Map Parcel #(s): 068.52-4-18 Parcel size: 26' width 116.16' depth

Property Zoning District: B- Business Property Class: 481

Present Use of Property: Vacant

Proposed Use of Property: Vapor Shop

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

Description of Proposal: Operate a vapor shop which sells liquid nicotine and personal vaporizers (+ accessories)

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.

  
Applicant Signature

Matthew P Butler  
Applicant Name Printed/Typed

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.

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

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

\_\_\_\_\_  
g Address

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

.....  
\_\_\_\_ Village Engineer \_\_\_\_ DPW Spt.

PROJECT ID NUMBER

617.20

SEQR

APPENDIX C

STATE ENVIRONMENTAL QUALITY REVIEW

SHORT ENVIRONMENTAL ASSESSMENT FORM

for UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR Vapor World of NY, Inc.		2. PROJECT NAME Vapor World Retail Store	
3. PROJECT LOCATION: Municipality Village of Brockport		County Monroe	
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map 46 Main St Brockport NY 14420			
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification / alteration			
6. DESCRIBE PROJECT BRIEFLY: Opening of Vapor World, a retail store selling personal vaporizer products + accessories. This location is 100% tobacco free.			
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If no, describe briefly:			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes, list agency name and permit / approval:			
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes, list agency name and permit / approval:			
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Applicant / Sponsor Name		Date:	
Signature		Date:	
Vapor World of NY, Inc		10/02/2015	
[Signature]		[Signature]	

If the action is a Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment