

**Village of Brockport
Planning Board
Meeting Agenda
Monday, April 14, 2014 7pm**

CALL TO ORDER / PLEDGE / ROLL CALL

APPROVAL OF MINUTES of March 10, 2014

CORRESPONDENCE:

NEW BUSINESS APPLICATIONS:

1. Name: James White for Creative Inking
Address: 52 Main Street
Tax Map #: 068.52-4-19
Zoning: B-Business
Parcel Size: 17' wide x 116.16' deep
Prop. Class: 481
Purpose: Alteration to existing space (vacant to tattoo shop)

2. Name: Marathon Engineering for Strong West
Address: 156 West Avenue
Tax Map #: 068.08-1-1
Zoning: B-Business
Parcel Size: ~18.9 acres
Prop. Class: 641
Purpose: Site plan – ~2000sq. ft. addition to house MRI

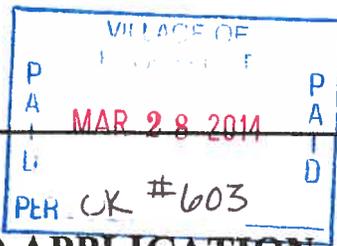
ADJOURNMENT:

UPCOMING REGULAR MEETINGS/DEADLINES (only upon application):

- May 12, 2014 7pm. Deadline: Monday, April 28, 12noon
- June 9, 2014 7pm. Deadline: Tuesday, May 27, 12noon

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: APRIL 14, 2014 at 7:00pm

Application Fee: \$ 4500

Date Submitted: 3/27/14

Plans Submitted (10 copies): _____

Environmental Assessment Form Submitted:

Change of Use: X 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: 52 Main Street

Tax Map Parcel #(s): 068,52-4-19 Parcel size: 17' width 116.16' depth

Property Zoning District: B-Business Property Class: 481

Present Use of Property: VACANT Proposed Use of Property: Retail / Tattoo / piercing

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: We are seeking to relocate the current business at 73 main to 52 main / we are operating as tattoo / piercing & retail we are not affiliated with tobacco sales any more & would like to move.
Value of Construction \$ 0 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

James White Jr.

Applicant Name Printed/Typed

Owner Signature

George Hogan

Owner Name Printed/Typed

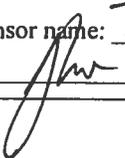
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Appendix B
Short Environmental Assessment Form

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: <i>Creative Inking</i>			
Project Location (describe, and attach a location map): <i>52 Main Street Brockport</i>			
Brief Description of Proposed Action: <i>Retail + Tattoos / Piercing</i>			
Name of Applicant or Sponsor: <i>James White, JR.</i>		Telepl	
Address:		E-Mai	
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 <i>X</i>	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 <i>X</i>	YES
3.a. Total acreage of the site of the proposed action?		<i>< 1 acre</i>	acres
b. Total acreage to be physically disturbed?		<i>0</i>	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 checked="" type="checkbox"/> Commercial <input checked="" 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
_____	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: _____	NO	YES
_____	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: _____	NO	YES
_____	X	
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>James White Jr.</u>	Date: <u>3-27-14</u>	
Signature: <u></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)?		

Creative Inking
Tattoo, Piercing & Apparel Shop
A Business Plan

Executive Summary

Creative Inking is a new business in the Village of Brockport, providing services such as tattoos, piercings and products relevant to the industry. Such as tattoo inspired clothing, jewelry, and housewares. Creative Inking was founded by James White, an experienced business owner who has done business and resided in the Brockport Community.

The tattoo artists of Creative Inking are highly skilled and experienced. Shawna Hawkins, the manager of the business as well as an experienced tattoo artists and piercer will be taking care of daily operations, ordering, and other daily activities for the business to run. Shawna is an advanced tattoo practitioner, with nearly 12 years of experience in tattooing and piercing. Shawna also has a history in the medical field and has been trained in blood born pathogens and sanitary procedures.

Creative Inking was created with the intent to bring a high quality tattoo and piercing service to the partons of Brockport and the surrounding areas. James White, the founder and Shawna Hawkins, the manager of the company have been apart of the Brockport community for a the majority of their business lives. The connections they have made with the community have provided them with a consistent and reliable customer basis.

Creative Inking will provide a unique, quality service to the community of Brockport, providing them with passionate and highly skilled service individuals. Creative Inking is a new business, however it's founder and manager have worked at Magic Monkey/Go Ask Alice for the past few years. This previous location provided tobacco products to it's customers as well as the tattoo and piercing services. This is one main reason why James White, founded and Shawna Hawkins, manager are moving on to a new location in the Village of Brockport. The goal is to remove any negative connotation that may have existed with the previous location, and have the chance to start new.

Company Overview

Creative Inking is a tattoo, piercing and apparel shop located in the Village of Brockport, Town of Sweden, County of Monroe, and State of New York.

Shop Address: 52 Main Street, Brockport NY 14420

Shop Phone: 585-637-8080

Shop Website: creativeinkingtattoo.com

Hours of Operation: Tuesday - Saturday: 11AM - 8PM

There are currently 3 person working at magic monkey owner operator james white, manager shawna hawkins and co-worker dan comden. artists work on a commissions bases.

Operations Plan

Suppliers: Creative Inking will be showcasing homemade products such as artwork, paintings, jewelry, embroidery. The clothes that will be sold in the shop will be provided by Akumu Ink, Ink Addict, as well as Kitchen Wares from Fred & Friends. All body jewelry is purchased through Hollywood Jewelry. Surgical steel and titanium will be in stock, used for piercing purposes (these materials are hypoallergenic).

Trash pickup would be as usual with a simple flip top bin either suburban disposal or waste management would be the providers.

sharps waste containers are disposed of properly when necessary with the surrounding hospitals. some examples of collection areas are united memorial medical center located in batavia new york, monroe community hospital in rochester ny, as well as many more. sharps container disposal is usually necessary one time a year.

customer traffic is usually about 6 tattoo customers a day and foot traffic or retail customers can range anywhere from 10 to 20 depending on season. Shawna currently tattoos an estimated 2 customers a day tuesday through saturday. dan comden has been tattooing for nearly five years and has an estimated 5 customers a week.

delivery and parking. parking will not be an issue as we are already accustomed to parking in the municipal lots located in the village. our delivery is simply ups and fedex and there is no foreseeable complications with receipt at this time.

Special certifications. we are fully insured with tattoo shop insurance including osha medical needs as well as customer liability in the intense that a problem ever occurred. our insurance

includes a coverage of 50mil also for building damage. james would be happy to provide proof of this coverage if necessary.

flooding, drainage, exterior lighting, and landscaping are not of any concern to this company at this time. landscaping is not a necessity being on main street however we would be happy to help with any landscaping needs for the front sidewalk if and when necessary. we can assure the upkeep of the storefront as in snow removal and clear walkways as well as a clean store front will absolutely be maintained without hesitation.

Signage it is important to us to respect the historical integrity of this village and we will do so with a hand painted sign by George Hogan which we are looking forward to presenting to the historical society.

Management Team

James White; Founder
Shawna Hawkins; Manager

James and Shawna are both active members of the Brockport community. Both strive to take part in local benefits, benefiting their local community members. While working at the previous location they have each been apart of community services through the College at Brockport and through donations. Shawna has working on the behalf of the Human Touch Initiative, providing them a gift certificate for tattoo for an auction benefiting cancer patients, providing them with free massage. Shawna has recently donated to the Walk for Autism as well, on behalf of Magic Monkey.

These activities are just some examples of how Creative Inking will insert itself into the community of Brockport for its improvement. James and Shawna wish for Creative Inking to be known in the Brockport community for it's professionalism, highly skilled practitioners, it's involvement in it's community and the businesses communication with it's customers.

Safety Plans - ADT + 2 cameras

52 MAIN ST.
3/31/14
Planning Board

Layout Plan 1

Emergency Exit

old stairway
closed off
no use

Bathroom

Piercing
Station

Fire
extinguisher

light
table

bookshelves

tattoo
Station #1

tattoo
Station
#2

bookshelves

Seating
area

computer?

collectables

display
cases jewelry

Clothing displays

Incense

Seures

House Wares

Bandanas

Shoes

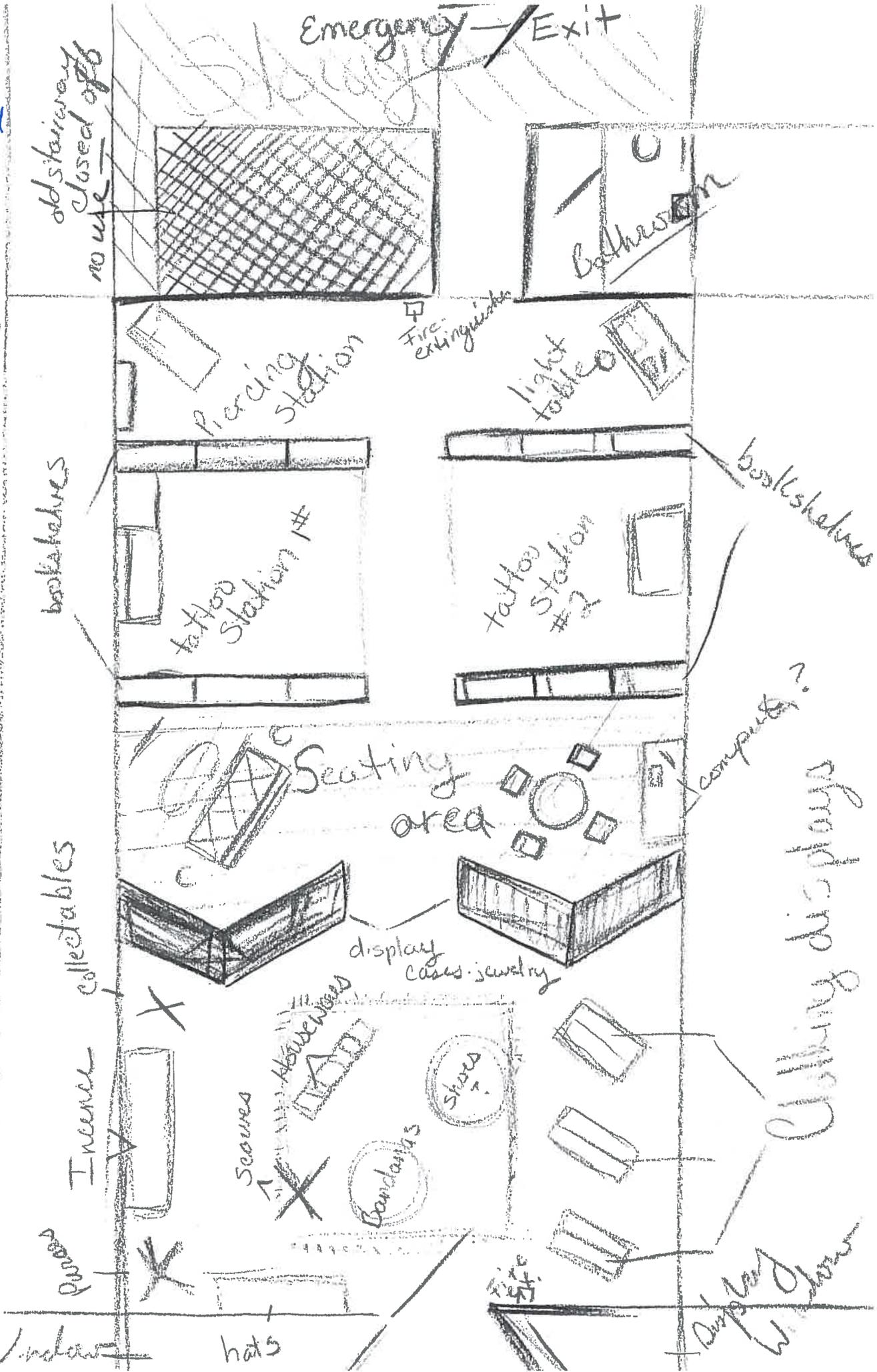
Room

Amplifier
W. Show

Display Window

hats

Gift



VILLAGE OF
BROCKPORT

APR - 7 2014

OK# 2910

PER \$300⁰⁰

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

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

Meeting Date: 04/14/2014 at **7:00pm**
 Application Fee: \$ 300.00
 Date Submitted: 03/31/2014
 Plans Submitted (10 copies): Yes
 Environmental Assessment Form Submitted: Yes

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: 156 West Ave

Tax Map Parcel #(s): 68.08-01-001 Parcel size: 18.9 acres width _____ depth _____

Property Zoning District: Business Use Property Class: Hospital

Present Use of Property: Medical Services Proposed Use of Property: Medical Services

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: 2000 +/- sf bldg addition to house MRI, replacing current MRI trailer

Value of Construction: \$ _____ Building Permit required after Planning Board approval: X 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

Mary J. Schneider

Owner Signature

Applicant Name Printed/Typed

Mailing Address

Phone # / Fax # / E-mail

4642
@ come.
la

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

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: Strong West Site Improvement - Phase 3		
Project Location (describe, and attach a location map): 156 West Avenue - Formerly Lakeside Hospital. North side of West Avenue opposite Smith St.		
Brief Description of Proposed Action: Limited site improvements: construction of a 2000 +/- sf bldg addition to house a MRI unit, replacing the current MRI trailer		
Name of Applicant or Sponsor: Mary I Ockenden		
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"/>	YES <input 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: Village of Brockport Planning Board - Site Plan Approval	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?	18.9 acres	
b. Total acreage to be physically disturbed?	0.05 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	18.9 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 checked="" type="checkbox"/> Residential (suburban)		
<input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): <u>Medical Offices and senior housing</u>		
<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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____ Neither the proposed project site nor any adjoining property has been the subject of remediation, however it is located within 2,000' of a class A Voluntary Cleanup Program of an estimated 0.670 acres	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National Register of Historic Places]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes- Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered]	Yes
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	Yes



39 Cascade Drive / Rochester, NY 14614 / Phone (585) 458-7770

March 31, 2014

Ms. Pamela Krahe
Planning Board
Village of Brockport
49 State Street
Brockport NY 14420

Re: Strong West Site Improvements, Phase 3
156 West Ave, Village of Brockport

Dear Pam,

On behalf of our client, University of Rochester Medical Center, we are submitting plans of the above referenced project for your review. We request that this project be placed on the Village of Brockport's Planning Board agenda for their meeting of April 14, 2014 for site plan approval.

This project consists of constructing a 2000 +/- sf bldg addition to house a MRI unit, replacing the current MRI trailer. The existing MRI trailer will be temporarily relocated on site to north and will be removed from the site when the MRI addition is complete.

The scope of this project, which supports interior renovations, is only to upgrade/replace existing facilities. No additional space or operations result from this modification.

Enclosed with this submission is the following information to aid in your review:

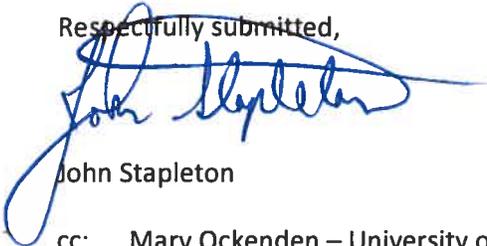
- 1 copy of this Letter of Intent
- 1 copy of the Planning Board Application Form
- 1 copy of the Short Environmental Assessment Form
- 11 copies of the Location Map (11x17)
- 10 copies of the Site Plan Set (full size)
- 1 copy of the Site Plan Set (11x17)
- 1 check for the Planning Board Application Fee

Going the distance for you.

Strong West Site Improvements
Phase 3
Village of Brockport
03/31/2014

We look forward to discussing this project with the Planning Board on April 14th. In the meantime, if you have any questions, or require additional information, please do not hesitate to contact our office.

Respectfully submitted,



John Stapleton

cc: Mary Ockenden – University of Rochester Medical Center
Dante Paladino – University of Rochester Medical Center
David Gardner – Gardner PLUS Architects

MARATHON
ENGINEERING
39 CASCADE DRIVE
ROCHESTER, NY 14614
PHONE 585-458-7770
WWW.MARATHONENG.COM

JOB NO. 0057-13
SCALE: 1" = 80'
DRAWN: PBG
DESIGNED:
DATE: 03/31/2014



COPYRIGHT © 2013 MARATHON ENG

LOCATION MAP

TITLE
PHASE 3 SITE WORK
FOR
STRONG WEST
156 WEST AVENUE
VILLAGE OF BROCKPORT
MONROE COUNTY
STATE OF NEW YORK

