

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

CALL TO ORDER / PLEDGE / ROLL CALL

APPROVAL OF MINUTES of June 9, 2014

CORRESPONDENCE:

NEW BUSINESS APPLICATIONS:

1. Name: Brian Thomas
Address: 26 Kimberlin Drive
Tax Map #: 068.43-2-14
Zoning: O-Residential
Parcel Size: 85.2' wide x 146' deep
Prop. Class: 210
Purpose: Expand driveway next to garage to park travel trailer

2. Name: Mohammed Hady and Hayder-Mazyed
Address: 73 Main Street
Tax Map #: 069.53-1-23
Zoning: B-Business
Parcel Size: 24' wide x 143' deep
Prop. Class: 481
Purpose: Change of use to open a convenience store in former tattoo shop

3. Name: Sharon Quill-Hoy
Address: 15 Main Street
Tax Map #: 069.45-2-6
Zoning: B-Business
Parcel Size: 41' wide x 77.66' deep
Prop. Class: 481
Purpose: Change of use to open reiki center in former CCR office

4. Name: Walter Willson
Address: 2 Main Street
Tax Map #: 068.52-2-8.1
Zoning: B-Business
Parcel Size: 60.67' wide x 117.8' deep
Prop. Class: 482
Purpose: Change of use to tattoo shop

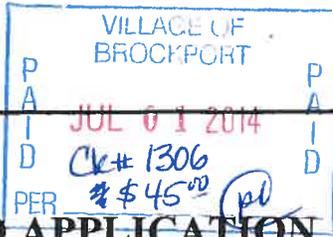
ADJOURNMENT:

UPCOMING REGULAR MEETINGS/DEADLINES (only upon application):

- August 11, 2014 7pm. Deadline: Monday, July 28, 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

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

Meeting Date: _____ at 7:00pm
Application Fee: \$ 45.00
Date Submitted: _____
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: 2 Main St. Unit 10

Tax Map Parcel #(s): 068.52-2-8.1 Parcel size: 60.67' width 117.8' depth

Property Zoning District: B-Bus Property Class: 482

Present Use of Property: Tattoo shop Proposed Use of Property: _____

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: TATTOO SHOP

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.

Walter H. Wilson Jr.
Applicant Signature

[Signature]
Owner Signature

WALTER H. WILSON JR.
Applicant Name Printed/Typed

Jason Graham
Owner Name Printed/Typed

2
Mails

637-15
Phone

Copies to: Planning Board B/Z Officer Village Attorney Village Engineer DR w 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	
Wallys' world custom tattoos	
Name of Action or Project:	
2 main st, Brockport N.Y. 14420	
Project Location (describe, and attach a location map):	
Brief Description of Proposed Action:	
Name of Applicant or Sponsor:	
WALTER H. WILLSON	
Telephone:	
E-Mail:	com
[Redacted]	
ce,	
	NO YES
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.	
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? _____ 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	

Village of Brockport
PLANNING BOARD SUBMISSION REQUIREMENTS

1. Application – Complete the one-page application, including property owner information and signature if applicable.
2. Short Environmental Assessment Form (SEAF) – Complete Part 1 only (2 ½ pages long.)
3. Site map of the property showing placement of exterior items.
4. Floor plan drawn to scale. Include such details as exits, placement of safety devices, lighting, counters, appliances, restrooms, handicap access, etc.
5. Business Plan that includes, but is not limited to, the following:
 - a. Explanation of your business
 - b. Hours of operation
 - c. Number of employees
 - d. Trash/waste generation and disposal
 - e. Number of customers expected, customer traffic, customer parking
 - f. Delivery traffic and parking
 - g. Special certificates/permits required from other agencies, i.e. health department, DMV, building permits, etc.
 - h. Potential drainage, flooding, or erosion concerns
 - i. Exterior lighting
 - j. Landscape plan
 - k. Signage
 - l. Safety plans
 - m. Any other items particular to your business

3/18/14

I Have Been a TATTOO ARTIST for around 25 years, and have worked in or around town for close to 17 years on and off considering I grew up and went to school in Brockport. I am open usually at 10 o'clock P.M and am usually closed by 9 o'clock P.M. All of my deliveries of supplies I get at my home address. I have rented the spot as is and therefore will not be doing any permanent construction. Customer parking is out back or out front when available. clientele traffic doesn't usually get to more than 10 people at a time on any given day.

Wally Wilkin

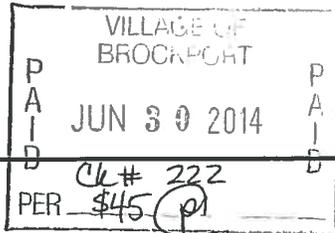
18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of 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: WALTER H. WILSON JR. Date: 6/30/14
 Signature: Walter H. Wilson Jr.

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)?		



VILLAGE OF BROCKPORT

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

Meeting Date: 7-14-14 at 7:00pm
Application Fee: \$ 45.00
Date Submitted: 6-30-14
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: 15 Main St. Brockport, Ny 14420

Tax Map Parcel #(s): 069.45-2-6 Parcel size: 41' width 77.66' depth

Property Zoning District: B-Business Property Class: 481

Present Use of Property: Health Care Provider CC R until 9/13 Proposed Use of Property: Reiki Center

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: Brockport Reiki Center, To provide reiki (ray-key) treatment for fully clothed client.

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.

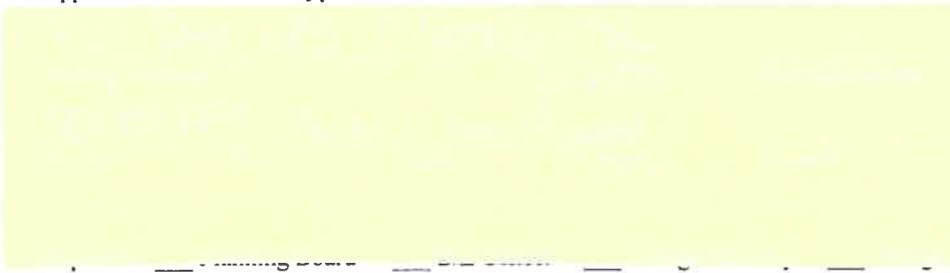
I/We hereby certify that I/We are title owner(s) of the property property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

Sharon Quill-Hoy
Applicant Signature

Owner Signature

Sharon Quill-Hoy
Applicant Name Printed/Typed

Owner Name Printed/Typed



Tax # / E-mail

Engineer _____ DPW Spt. _____

617.20
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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: Sharon Quill-Hoy Brookport Reiki Center													
Project Location (describe, and attach a location map): 15 Main St. Brookport Ny 14420													
Brief Description of Proposed Action: Rent 1 room from the Penny saver store which will be used to provide Reiki for people.													
Name of Applicant or Sponsor: Sharon Quill-Hoy	Telephone: [Redacted] 70 E-Mail: [Redacted] 0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">administrative rule, or regulation?</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 10%; text-align: center;">YES</td> </tr> <tr> <td>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.</td> <td style="text-align: center;">✓</td> <td></td> </tr> <tr> <td>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:</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td></td> <td style="text-align: center;">✓</td> <td></td> </tr> </table>		administrative rule, or regulation?	NO	YES	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.	✓		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		✓	
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	✓												
3.a. Total acreage of the site of the proposed action? <u><1</u> acres b. Total acreage to be physically disturbed? <u>0</u> acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <u><1</u> 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													

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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>Sharon Quill-Hoy</u>	Date: <u>6/30/14</u>	
Signature: <u>Sharon Quill-Hoy</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?"

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	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)

Brockport Reiki Center

Plan: To provide Reiki sessions for adults, children and animals. Reiki is a Japanese holistic treatment which uses energy to get people and animals back into balance and create self-healing. All living things are made up of energy and we each have our own balance. Things happen to us which creates imbalances. Some of these things are: stress, abuse, accidents, unhealthy eating, harsh environmental exposure, etc. Reiki is used to assist the client get back her/his own balance. Reiki is a hands-on energy treatment but hands-on is not required for the treatment. Note: Animal Reiki will be provided in the home/barn of the animal. No animals are allowed in the center unless they are needed as a support to someone with a disability.

Number of employees: There will be one employee, me, Sharon Quill-Hoy, BSW, RMP. I have a Bachelor of Science in Social Work and am a Reiki Master Practitioner. I have 25+ years of experience working as a social worker at not for profit agencies such as East House, The Arc of Monroe County, Catholic Charities of Buffalo in Batavia and most recently at Lakeside Beikirch Care Center in Brockport. I have a year of experience providing reiki for people and animals as a Level 1 & 2 Practitioner but decided to go on for Master Reiki training which was completed in May 2014.

During a session: I will ask the client to remove her/his shoes but stay fully clothed for the session. I will then have the client sit in a chair to discuss her/his current functioning, medical history and reason for coming. Then I will ask if the client is comfortable with being touched. Then she/he will be asked to lay down on the massage/reiki table, close her/his eyes and relax. Each session is between 30 and 75 minutes depending on clients' needs and time restraints. During the session, the client may feel a warm sensation throughout the body or only in parts of her/his body as she/he becomes deeply relaxed. As the session ends, the client will be asked to focus on the sound of the water fountain as she/he becomes more alert to the room. The feelings during/after the session will be discussed and the client will be encouraged to continue medication and medical or psychological treatment. (If the client does not follow this suggestion, I am required to stop all sessions since Reiki helps but is not used instead of medical or psychological care.)

Numbers of Clients at one time: Reiki sessions are scheduled ahead of time so there will be no interruptions and with hopes that no one will need to wait. There will always be only one client at a time in the session unless it is a child needing a parent nearby.

Parking: Given there is to be only one client at a time, the client should be able to find ample parking in any of the common municipal parking lots behind the building or on Clinton St.

Why Reiki: I started Reiki as a relaxation technique for my rescue dog, Leonard. He had been attacked by a German Shepherd and cats while in 4 other homes. He was so fearful that he would wet and snap at people every time he was touched. Since I have been giving him Reiki, and with the help of Lollypop Farm, he has become more relaxed and is close to functioning as a normal dog. The first time I used Reiki on a person was when I went to say good-bye to a friend that was terminal and on a respirator. Upon arrival, I realized he had a high fever so I performed reiki until I was interrupted 5 minutes later. His fever broke before I left and is alive today. I have also been getting reiki for problems with sleeping and stress. I now sleep peacefully throughout the night for the first time in my life. I have also had to go to the doctor last week to decrease my blood pressure medication because I am less stressed.

Hours or operation: The plan is to work up to a total of 25 hours a week. This depends on the clients' need to schedule appointments and if the appointments are done in their homes. Clients will not be present during all of the 25 hours that I am in the Center. The Center will be open depending on the time constraints of clients. If they need evening or weekend appointments, I will work one evening a week and/or Saturday morning. The office will be open, depending on the day, between 9 AM and 7 PM. On a typical day I may come in from 9 AM -11:30 AM, then come back from 6-7PM.

Number of clients a day: There will be 3-5 sessions a day with 1/2 hour in between. This will be the total of 3-5 clients a day.

Some misinformation: Some people believe that reiki is a type of massage. Touch is not required for it to work. There is no massage or stones used.

Safety concerns: As mentioned above, sessions are scheduled ahead of time so the person will be questioned about her/his needs. This is also used as a way to screen for the appropriateness of a session. Not everyone will be appropriate for a session. When the Pennysaver office is closed, the doors will be locked. When I am expecting a client, he/she is expected to call me when she/he arrives. I will then unlock the door and lock it once she/he enters. There will be a light available in the room if there is a power outage.

Equipment: A massage/reiki table, lamps, filing cabinet, a bookcase/desk combo, a white noise machine, small CD player for soothing music, room darkening curtains, a small fountain to provide a moisture in the room, a small table, 1 rolling chair, 2 simple chairs, a rolling chair at the head of the table, a roll pillow under knees, a regular pillow and sheets which will be changed between clients.

Trash: The only trash that is expected would be Kleenex if someone has a cold or cries and paper if I make a mistake on a receipt. I will recycle the paper and have already done so with the boxes from new lamps.

Growth: I do not plan to hire any employees but will occasionally have my husband or granddaughters (18 yr. & 16 yr.) clean the windows for me because I am so short. In a year or 2, I may start teaching Reiki classes to up to 4 students at a time. No one will be hired for that but I will have 4 people in the building at a time. I have been told that I can use the Pennysaver's conference room if I ever need it.

Please, note, I will do an open house in a few weeks and may have a handful of people stop by at once. That is the only time this will happen except maybe during a sidewalk sale.

163452
Membership Number

*The International Center for Reiki Training
Reiki Membership Association
Affiliate Member*

This is to verify that

Sharon Quill-Hoy

*Has met all the requirements of membership and has agreed to abide by our
code of ethics and standards of practice and is a member in good standing.*

Dues Paid through 6/17/2015

William Lee Rand
William Lee Rand
President

Center for Reiki Wellness

USUI/TIBETAN REIKI RYOHO

Reiki Master

This is to verify that

Sharon Quill

Has received the necessary attainments and knowledge of Advanced Reiki Training and the Master level of the Usui/Tibetan system of healing and has demonstrated comprehension of its principles and proficiency in the giving of all attainments and now has the basic requirements necessary to teach all levels of the Usui/Tibetan system of healing as a free and independent Reiki master.

Given on this 18th day of May, 2014

Cyndy Paxton, RMT

Cyndy Paxton

Reiki Master Teacher

ICRT ASSOCIATION PROFESSIONAL MEMBER



The Reiki Ideals

The secret art of inviting happiness

The miraculous medicine of all diseases

Just for today, do not anger

Do not worry and be filled with gratitude

Devote yourself to your work

Be kind to people.

*Every morning and evening,
join your hands in prayer*

*Pray these words to your heart and
chant these words with your mouth*

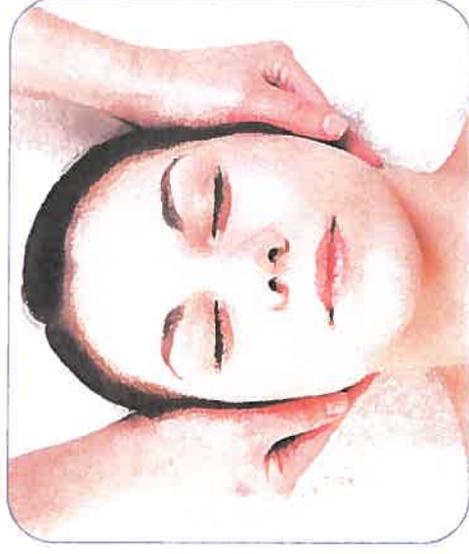
Usui Reiki Treatment for the
improvement of body and mind

The founder

USUI MIKAO



Reiki



*The peaceful way to
health and relaxation*

The purpose of the association is to promote the professional practice of Reiki.

Members have completed a required course of study, agree to abide by a code of ethics and standards of practice and use approved class manuals when teaching.

www.reikimembership.com



What is Reiki?

The awareness that an unseen energy flows through all living things and directly affects the quality of a person's health has been part of the wisdom of many cultures since ancient times. This life energy goes by many names: qi in China, ki in Japan, and prana in India. The ancient Hawaiians called it ti or ki. It has also been called orgone energy and élan vital, and science refers to it as biofield energy.

When your life energy is low, it is more difficult to deal with stress; you may not sleep well, and you're more susceptible to illness.

When your life energy is strong, you feel strong, can more easily deal with stress, and are less likely to get sick. Reiki is a technique that increases a person's supply of life energy.

What is a Session Like?

Reiki is administered through the hands of a Reiki practitioner with the client lying fully clothed on a massage table. A session usually lasts between 45 minutes to an hour and a half and shorter sessions are also possible.



The Reiki practitioner places his or her hands at locations around the head and shoulders, the abdomen and on the legs and feet. Tissue is not manipulated. The practitioner's hands are simply held at each location, lightly touching or slightly away from the body. Reiki energy flows from the practitioner's hands and into the client's body and energy field. A Reiki session feels like a wonderful glowing radiance that surrounds and fills the client and includes feelings of relaxation, peace and well-being that also promote healing.

Benefits

Reiki energy allows muscles to relax and increases blood flow to treated areas, which in turn quickens the healing process.

Practitioners and clients report help with stress, headaches, insomnia, upset stomach, sprains and other minor conditions.

Occasionally, miraculous results are reported. Reiki also promotes psychological healing, including release of anger, fear, worry, sadness and other unhealthy feelings, and replaces them with self-worth, confidence and tranquility.

Use in Hospitals

Reiki is becoming increasingly popular with the medical community, with over 800 hospitals across the U.S. offering Reiki as a standard part of hospital care. A research study at Hartford Hospital in Hartford, Connecticut indicates that Reiki improved patient sleep by 86 percent, reduced pain by 78 percent, reduced nausea by 80 percent, and reduced anxiety during pregnancy by 94 percent. In addition, nurses report that Reiki helps



patients heal faster with less pain, reduces stress and improves mental attitude, improves appetite, and reduces the negative side effects of chemotherapy, radiation and other medical procedures.

Reiki Classes

Classes are available for those wishing to learn how to give Reiki sessions. Reiki is simple and easy to learn, anyone can learn it, and there are no prerequisites. Once you've learned, you can give Reiki to yourself or to others. Teacher training classes are also available.

History

Reiki was developed in Japan in 1922 by Mikao Usui and was brought to the West in 1937 by Hawayo Takata. The popularity of Reiki has grown exponentially in the past few decades. A survey conducted in 2007 indicates that in the previous year, 1.2 million adults and 161,000 children in the U.S. received one or more Reiki sessions.



VILLAGE OF BROCKPORT

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Website: www.brockportny.org

PLANNING BOARD APPLICATION

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Date Submitted: 6/18/14

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Subdivision: _____ Site Plan: _____
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- 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: 26 Kimberlin Dr Brockport, NY 14420

Tax Map Parcel #(s): 068.43-2-14 Parcel size: 0.294 width 85' depth 146'

Property Zoning District: O-Residential Property Class: 210

Present Use of Property: Residential Proposed Use of Property: Residential

Flood Zone: Yes No Map # 360411 Map Date 9/17/09

Description of Proposal: Expand driveway next to garage to Park Travel
Trailer on. Materials - Treated Lumber, crushed stone.

Value of Construction: \$ 500 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.

Brian B. Thomas
Applicant Signature

Owner Signature

Brian B. Thomas
Applicant Name Printed/Typed

Owner Name Printed/Typed

26 Kimberlin Dr Brockport, NY 14420
Mailing Address

Mailing Address

Phone # / Fax # / E-mail

Clerk _____ 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: <u>Driveway Expansion</u>			
Project Location (describe, and attach a location map): <u>26 Kimberlin Dr, Brockport, NY 14420</u>			
Brief Description of Proposed Action: <u>Expand driveway to create stone parking area for camper next to existing garage.</u>			
Name of Applicant or Sponsor: <u>Brian Thomas</u>		Telephone: E-Mail:	
Address: <u>26 Kimberlin Dr</u>			
City/PO: <u>Brockport</u>	State: <u>NY</u>	Zip Code: <u>14420</u>	
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? <u>0.29</u> 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 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
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>Dejan Thomas</u> Date: <u>6/18/14</u> Signature: <u>[Signature]</u>		

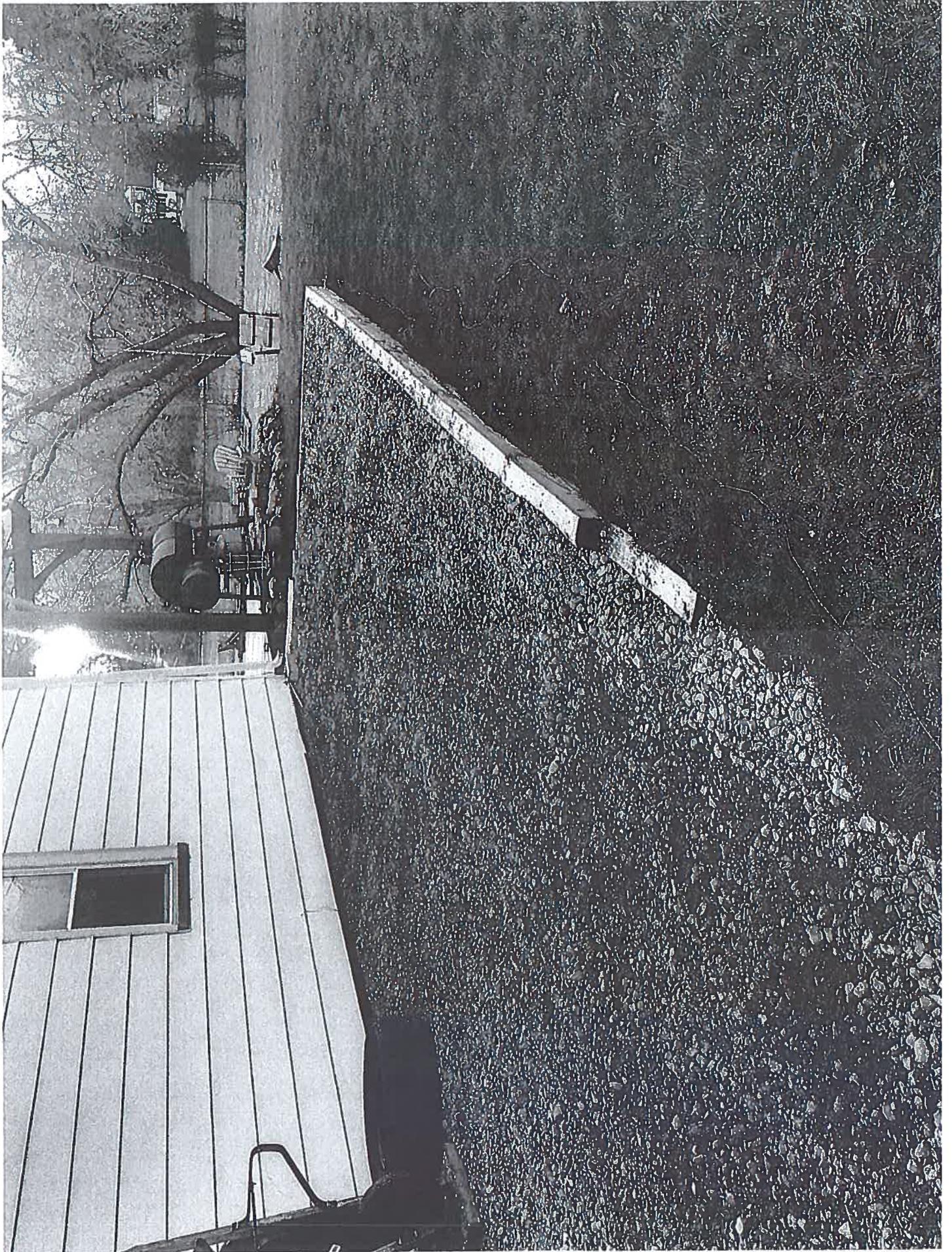
Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions 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)?		

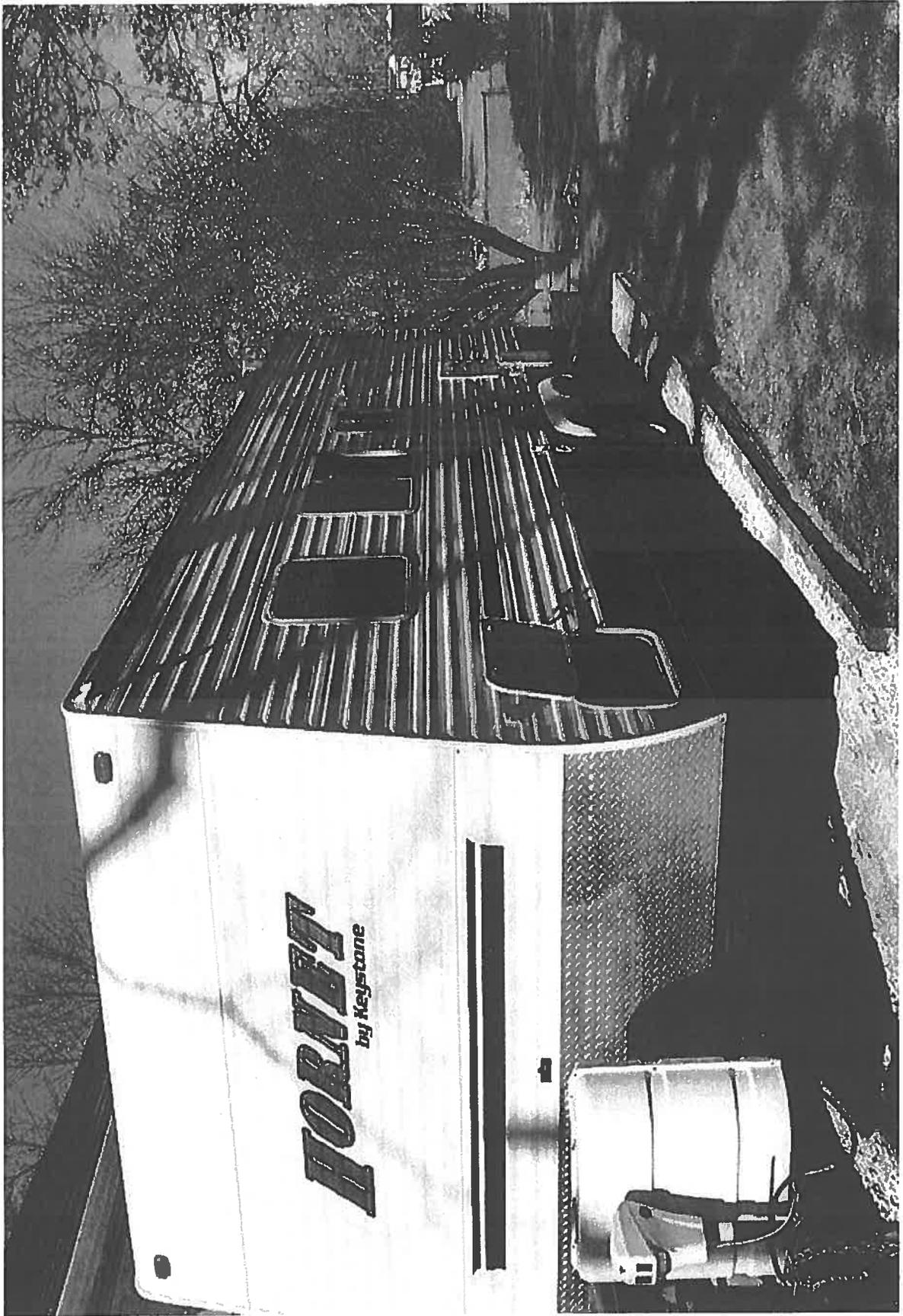
	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

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)







ABSTRACT REFERENCES:
 CROSSROADS ABSTRACT
 SEARCH No. 103253
 DATED: 9/24/04

DEED REFERENCES:
 LIBER 2566 OF DEEDS PAGE 372

MAP REFERENCES:
 LIBER 99 OF MAPS PAGE 8

CERTIFICATIONS:
 BRIAN THOMAS
 HSBC MORTGAGE CORPORATION (USA)
 ITS SUCCESSORS AND/OR ASSIGNS
 UNDERBERG & KESSLER, LLP
 FIRST AMERICAN TITLE INSURANCE
 COMPANY OF NEW YORK
 JAMES H. SICKELCO, Esq.

ASSUMED

KIMBERLIN DRIVE

(49.5' WIDE) 383.40' TO CENTERLINE WEST AVE.

LEGEND

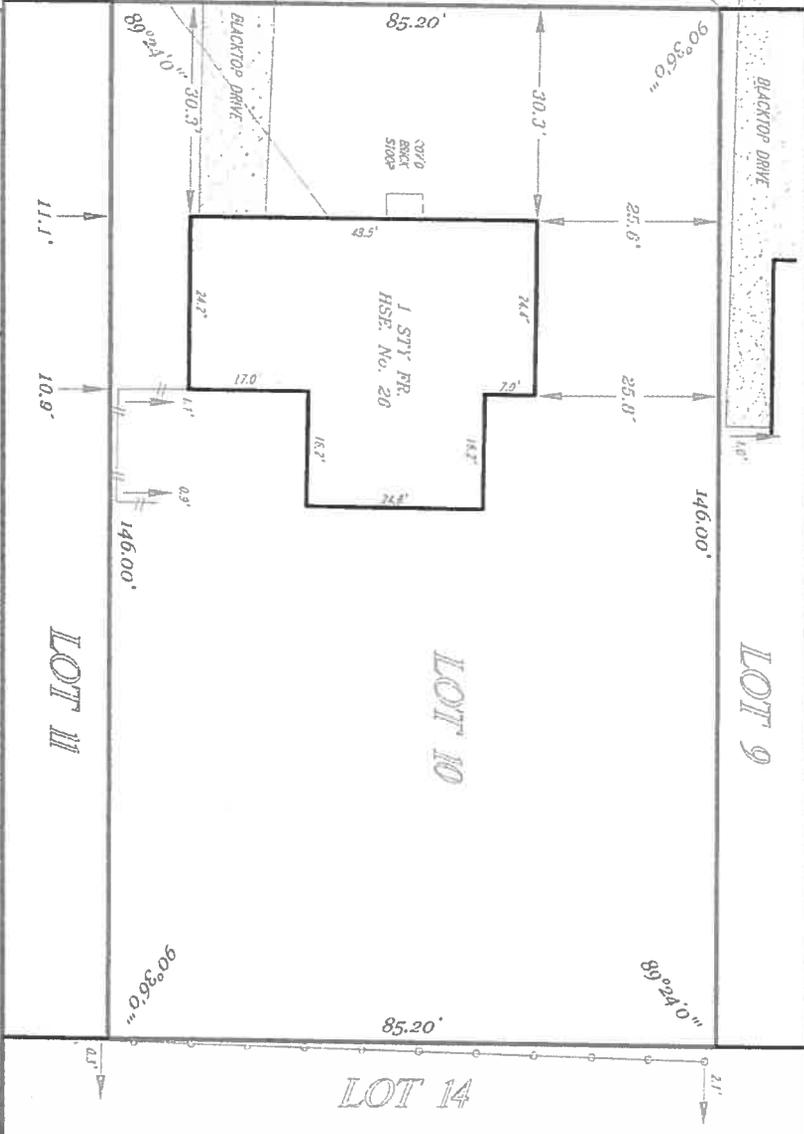
- ▲ P.K. NAIL FOUND
- △ P.K. NAIL SET
- CONCRETE MONUMENT
- ⊗ IRON PIN OR PIPE FOUND
- ⊕ IRON PIN SET
- ⊙ DRILL HOLE
- ⊖ UTILITY POLE

UTILITY LINES
 R.O.W. LINE
 PROPERTY LINE
 CENTERLINE

*CERTIFICATIONS INDICATED HEREOF SIGNIFY THAT THIS SURVEY WAS PERFORMED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS. SAID CERTIFICATIONS SHALL RUN ONLY TO THE PERSON FOR WHOM THE SURVEY IS PREPARED, AND ON HIS BEHALF TO THE TITLE COMPANY, GOVERNMENTAL AGENCY AND THE LENDING INSTITUTION LISTED HEREON, AND NOT TRANSFERABLE TO ANY OTHER INSTITUTION OR SUBSEQUENT OWNERS.

*COPIES OF THE ORIGINAL OF THIS MAP NOT MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S INKED OR EMBOSSED SEAL SHALL NOT BE CONSIDERED A VALID TRUE COPY.

*UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 2305, SUBSECTION 2, OF THE NEW YORK STATE EDUCATION LAW. *COPYRIGHT 2004 MAIER LAND SURVEYING ALL RIGHTS RESERVED. UNAUTHORIZED DUPLICATION IS A VIOLATION OF ALL APPLICABLE LAWS.



MAIER
 LAND SURVEYING
 RICHARD E. MAIER, P.L.S.
 PROFESSIONAL LAND SURVEYOR
 183 HUFFER ROAD
 HILTON, NEW YORK 14468
 (585) 392-6134
 FAX (585) 392-0374

MAP OF SURVEY SHOWING:
LOT 10
 OF THE
CONRAD TRACT-WEST AVENUE
SECTION 1
 SITUATED IN PART OF
TOWN LOT 10, TOWNSHIP 3, SECTION 8
VILLAGE OF BROCKPORT
MONROE COUNTY STATE OF NEW YORK

SCALE: 1" = 20' DATE: 10/19/04 JOB NO.: 04_0165 T.M. NO.: 68.43-002-014

nc



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: _____
Subdivision: _____ Site Plan: _____
Other: _____

Meeting Date: 7/14/14 at 7:00pm
Application Fee: \$ 45.00
Date Submitted: 6/26/14
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: 73 Main St.

Tax Map Parcel #(s): 265201 Parcel size: .08 width 24 W depth 143 D

Property Zoning District: 069.53-1-23 Property Class: 481

Present Use of Property: Tattoo Bus. Proposed Use of Property: Convenience Store

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: convenience store

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.

(Mohammed Hady) Hayder-mazyed
Applicant Signature

[Signature]
Owner Signature

(Mohammed Hady) Hayder-mazyed
Applicant Name Printed/Typed

Jason Graham
Owner Name Printed/Typed



Beverly Dr. Bkpt. 14420
Address
1-37
.....
me@mail.com
.....

Copies to: Planning Board B/Z Officer Village Attorney Village

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: Convenience store																	
Project Location (describe, and attach a location map): 73 main st BRockport N.Y 14420																	
Brief Description of Proposed Action:																	
Name of Applicant or Sponsor: (mohammed Hady) Hayder-mazyed	Telephone:																
	E-Mail:																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">administrative rule, or regulation?</td> <td style="width: 10%; text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;">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.</td> </tr> <tr> <td style="padding: 5px;">2. Does the proposed action require a permit, approval or funding from any other governmental Agency?</td> <td style="text-align: center; padding: 5px;">NO</td> <td style="text-align: center; padding: 5px;">YES</td> </tr> <tr> <td style="padding: 5px;">If Yes, list agency(s) name and permit or approval: NYS Health Dept.</td> <td></td> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> </tr> </table>			administrative rule, or regulation?	<input checked="" type="checkbox"/>		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.			2. Does the proposed action require a permit, approval or funding from any other governmental Agency?	NO	YES	If Yes, list agency(s) name and permit or approval: NYS Health Dept.		<input checked="" type="checkbox"/>			
administrative rule, or regulation?	<input checked="" type="checkbox"/>																
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If Yes, list agency(s) name and permit or approval: NYS Health Dept.		<input checked="" type="checkbox"/>															
3.a. Total acreage of the site of the proposed action?	<u>< 1</u> acres																
b. Total acreage to be physically disturbed?	<u>0</u> acres																
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	<u>< 1</u> acres																
4. Check all land uses that occur on, adjoining and near the proposed action. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Urban</td> <td><input type="checkbox"/> Rural (non-agriculture)</td> <td><input type="checkbox"/> Industrial</td> <td><input checked="" type="checkbox"/> Commercial</td> <td><input type="checkbox"/> Residential (suburban)</td> </tr> <tr> <td><input type="checkbox"/> Forest</td> <td><input type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> Aquatic</td> <td colspan="2"><input type="checkbox"/> Other (specify): _____</td> </tr> <tr> <td><input type="checkbox"/> Parkland</td> <td colspan="4"></td> </tr> </table>			<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				
<input type="checkbox"/> Urban	<input type="checkbox"/> Rural (non-agriculture)	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Residential (suburban)													
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<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>(Mohammed Hadji) Hadji-mazyed</u> Date: <u>6-26-19</u>		
Signature: <u>[Signature]</u>		

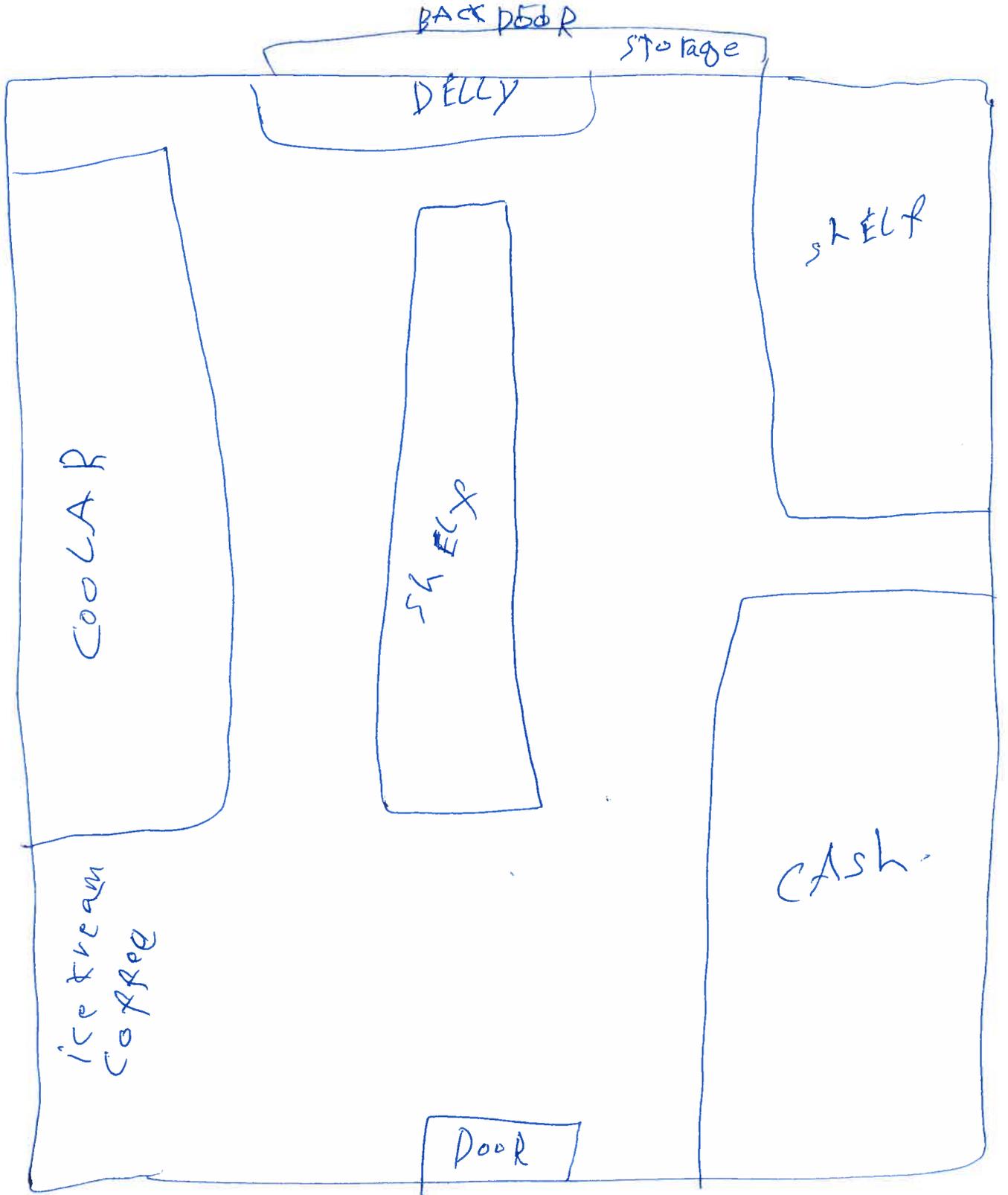
Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions 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)?		

Village of Brockport
PLANNING BOARD SUBMISSION REQUIREMENTS

1. Application – Complete the one-page application, including property owner information and signature if applicable.
2. Short Environmental Assessment Form (SEAF) – Complete Part 1 only (2 ½ pages long.)
3. Site map of the property showing placement of exterior items.
4. Floor plan drawn to scale. Include such details as exits, placement of safety devices, lighting, counters, appliances, restrooms, handicap access, etc.
5. Business Plan that includes, but is not limited to, the following:
 - a. Explanation of your business
 - b. Hours of operation
 - c. Number of employees 2
 - d. Trash/waste generation and disposal
 - e. Number of customers expected, customer traffic, customer parking
 - f. Delivery traffic and parking
 - g. Special certificates/permits required from other agencies, i.e. health department, DMV, building permits, etc.
 - h. Potential drainage, flooding, or erosion concerns
 - i. Exterior lighting
 - j. Landscape plan
 - k. Signage
 - l. Safety plans
 - m. Any other items particular to your business

7 AM to 2 AM →



MAIN ST