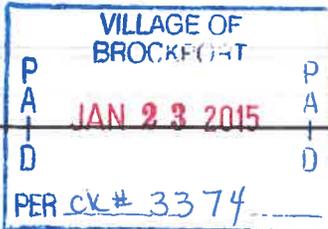


201-8670 Judith cell



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: MON. 2/9/15 at 7:00pm

Application Fee: \$ 45.00

Date Submitted: 1/20/15

Plans Submitted (10 copies): _____

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: 31 Market St. Brockport NY 14420 (A Different Path Gallery)

Tax Map Parcel #(s): 265201-069-450-000a-018-000 Parcel size: 630 sq ft downstairs and 150 sq ft upstairs and 0.2 acre depth

Property Zoning District: town: Sweden B-Bur Property Class: 481

Present Use of Property: Art gallery gift shop Proposed Use of Property: metaphysical store & Readings + Workshops

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: store to sell candles, incense, stones + crystals, nature crafts, jewelry, meditations tools, books, CDs, banners

Value of Construction: \$ _____ Building Permit required after Planning Board approval: yes no
(done by owner) no new construction

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.

Judith Andrew Kim Williams
Karen V Benson MaryAnn Geonic
Applicant Signature

Judith Andrew, Karen V Benson,
Kim Williams, MaryAnn Geonic

Applicant Name Printed/Typed

Judith Andrew
x Owner Signature

KATHERINE WESTON

x Owner Name Printed/Typed



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 <i>Judith Andrew, Karen V Benson</i> <i>Lightways Community, Kim Williams, MaryAnn Geonie</i>					
Name of Action or Project: <i>Lightways Community, metaphysical store, workshops, small groups</i>					
Project Location (describe, and attach a location map): <i>31 Market St</i>					
Brief Description of Proposed Action: <i>metaphysical store ("new age items") to include candles, incense, stones & crystals, meditation tools, Books, CDs, jewelry, nature crafts, small workshops & individual consultations for personal growth.</i>					
Name of Applicant or Sponsor: <i>Judith A. Andrew / Mary Ann Geonie</i> <i>Karen V. Benson / Kim Williams</i>	Telephone: E-Mail: <i>l.com</i>				
Address: <i>228 Gilmore Rd, Brockport NY 14420</i>					
City/PO: <i>Brockport, NY 14420</i>	State:				
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.	<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td>X</td> <td></td> </tr> </table>	NO	YES	X	
NO	YES				
X					
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:	<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td>X</td> <td></td> </tr> </table>	NO	YES	X	
NO	YES				
X					
3.a. Total acreage of the site of the proposed action? <u> .20 </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? _____ 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					

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: Judith Andrew, Karen Benson, Mandan Jenne, Kim Williams X Date: 1/23/2015
 Signature: Judith Andrew, Karen Benson, Mary Ann Genie, Kim Williams

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)?		

31 MARKET ST

KEY: 1 sq = 1ft
W = WINDOW
☀ = Smoke Alarm

●-○ EMERGENCY LIGHTING

-S-

GALLERY D. DOOR

SHED

SHOP DOOR

SHELVING

SHELVING

ART GALLERY (SHARED SPACE)

DOOR TO GALLERY

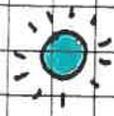
TABLE

SHELVING

DISPLAY

REGISTER

SHELVING



SHELVING

ADA RESTROOM (SHARED)

DOOR

EMPLOYEED RESTROOM (SHARED)

DOOR TO BACK ENTRANCE

-N-

2x6 W

2x6 W

2x6 W

2x6 W

Business Plan for Lightways Community

31 Market St, Brockport, NY 14420

- a. Explanation of Business: Store to sell candles, incense, stones & crystals, nature crafts, jewelry, meditation tools, books, CD's, banners, and other related "new age" items. Small group workshops and individual consultations related to personal growth.
- b. Hours of operation: 11am-5pm, optional evening (6-9pm small groups, up to 10 people)
- c. Number of employees: 4 partners, 0 employees
- d. Trash & Waste Generation Disposal: minimal paper trash, recycling included. Disposal through landlord.
- e. Number of Customers expected, customer traffic, customer parking: approx. 10-15 customers daily, foot traffic, parking in rear of building, street & municipal parking.
- f. Delivery traffic & parking: Rear or front entrance, 2-3 month, moderate size packages
- g. Special Certificate/permits required: None
- h. Potential Drainage, flooding, erosion: None
- i. Exterior Lighting: Front Doorway Entrance lighting & existing street lights, motion detector lighting back parking lot.
- j. Landscape plan: None
- k. Signage: Pre-existing sign used currently, own sign to be determined, will follow planning board's instructions. Will be placed on building, above doorway.
- l. Safety Plans: As per current plans, 3 exits on main floor, 2 stairways to upper level. Evacuation ground level doors, exits clearly marked, fire extinguisher on premise. Smoke alarms hardwired and installed 2010, security system installed.
- m. Other items: