

**Village of Brockport  
Zoning Board of Appeals  
Meeting Agenda  
Thursday, March 6, 2014 7pm**

**CALL TO ORDER / PLEDGE / ROLL CALL:**

**APPROVAL OF MINUTES: December 6, 2012**

**SELECTION OF CHAIR, VICE CHAIR FOR September 2013- August 2014:**

**CORRESPONDENCE:**

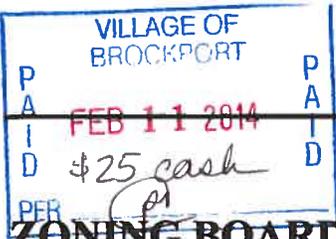
**NEW BUSINESS APPLICATIONS: (PUBLIC HEARING)**

1. Name: Meg Vandermolen  
Address: 4350 Redman Road  
Tax Map ID #: 068.10-1-20.1  
Zoning: O-Residential  
Parcel Size: ~0.87 acres  
Property Class: 210  
Purpose: Special Conditional Use Permit for Home Occupation  
Provision of Zoning Ordinance: Chapter 58-9 A (5) (b)

**ADJOURNMENT:**

**UPCOMING REGULAR MEETINGS/DEADLINES (only upon application):**

Thursday, April 3, 2014 7pm                      Deadline: Tuesday, March 11, 12noon



# 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)

## ZONING BOARD OF APPEALS APPLICATION

**DEADLINE: By Tuesday Noon at least 3weeks prior to meeting**

**Meeting Date:** March 6 at 7:00pm

**Application Fee:** \$ 25

**Date Submitted:** 2-11-14

**Plans Submitted (10 copies):** 1

**Environmental Assessment Form Submitted:** yes

**Area Variance:** \_\_\_\_\_ **Use Variance:** \_\_\_\_\_  
**Interpretation:** \_\_\_\_\_ **Special Permit:** X  
**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.

**PROPERTY ADDRESS:** 4350 Redman Road Brockport NY 14420

**Tax Map Parcel #(s):** 068.10-1-20.1 **Parcel size:** ~ 0.87 acres **width** \_\_\_\_\_ **depth** \_\_\_\_\_

**Property Zoning District:** 0-Res **Property Class:** 210

**Present Use of Property:** Single Family Residence **Proposed Use of Property:** Home Occupation

**Provision of Code Appealed (give section and subsection numbers):** \_\_\_\_\_

**Previous applications for this property:** no **Planning Board** \_\_\_\_\_ **Zoning Board of Appeals** \_\_\_\_\_  
If yes, provide results: \_\_\_\_\_

**Description of Proposal / Detail of Request:** Massage Therapist home office

**Value of Construction:** \$ \_\_\_\_\_ **Building Permit required after ZBA 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 am/are title owner(s) of the property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

Meg Vandermolten, LMT  
Applicant Signature

Meg Vandermolten  
Owner Signature

Meg Vandermolten, LMT  
Applicant Name Printed/Typed

Meg Vandermolten  
Owner Name Printed/Typed



4350 Redman Rd.  
2/11/14



**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.

<b>Part 1 - Project and Sponsor Information</b>			
Home Occupation			
Name of Action or Project: Massage Therapist Home Office			
Project Location (describe, and attach a location map): 4350 Redman Rd Brockport NY 14420			
Brief Description of Proposed Action: work out of home as a Licensed Massage Therapist deep tissue, hot stone therapy, active isolated stretching, myofascial massage, orthopedic massage, sports massage,			
Name of Applicant or Sponsor: Meg Vandermolten		Teleph	[REDACTED]
		E-Mail	
Address: 4350 Redman Rd			
City/PO: Brockport NY		State: NY	Zip Code: 14420
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 X 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 X YES
3.a. Total acreage of the site of the proposed action?		~ 0.87 acres	
b. Total acreage to be physically disturbed?		0 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
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: _____	Date: <u>3/11/14</u>	
Signature: <u>Meg Vandermeulen</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.	
<hr/> Name of Lead Agency	<hr/> Date
<hr/> Print or Type Name of Responsible Officer in Lead Agency	<hr/> Title of Responsible Officer
<hr/> Signature of Responsible Officer in Lead Agency	<hr/> Signature of Preparer (if different from Responsible Officer)