

TOWN OF WAPPINGER

PLANNING BOARD

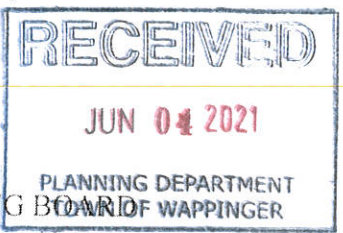
PROJECT NAME: Back2Health Yoga
MEETING DATE: July 7, 2021
ACCOUNT NUMBER: 21-4092 (Special Use Permit)
DATE PREPARED: June 10, 2021

 SITE PLAN X SPECIAL USE PERMIT SUBDIVISION

THE ATTACHED HAS BEEN REFERRED TO YOU FOR YOUR COMMENTS AND RECOMMENDATIONS. PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF WAPPINGER PLANNING BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS, NY 12590 WITHIN FIFTEEN (15) DAYS.

- 1 TOWN FILE
- 7 TOWN OF WAPPINGER PLANNING BOARD
- 1 ENGINEER TO THE TOWN
- 1 PLANNER TO THE TOWN
- 1 ATTORNEY TO THE TOWN
- 1 HIGHWAY SUPERINTENDENT
- 1 FIRE PREVENTION BUREAU
- RECREATION
- ARMY CORP. OF ENGINEERS
- 1 DUTCHESS COUNTY DEPT. OF PLANNING
- DUTCHESS COUNTY DEPT. OF PUBLIC WORKS
- NEW YORK STATE DEPT. OF TRANSPORTATION
- 1 DUTCHESS COUNTY DEPT. OF HEALTH
- 1 DUTCHESS COUNTY SOIL & WATER
- NYS DEPT OF D.E.C
- TOWN OF FISHKILL
- TOWN OF EAST FISHKILL
- TOWN OF LAGRANGE
- VILLAGE OF WAPPINGER PLANNING BOARD
- BUILDING INSPECTOR
- 1 ZONING ADMINISTRATOR-BARBARA ROBERTI
- TOWN CLERK
- CAMO POLUTION
- STORM WATER MANAGEMENT (WALTER ARTUS)
- CENTRAL HUDSON

***** PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW*****



TOWN OF WAPPINGER PLANNING BOARD
SPECIAL USE PERMIT

Application No. 21-4092
Date Received: 6-4-21
Fee Received: \$ 500.00
Escrow Received: \$ 1,500.00

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 240-53 OF THE TOWN OF WAPPINGER ZONING LAW, I HEREBY MAKE APPLICATION TO THE PLANNING BOARD OR TOWN BOARD FOR THE ISSUANCE OF A SPECIAL PERMIT FOR THE USE OF:

PROJECT NAME Back 2 Health Yoga

GRID NO. 5956-12-975587 ZONING DISTRICT R-10

PROPERTY LOCATION 6 Broadway Ave, Chelsea

NAME & ADDRESS OF APPLICANT (Corporation or Individual):
Back 2 Health Yoga, LLC

6 Broadway Ave, Chelsea, NY 12512

Street Cristina Roy Town Chelsea State NY Zip 12512
Contact Person Cristina Roy Phone Number 914-589-6119 Email cristina@B2HYoga.com

NAME & ADDRESS OF OWNER (Corporation or Individual):
Cristina Roy

6 Broadway Ave (P.O. Box 204) Chelsea, NY 12512

Street Cristina Roy Town Chelsea State NY Zip 12512
Contact Person Cristina Roy Phone Number 914-589-6119 Email Cristina@B2HYoga.com

Pursuant to section(s): _____

II. CONCURRENTLY WITH THE ABOVE APPLICATION, AND IN ACCORDANCE WITH THE PROVISIONS OF SECTION 450 OF SAID ORDINANCE, I HEREBY MAKE APPLICATION FOR SITE PLAN APPROVAL OF THE FOLLOWING PLANS TO CONDUCT SUCH USE ON THE AFORESAID PARCEL.

III. MAP TITLED: _____
PREPARED BY: _____
DATED: _____

III. I HAVE, AS PART OF THESE CONCURRENT APPLICATIONS, SUBMITTED A "STATEMENT OF USE" WHICH FULLY DESCRIBES THE OPERATION AND MAINTENANCE OF SAID USE LISTED IN THE APPLICATION: (Use EXTRA SHEET IF NECESSARY)

operate a home occupation where I offer individualized, therapeutic yoga sessions. (See extra sheet attached)

RECEIVED

JUN 04 2021

PLANNING DEPARTMENT
TOWN OF WAPPINGER

Continued page 2 for Special Use Permit

Back 2 Health Yoga, LLC

Type Name (Corporation, LLC, Individual, etc.)

5/28/2021

Date

914-589-6119

Owner's Telephone No.

Cristina Roy

Owner or representative's signature

Cristina Roy, Founder

Type Name and Title

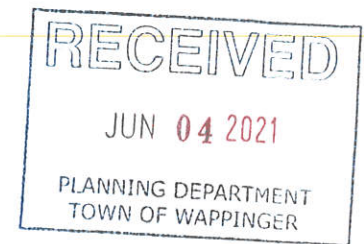
6 Broadway Ave / PO Box 204, Chelsea, NY 12512

Owner's Address

***If this is a Corporation or LLC please provide documentation of authority to sign.

-
- THE REQUIRED FEES (NON-REFUNDABLE) AND PLANS MUST ACCOMPANY THE APPLICATION.
- APPLICANT IS RESPONSIBLE FOR THE COSTS INVOLVED IN PUBLISHING THE REQUIRED LEGAL NOTICE IN THE LOCAL NEWSPAPER.

Statement of Use
Back2Health Yoga
6 Broadway Ave, Chelsea, NY 12512



Thank you for your consideration of my application for a Special Use Permit to operate a home occupation in our home located in the Hamlet of Chelsea.

I am a yoga instructor who specializes in yoga for back care and scoliosis. I founded Back2Health Yoga to promote my services for offering individualized, therapeutic yoga sessions. This specialized yoga is different than mainstream yoga in that it requires intensive training to help individuals specifically on various back conditions. These private sessions run for approximately 1-1.5 hours and can be offered between the hours of 9am-5pm with the possibility of periodic evenings that would be until no later than 7pm. As the business develops, I may offer small group classes typically consisting of 4-5 students with a maximum of 6-8 students.

We currently have a valid permit to add a family room to our home. I will be able to adjust the furniture to make space to offer the yoga sessions in that room. Individuals will park in our driveway. It currently holds 6 cars, and we will be expanding it to hold 9 cars. I have included a picture for your reference.

I look forward to being of service here in the Town of Wappinger to bring much needed health and wellness options to members of our community.

Back2Health Yoga
6 Broadway Ave, Chelsea, NY 12512

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JUN 04 2021
PLANNING DEPARTMENT
TOWN OF WAPPINGER



Back2Health Yoga
6 Broadway Ave, Chelsea, NY 12512

RECEIVED
JUN 04 2021
PLANNING DEPARTMENT
TOWN OF WAPPINGER





Town of Wappinger
20 Middlebush Road
Wappingers Falls, NY 12590

Planning Department
Office: 845.297.1373 ~ Fax: 845.297-0579
www.brobent@townofwappinger.us

RECEIVED

JUN 04 2021

PLANNING DEPARTMENT
TOWN OF WAPPINGER

Owner Consent Form

To be filed when the applicant is not the building or property owner

Project = 21-4092 Date: 6-4-21
Grid # 5956-12-975587 Zoning District: R-10

Location of project: 6 Broadway Ave, Chelsea

Name of Applicant: Back2 Health Yoga, LLC
Print name (Corporation, LLC, Individual, etc.)

Description of project: Operate a home occupation
where I offer individualized, therapeutic
yoga sessions,

I, Cristina Roy, owner of the above
land/site/building hereby give permission for the Town of Wappinger to approve or deny the above
application in accordance with local and state codes and ordinances.

Back2 Health Yoga, LLC
Print name (Corporation, LLC, Individual, etc.)

5/28/2021
Date

914-589-6119
Owner's Telephone No.

Cristina Roy
Owner or representative's signature

Cristina Roy, Founder
Print Name and Title ***

6 Broadway Ave / PO Box 204
Owner's Address Chelsea, NY 12512

*** If this is a Corporation or LLC please provide documentation of authority to sign.

If this is a subdivision application, please provide a copy of the deed.



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:

Back2Health Yoga

Project Location (describe, and attach a location map):

6 Broadway Ave, Chelsea

Brief Description of Proposed Action:

Operate a home occupation to offer individualized, therapeutic yoga sessions

Name of Applicant or Sponsor:

Back2Health Yoga, LLC

Telephone 914-589-6119

E-Mail: cristina@B2Hyoga.com

Address:

6 Broadway Ave | P.O. Box 204

City/PO:

Chelsea

State:

NY

Zip Code:

12512

1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, 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.

NO YES

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:

NO YES

3a. Total acreage of the site of the proposed action?

0.67 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?

0.67 acres

4. Check all land uses that occur on, adjoining and near the proposed action.

- Urban
- Rural (non-agriculture)
- Industrial
- Commercial
- Residential (suburban)
- Forest
- Agriculture
- Aquatic
- Other (specify) _____
- Parkland

	NO	YES	N/A
5. Is the proposed action:			
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public private water supply? If No, describe method for providing potable water: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: <u>Septic in place</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural grasslands <input type="checkbox"/> Early, mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats listed by the State or Federal government as threatened or endangered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
b. Will storm water discharges be directed to established storm water systems (runoff and storm drains)? If Yes, briefly describe: _____	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

13. 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"/>
14. 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"/>
15. 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
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant sponsor name: Back 2 Health Yoga, LLC
 Signature: Cristina Roy Cristina Roy

Date: 5/28/2021

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: a. public, private water supplies? b. public, private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historical, 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, ground water, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	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?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

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.

- 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.
- 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)

PRINT

ACKNOWLEDGEMENT COPY
ARTICLES OF ORGANIZATION
OF

Back2Health Yoga, LLC

Under Section 203 of the Limited Liability Company Law



- FIRST:** The name of the limited liability company is:
Back2Health Yoga, LLC
- SECOND:** The county, within this state, in which the office of the limited liability company is to be located is DUTCHESS.
- THIRD:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Cristina Roy
P.O. Box 204
Chelsea, NY 12512
- FOURTH:** The existence of the limited liability company shall begin on JANUARY 1, 2020.
- FIFTH:** The limited liability company shall defend, indemnify and hold harmless all members, managers, and former members and managers of the limited liability company against expenses (including attorney's fees, judgments, fines, and amounts paid in settlement) incurred in connection with any claims, causes of action, demands, damages, liabilities of the limited liability company, and any pending or threatened action, suit, or proceeding. Such indemnification shall be made to the fullest extent permitted by the laws of the State of New York, provided that such acts or omissions which gives rise to the cause of action or proceedings occurred while the Member or Manager was in performance of his or her duties for the limited liability company and was not as a result of his or her fraud, gross negligence, willful misconduct or a wrongful taking. The indemnification provided herein shall inure to the benefit of successors, assigns, heirs, executors, and the administrators of any such person.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Cristina Roy (signature)

Cristina Roy , ORGANIZER
P.O. Box 204
Chelsea, NY 12512

Filed by:

Cristina Roy
P.O. Box 204
Chelsea, NY 12512

ACKNOWLEDGEMENT COPY

ONLINE FILING RECEIPT

ENTITY NAME: BACK2HEALTH YOGA, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: DUTC

FILED:11/04/2019 DURATION:***** CASH#:191104020099 FILE#:191104020099
DOS ID:5649690

FILER:

EXIST DATE

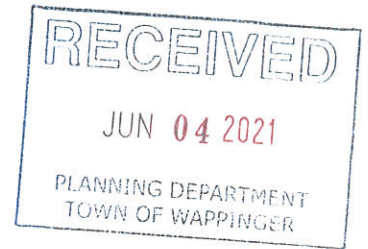
CRISTINA ROY
P.O. BOX 204
CHELSEA, NY 12512

01/01/2020

ADDRESS FOR PROCESS:

CRISTINA ROY
P.O. BOX 204
CHELSEA, NY 12512

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: ** NO SERVICE COMPANY **
SERVICE CODE: 00

FEE:	200.00	PAYMENTS	200.00
FILING:	200.00	CHARGE	200.00
TAX:	0.00	DRAWDOWN	0.00
PLAIN COPY:	0.00		
CERT COPY:	0.00		
CERT OF EXIST:	0.00		

DOS-1025 (04/2007)

Authentication Number: 1911040330 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>