

ALTAMONT PLANNING BOARD
Special Meeting Agenda – May 10, 2021

1. Open meeting - State time and that the meeting is being recorded

2. Topic & Discussion: Consider motion to approve Special Use Permit (SUP) Request from Jeff Thomas for use of space at 187 Main Street, Altamont NY for operation of a Body Art (Tattoo) Studio.

Motion made by: _____ Seconded by: _____

Roll call: SC _____ DHitt _____ BM _____ SL _____ DHext (Chair) _____

3. Meeting Adjourned at Time: _____

Motion Made by: _____ Seconded by: _____

Roll call: SC _____ DHitt _____ BM _____ SL _____ DHext (Chair) _____

Online Planning Board Special Meeting

Topic: Planning Board Meeting

Time: May 10, 2021 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86227398038>

Meeting ID: 862 2739 8038

Dial by your location

+1 646 558 8656 US (New York)



**ALBANY COUNTY PLANNING BOARD
NOTIFICATION**

RECOMMENDATION DATE: April 29, 2021

Case #: **02-210403678**
Applicant: **Body Arts (Tattoo) Studio**
Project Location: 187 Main Street, Altamont, NY
Tax Map Number: 48.06-3-1
Referring Agency: Village of Alramont Planning Board
Considerations: Special use permit to replace a 1200 SF martial arts studio with a Body Arts/Tattoo Studio.

ACPB Defer to local consideration
Recommendation:

1. This board has found that the proposed action will have no significant countywide or intermunicipal impact.

Advisory:

Gopika Muddappa, Interim Senior Planner
Albany County Planning Board

NOTE:

- This recommendation is rendered in compliance with applicable requirements of Section 239 of New York State General Municipal Law. Final determination on this matter rests with the appropriate municipal body.
- A recommendation of "APPROVE" or "MODIFY LOCAL APPROVAL" should not be interpreted as a recommendation by this body that the referring agency approve the matter referred. Such recommendation does not indicate that this body has reviewed all local concerns; rather the referral has met certain countywide considerations. Evaluation of local criteria is the responsibility of the referring agency.
- General Municipal Law Section 239 requires that the local agency notify the county within thirty days of its final action. Please use the OFFICIAL NOTICE OF LOCAL ACTION form that is attached for this purpose.
- General Municipal Law Section 239 sets forth the procedural requirements for taking local action contrary to the County Planning Board's recommendation of objection or conditional approval.
- Albany County is required to submit a Municipal Separate Storm Sewer System Permit (MS4) (No. GP-0-10-002) Notice of Intent (NOI) to comply with the NYS DEC permit for the control of wastewater and stormwater discharges in accordance with the Clean Water Act. Construction Activity Permit No. GP-0-1-001 issued by NYSDEC is also required for activity with soil disturbances of one acre or more. The law is required by the Clean Water Act to control point source discharges to ground water as well as surface waters.

449 New Salem Road, Voorheesville, NY 12186
TELEPHONE: (518) 655-7932 FAX: (518) 765-3459

In compliance with Article 12-B, Section 239 of New York State General Municipal Law, this serves as official notification to the Albany County Planning Board of the action taken on the application described above.

LOCAL ACTION ON ACPB RECOMMENDATION:

- ☐ AGREED WITH COUNTY PLANNING BOARD RECOMMENDATIONS TO MODIFY OR DISAPPROVE
☐ OVER-RULED COUNTY PLANNING BOARD RECOMMENDATIONS TO MODIFY OR DISAPPROVE

LOCAL DECISION ON PROJECT:

- ☐ PROJECT APPROVED
☐ PROJECT DISAPPROVED

VOTE RECORDED: _____ DATE OF LOCAL ACTION: _____

Set forth the reasons for any action contrary to the ACPB recommendations (use additional sheets if needed):

SIGNED: _____ TITLE: _____

Village of Altamont

P.O. Box 643 Altamont, NY 12009
Telephone (518) 861-8554 Fax (518) 861-5379

Applicant Checklist for Special Use Permit (SUP)

Return to:

Village of Altamont
PO Box 643 115 Main Street
Altamont, NY 12009
(518) 861-8554 Ext 13

Fees:

\$ 300.00 Commercial
\$ 50.00 One Family
\$ 100.00 Two Family
(Payable at time of Submittal to Village)

APPLICANT INFORMATION:

Name: JEFF THOMAS
Address: 122 OLD STAGE RD
E BORNE, N.Y. 12059
Daytime Phone #: 518 365 4444
Date: MARCH 03 2021

PROPERTY INFORMATION:

Owner: ALTAMONT PLAZA, LLC.
Location: CORNER OF RT 156 AND RT 146
Tax Map #: 48.06 - 3-1
Zoning: CENTRAL BUSINESS DISTRICT
Acreage: 2.1 A
Request for a: SUP

TO BE SUBMITTED:

- 1) 10 copies of signed & notarized SUP application .
- 2) 10 Copies of conditional purchase contract or rental agreement if applicable ☒ NA
- 3) 10 copies of project narrative containing the following: reasons which necessitate the need for a SUP including a brief detailed description of the project ☒ v
- 4) 10 copies Architectural drawings of proposed project
- 5) 10 copies of survey or plot plan (including a North Arrow) showing proposed project with
 - side setbacks
 - front and rear setbacks
 - all existing buildings
 - location of proposed construction
 - total size of parcel
 - all topographic elevations necessary to show proposed SUP
- 6) 10 copies completed, signed SEQRA if applicable
- 7) 10 copies of Sign Permit if applicable
- 8) 10 copies of Building and Zoning Permit if applicable
- 9) Escrow Fund for Legal / Engineering and other Fees as appropriate (if determined by Planning Board Chair

OTHER AGENCY APPROVALS OR RECOMMENDATIONS AS REQUIRED

- 1) NYS Department of Transportation 518-765-2841
- 2) Albany County Health Department 518-447-4631
- 3) Albany County Planning Board 518-447-5660

VILLAGE OF ALTAMONT PLANNING BOARD

115 MAIN STREET, P.O. BOX 643, ALTAMONT, NY 12009 PHONE (518) 861-8554 FAX (518) 861-5379

APPLICATION FOR SPECIAL USE PERMIT

Return to: Village of Altamont
115 Main Street, PO Box 643
Altamont, NY 12009

Fees: \$300.00 Commercial
\$100.00 Two Family
\$ 50.00 One Family
(payable at time of submission)

A. STATEMENT OF OWNERSHIP AND INTEREST

THE APPLICANT(S) JEFF THOMAS

is (are) the owner(s) of property situated at the following address:

CORNER OF ST. RT. 156 AND ST. RT 146 ALTAMONT, N.Y. 12009

Street PO Box Village State Zip

TAX MAP PARCEL NO. 48.06-3-1. The above described property was acquired by
applicant(s) on NOVEMBER 2000.

B. REQUEST

The applicant(s) request a Special Use Permit for the above described property under the provisions of Section
ARTICLE 1 355.35 of the Zoning Law of the Village of Altamont for the following purposes: USE OF 1200 SF
OF SPACE IN AN EXISTING MULTI TENANT BUILDING AS A BOOM
ART STUDIO, A PERSONAL SERVICE BUSINESS

as shown on the attached plan drawn to scale.

C. REASONS FOR REQUEST

The applicant(s) allege(s) that the approval of said Special Use Permit would be harmony with the intent and
purpose of said Zoning Ordinance (local law) and that the proposed use conforms to the standards prescribed
therefore in said ordinance (local law) and would not be detrimental to property or persons in the neighborhood
for the following reasons: SEE ATTACHED.

D. SPECIAL FEATURES

In addition to meeting the standards prescribed by the Zoning Law of the Village of Altamont, the applicant will
provide THE WILL BE NO CHANGES TO THIS EXISTING PREVIOUSLY
APPROVED SITE OR BUILDING FOR THIS USE

in order that the public convenience and welfare will be further served.

THIS PORTION TO BE FILL OUT IN PRESENCE OF NOTARY

TO ME PERSONALLY APPEARED

Norah M. Murphy
on the 8th day of March, 20 21

NORAH M. MURPHY
Notary Public, State of New York
No. 02MU4979792
Qualified in Albany County
Commission Expires December 9, 2021

[Signature]
NOTARIZED SIGNATURE

7 PINE KNOB DR.

ALBANY NEW YORK 12203

518 372 0795

Applicant Mailing Address & Phone #

AGENT FOR OWNERS

SPECIAL USE PERMIT (SUP) CONDITIONS

The Village of Altamont Planning Board will not consider any application for a Special Use Permit (SUP) complete until the following application is completed in full and submitted to the Building Department. The Planning Board will evaluate the applicant's responses and determine whether the applicant has adequately met the conditions for a SUP. The applicant is encouraged to attach additional sheets if necessary to fully answer the questions. The following conditions for a SUP are from Article V, Section 355-35 (E) of the Village of Altamont Zoning Law.

- 1) The physical characteristics, topography and other features of the lot and the scale and physical design and other features of any new or existing buildings to be occupied by the use are suitable and adaptable for the proposed use without any modifications which would change the established character of the street or neighborhood setting.

THIS PROPOSED PERSONAL SERVICE BUSINESS, A BODY ART STUDIO WILL
UTILIZE 1200 SF OF SPACE IN AN EXISTING MULTI TOWNHOM BUILDING.
NO MODIFICATIONS TO THE SITE OR BUILDING ARE PROPOSED
FOR THIS USE.

- 2) The nature and intensity of operations of the use will not be more objectionable to surrounding properties than those of a permitted use.

A PERSONAL SERVICE BUSINESS IS A USE PERMITTED IN THE ZONE
BY SPECIAL USE PERMIT AND WILL NOT BE OBJECTIONABLE
TO SURROUNDING PROPERTIES.

- 3) The use is not in such proximity to a religious facility, school, community center, recreation place, or other prominent place of community activity and public assembly so as to regularly conflict with such other activity and thereby constitute a danger to health, safety or general welfare.

THE ACTIVITIES OF THE PROPOSED USE WILL BE
CONDUCTED WITHIN THE BUILDING AND WILL NOT CONSTITUTE
A DANGER TO THE HEALTH SAFETY OR GENERAL WELFARE
OF THE COMMUNITY

- 4) The use will not unreasonably increase or introduce traffic congestion or safety hazards or impose traffic volumes on streets and street patterns which are deficient in width, design, sight distance, intersection configuration, or other typical standards necessary to accommodate such traffic changes.

NO CHANGES IN THE CURRENT TRAFFIC PATTERNS AND OR
PARKING LOT USAGE IS ANTICIPATED

- 5) The use makes adequate provision for off-street parking in accordance with these regulations.

PARKING NEEDS CAN BE MET WITH EXISTING ON SITE
PARKING AREAS

- 6) The use and the proposed design of building and other structure and site facilities for the use are appropriate in the proposed location and have incorporated reasonable efforts to harmonize with surrounding uses and mitigate any adverse impacts on surrounding uses, including but not limited to traffic congestion and hazards, untimely scheduling of activities, removal of trees and other established natural features, and excessive stormwater runoff, noise, nuisance, odors, glare or vibration.

NO CHANGES TO THE EXISTING SITE ARE
PROPOSED FOR THE REQUESTED USE.

- 7) The cumulative impacts of the use in the proposed location will not unreasonably interfere with or diminish the continued use, preservation, stability, value, enjoyment, prosperity or growth of the neighborhood or community.

THIS BODY ART STUDIO WILL REPLACE A PREVIOUSLY
APPROVED MARTIAL ARTS STUDIO AND HAVE LESS IMPACT.

- 8) The effect of the proposed use on the other properties in the neighborhood and the enjoyment by the inhabitants of their properties, and whether it will materially affect the value of such properties and the use and enjoyment of such properties by the occupants and any other effect of such use on the health, welfare and safety of the occupants of such properties.

THE BODY ART STUDIO WILL UTILIZE AN EXISTING
SPACE IN THE PLAZA AND WILL NOT MATERIALLY AFFECT
THE ENJOYMENT OF OTHER PROPERTIES IN THE NEIGHBORHOOD

- 9) The use will not conflict in any way with the Comprehensive Plan.

THE USE OF SPACE IN AN EXISTING PLAZA AS A BODY
ART STUDIO, A PERSONAL SERVICE BUSINESS IS A USE ALLOWED
WITH A SPECIAL USE PERMIT PURSUANT TO THE VILLAGE ZONING LAW
AND THEREFORE DOES NOT CONFLICT WITH THE VILLAGE COMPREHENSIVE
PLAN

Short Environmental Assessment Form

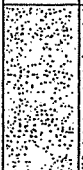

Part 1 - Project Information

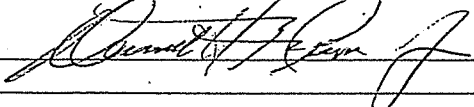
Instructions for Completing

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>ALTAMONT CORNERS</u>			
Project Location (describe, and attach a location map): <u>CORNER OF STATE RT 146 AND STATE RT 156</u>			
<u>ALTAMONT NEW YORK 12009</u>			
Brief Description of Proposed Action: <u>USE OF ROOF OF SPACE IN AN EXISTING MULTI TENANT BUILDING AS A BODY ART STUDIO, A PERSONAL SERVICE BUSINESS</u>			
Name of Applicant or Sponsor: <u>JEFF THOMAS</u>		Telephone: <u>518 365 4444</u>	
		E-Mail: <u>JNTDEVELOPMENT@GMAIL.COM</u>	
Address: <u>122 OLD STAGE ROAD</u>			
City/PO: <u>E. BERN</u>		State: <u>N.Y.</u>	Zip Code: <u>12059</u>
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>2 1.0</u> acres	
b. Total acreage to be physically disturbed?		<u>NONE</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>2 1.0</u> acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <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 checked="" type="checkbox"/> Other(Specify): <u>RAIL ROAD</u>			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
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?	NO	YES	
	<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?	NO	YES	
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?	NO	YES	
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 the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
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?	NO	YES	
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?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, N/A,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Donald F. Cropper Jr</u> Date: <u>3-10-21</u>		
Signature: <u></u> Title: <u>OWNERS REPRESENTATIVE</u>		

NARRATIVE

BODY ART STUDIO

THIS REQUEST ENTAILS THE USE OF ROOF OF SPACE IN AN EXISTING MULTI TENANT BUILDING KNOWN AS ALTAMONT CORNERS AS A BODY ART STUDIO.

THIS PERSONAL SERVICE BUSINESS WILL HAVE UP TO THREE EMPLOYEES AND CONDUCT BUSINESS DURING NORMAL BUSINESS HOURS FOR THE PLAZA, GENERALLY BETWEEN THE HOURS OF 9 AM TO 9 PM.

ALL EMPLOYEES WILL OBTAIN AND MAINTAIN ANY REQUIRED PERMITS AND LICENSES FROM ALBANY COUNTY DEPARTMENT OF HEALTH AND N.Y.S. DEPARTMENT OF HEALTH.

NO MODIFICATION TO THE SPACE IS CON-
TEMPLATED OTHER THAN PAINTING AND FLOORING.
THE PREVIOUSLY APPROVED ON SITE PARKING WILL
ACCOMMODATE THE BUSINESS NEEDS AS ALL
SERVICES WILL BE DONE BY APPOINTMENT.

ORDER OF OPERATIONS

- ZOOM CONSULTATION / ~~see~~ SECURE APPT.
- CLIENTS ID & RELEASE FORM COMPLETED
- PROCEDURE COMPLETED / BANDAGED.
- DELIVER AFTERGARE INSTRUCTION
- PRIVACY SCREENS (MOVABLE AS REQUESTED)
- SPACE WILL HAVE BUNDS @ FRONT OF UNIT FOR OVERALL PRIVACY FROM OUTSIDE FOOT TRAFFIC

DISPOSAL (WASTE)

- ALL BIO/SHARPS TO BE DISPOSED OF BY (STERILIZE) LICENSED CONTRACTOR BY USE OF DESIGNATED AND APPROVED CONTAINERS AS INSTRUCTED BY ALBANY COUNTY DOH.

Clovid 19 Protocol

- Perform video consultations only
- Provide hand sanitizer for entry along with signage to note masks are required
- Control access to the studio by call ahead entry (locking entry)
- No early admittance, no guests, and clients are to wait outside until artist is ready to tattoo
- temp check upon check in
- Ask if they have flu like symptoms
- Exposed to anyone who has had covid in the past 14 days
- Client and artist must wear a mask correctly at all times during appointment
- Appointment based clients only (no walk in status)
- perform thorough cleaning/sanitization of all surfaces especially areas of frequent contact ie. doorknobs, countertops, pens & restrooms

Operations

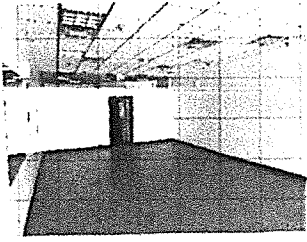
- Shop uses all disposable single use products
- All sharps will be disposed of in proper sharps disposal containers and processed by stericycle
- Handwashing will be frequented before and after each procedure and as warranted
- Solidifier will be used for rinse cups and disposed of in a sanitary manor
- Saniderm bandages are provided to each client for containment of each fresh tattoo
- Madicide or equivalent will be used to sanitize stations after completion of each procedure

^ Overview - STERICYCLE

Stericycle, Inc., together with its subsidiaries, offers regulated waste management services, sharps disposal containers to reduce the risk of needlesticks, healthcare compliance services, pharmaceutical disposal, and regulated returns management services for expired or recalled products through incineration processes. In addition, with the acquisition of Shred-it in 2015, Stericycle also offers secure information destruction services including document and hard drive destruction.

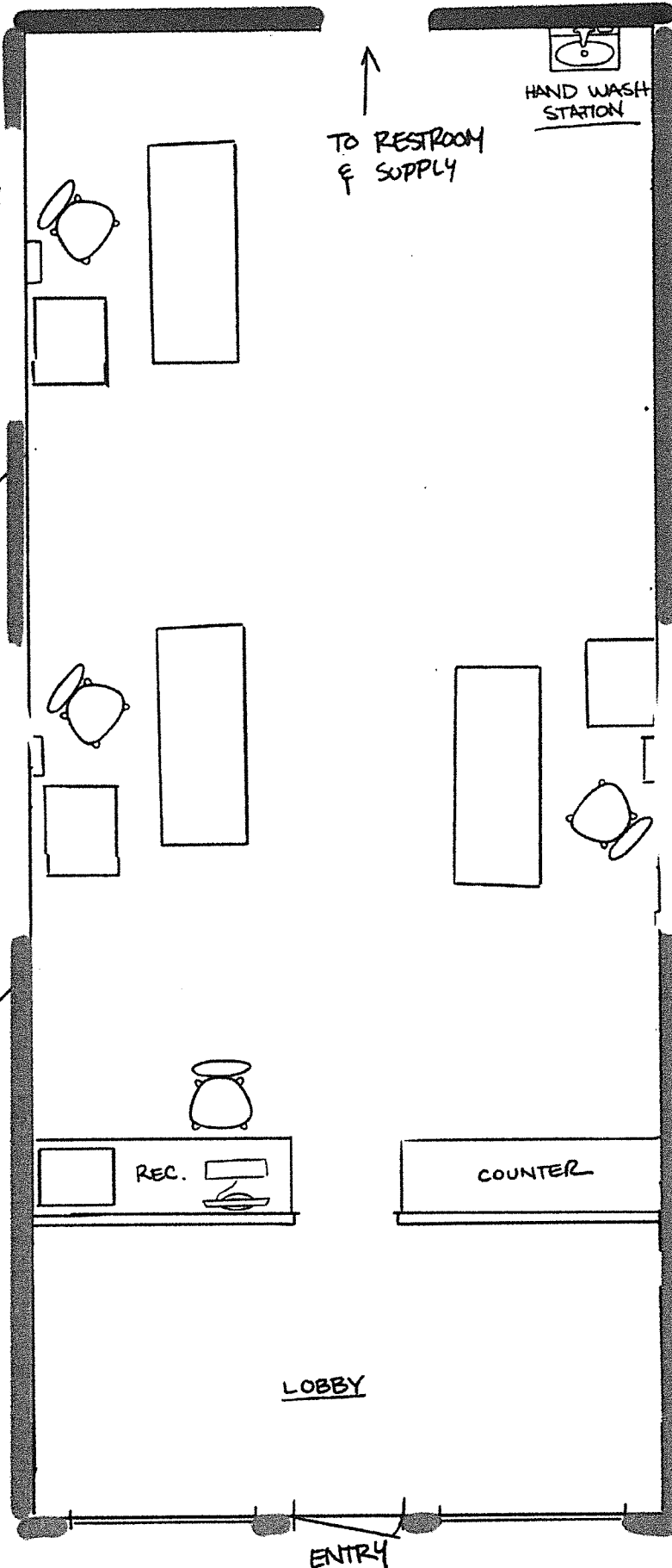
The company serves healthcare facilities such as hospitals, blood banks, pharmaceutical manufacturers,.

Stericycle also serves myriad small businesses, which include outpatient clinics, medical and dental offices, abortion clinics, veterinary and animal hospitals, funeral homes, home healthcare agencies, body art studios, and long-term and sub-acute care facilities. Medical device manufacturers, consumer goods manufacturers, and retailers are also key customers.



STATION 3
FUTURE ARTIST
STATION

STATION 1
MY STATION



HAND WASH
STATION

- TOUCHLESS FAUCET
- LVT
VINYL FLOORING

* ALL SINGLE
USE ITEMS
TO BE USED

NO AUTOCLAVE
NEEDED

* WALL MOUNTED
SHARPS DISPOSAL
AT ALL STATIONS

STATION 2
FUTURE
ARTIST STATION

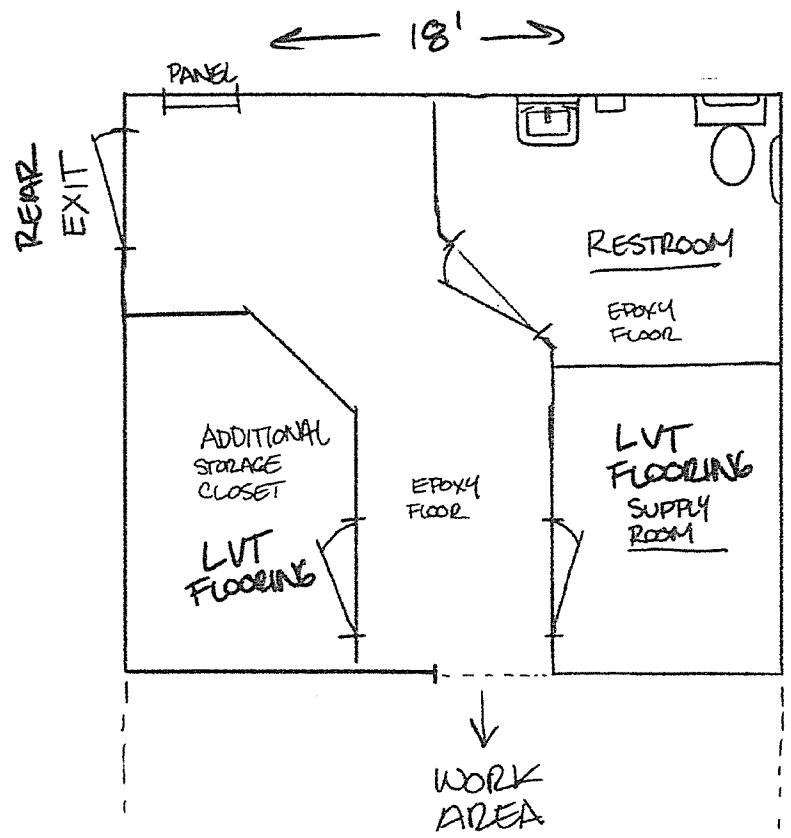
REC.

COUNTER

LOBBY

ENTRY

BODY ART STUDIO • FLOOR PLAN



ALBANY COUNTY
DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

**TATTOO ARTIST
CERTIFICATE**

Pursuant to the provisions of
Albany County Local Law No.4 for 1999

Michael Schramm

HAS BEEN CERTIFIED TO PRACTICE AS A
TATTOO/BODY PIERCING ARTIST
IN THE COUNTY OF ALBANY

EFFECTIVE DATE:
August 1, 2020

CERTIFICATE NO: 264

EXPIRATION DATE:
July 31, 2021



E. Whalen

Elizabeth F. Whalen, MD, MPH
Commissioner of Health

Ginger Hannah

From: Mike Schramm <mountainschramm@gmail.com>
Sent: Friday, April 23, 2021 10:50 AM
To: Ginger Hannah
Cc: DFCS
Subject: Re: Application for Certificate of Sanitation Plan Review

Hi Ginger,

Great speaking with you this AM! As requested Additional narrative notes for clarification. See below:

“It is anticipated and has been approved by Albany DOH to have up to 3 artists within the space as approved floor plan identifies. Approval has outlined this plan is sufficient as appointment based for 3 artists and will need to be revisited if covid is over and if the lobby is reopened for seating. “

Addition to the narrative:

It is the intent to operate with up to 3 artists and upon DOH approval to take walk-in clientele when covid restrictions are no longer upon us.

Stericycle will be utilized as a call in service when pickup service is in need. An account will be setup upon the SUP approval. This is DOH requirement and monitored and regulated by Albany County and has strict guidelines to ensure operations maintain a professional and sanitary environment to the public.

In regards to a call into Lance, Don Cropsey will be representing me for any questions about the space in regards to any possible permits. I will be at work today and will periodically checking emails if you need me for anything else.

Thanks again!
Michael Schramm
Crossroad Tattoo LLC

Sent from my iPhone

On Apr 23, 2021, at 10:07 AM, Mike Schramm <mountainschramm@gmail.com> wrote:

Hi Ginger,

See below for original DOH application.

Thank you,
Michael Schramm
Crossroad Tattoo LLC

Sent from my iPhone

Begin forwarded message:

From: Mike Schramm <mountainschramm@gmail.com>
Date: April 22, 2021 at 10:18:00 PM EDT
To: DFCS <dfcropsey@gmail.com>
Subject: Fwd: Application for Certificate of Sanitation Plan Review

Sent from my iPhone

Begin forwarded message:

From: Mike Schramm <mountainschramm@gmail.com>
Date: April 22, 2021 at 9:04:21 PM EDT
To: mike schramm <mountainschramm@gmail.com>
Subject: Fwd: Application for Certificate of Sanitation Plan Review

Sent from my iPhone

Begin forwarded message:

From: Mike Schramm
<mountainschramm@gmail.com>
Date: February 16, 2021 at 4:56:51 PM EST
To: ryan.ratigan@albanycountyny.gov
Subject: Application for Certificate of Sanitation Plan Review

Good evening Ryan,

Thank you for your assistance this afternoon!
Attached are the application and supporting documents discussed. Please let me know if you will need the physical check or if the check can be processed.

Respectfully,
<image7.jpeg>
<image8.jpeg>
<image9.jpeg>
<image10.jpeg>
<image11.jpeg>
<image12.jpeg>
<image13.jpeg>
<image14.jpeg>

Michael Schramm
Crossroad Tattoo
Managing Member
5162504224

Ginger Hannah

From: Mike Schramm <mountainschramm@gmail.com>
Sent: Friday, April 23, 2021 10:01 AM
To: Ginger Hannah
Cc: DFCS
Subject: Body Art Studio Supplement to Narrative

Good Morning Ginger,

See below and attached. I will be sending an additional email including original DOH application. As requested;

It is the intent of Crossroad Tattoo LLC. to act in accordance to Albany County's approved plan with submitted original application 2/16/21 along with supplemental submittal (2/23/21) for the 3 artist proposal for obtaining a certified contractor such as Stericycle to provide pick up services to the establishment as needed for disposal of biowaste sharps containers. This service will be obtained once town approval is determined.

It is anticipated and has been approved by Albany DOH to have up to 3 artists within the space as approved floor plan identifies. Approval has outlined this plan is sufficient as appointment based for 3 artists and will need to be revisited if covid is over and if the lobby is reopened for seating (walk in status). Scale is 1/4" grid = 1'

Respectfully,
Michael Schramm
Crossroad Tattoo LLC



DANIEL P. McCOY
County Executive

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

APPLICATION FOR A NEW/RENEWAL TATTOO/BODY PIERCING SHOP CERTIFICATE OF
SANITATION

Operation of a tattooing or body piercing shop without certification is a violation of Albany County Law 4 of 1999

PLEASE INCLUDE \$180.00 PERMIT FEE WITH THIS COMPLETE APPLICATION

If a plan review is required an additional \$180.00 must be included

Type of Application: ☒ New ☐ Renewal Certificate# _____

Facility Information and Mailing Address:

1. SHOP NAME CROSSROAD TATTOO LLC
SHOP ADDRESS 187 MAIN ST.
CITY ALBANY NY ZIP 12009 PHONE 516-250-4224
2. Shop Type: ☒ Tattoo ☐ Body Piercing Shop ☐ Temporary Tattoo
☐ Temporary Body Piercing ☐ Temporary Both
3. Water Supply: A. ☒ Public B. ☐ Private B. ☒ Chlorinated ☐ Unchlorinated
4. Sewage System: A. ☐ Public B. ☒ Private
5. Hours of Operation: Weekdays 12 to 8 Weekends 12 to 8
6. Owner/Operator Information:
Owner/Operator Name MANAGING MEMBER MICHAEL G. SCHRAMM
Address _____
State NY Zip _____ Phone 516-250-4224
7. Insurance Information: One of the following forms: ☐ C-105.2 ☐ U-26.3 ☐ SI-12 ☐ GSI-105.2
AND one of the following forms: ☐ DB-120.1 ☐ DB-155 OR ☒ Form CE-200

Copies of Workers Compensation and Disability Insurance certificates or a CE-200 Workers' Compensation form must be submitted to Albany County Health Department with your application.

Please contact your insurance agent for one of the following forms.

- Form C-105.2 - Certificate of Workers' Compensation Insurance
- Form U-26.3 - Certificate of Workers' Compensation Insurance
- Form SI-12 - Certificate of Workers' Compensation Self Insurance
- Form GSI-105.2 - Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Please contact your insurance agent for one of the following forms.

- Form DB-120.1 - Certificate of Disability Benefits
- Form DB-155 - Certificate of Disability Benefits Self Insurance

OR See next page

OR


Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. The CE-200 form can be processed electronically on-line at <http://www.wcb.ny.gov> and immediately upon completion, be able to print out a hard copy of the CE-200 that can be attached to your application. Computers are available at the Customer Service Center the New York State Workers' Compensation Board, 100 Broadway, Menands office. Paper application for the CE-200 can be obtained by writing or visiting the Customer Service Center at New York State Workers' Compensation Board, 100 Broadway, Menands, NY 12241, 1-866-750-5157.

Albany County will not issue a permit without copies of insurance certificates as stated above.

8. Services Provided:
Please briefly describe all tattoos, permanent cosmetic or piercing services to be provided.

TATTOO SERVICES FOR COLOR & BLACK & GREY TATTOOS
(MODERN TATTOO APPLICATION)

9. The applicant hereby agrees that the information contained herein is accurate.


Signature

MICHAEL G. SCHRAMM
Print name of person completing this form

OWNER
Title

2/11/21
mo day yr

10. Please mail completed application and certificate fee in the amount of \$180.00, payable to Albany County Department of Health, to:

Albany County Department of Health
Attn: Environmental Health
175 Green Street
Albany, NY 12202

Office Use Only

Certification issuance recommended ☐ No ☐ Yes Permit # _____

Date Fee Received ____/____/____ Amount of Fee Received \$ _____

Date Certificate Mailed ____/____/____ Effective date ____/____/____ Expiration date ____/____/____

Signature _____ Title _____
mo day yr



**Workers'
Compensation
Board**

**Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): Crossroad Tattoo LLC 187 Main St Altamont, NY 12009-7714 PHONE: 516-250-4224 FEIN: XXXXX3249	Business Applying For: Health Permit or License From: Albany county department of health
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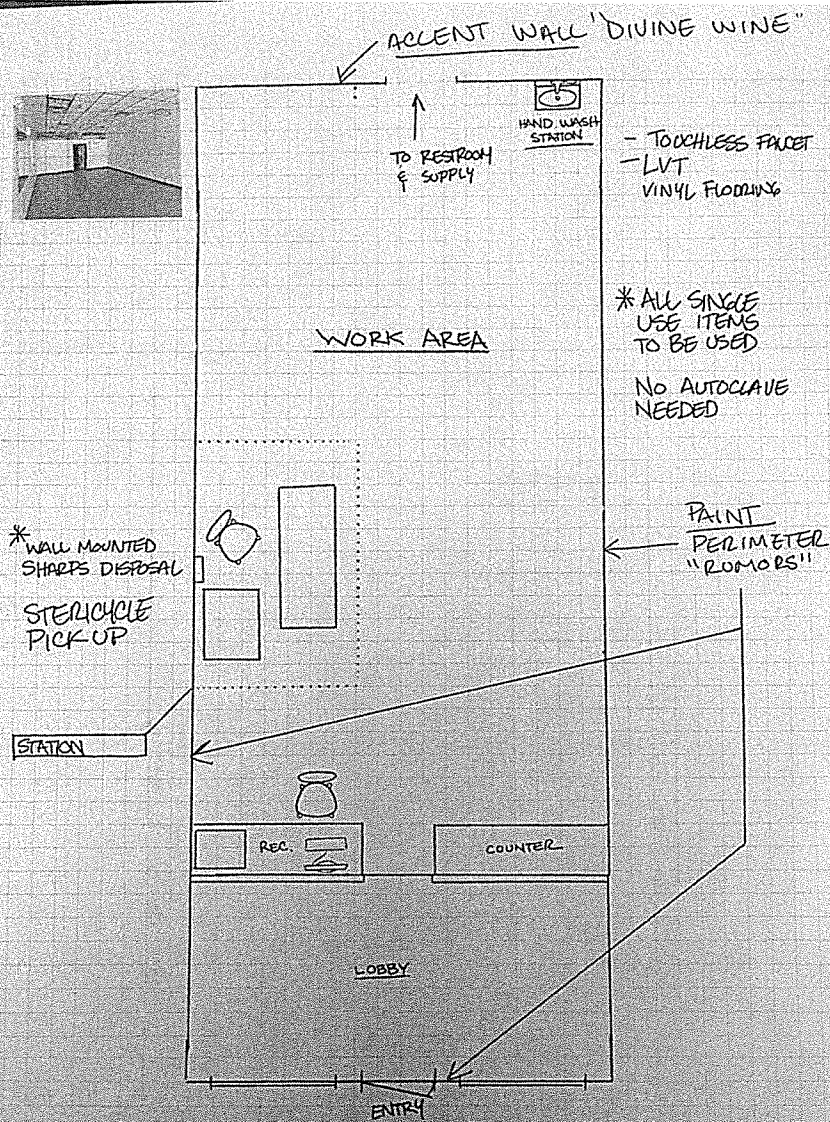
Workers' Compensation Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is a LLC, LLP, PLLP or a RLLP. OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

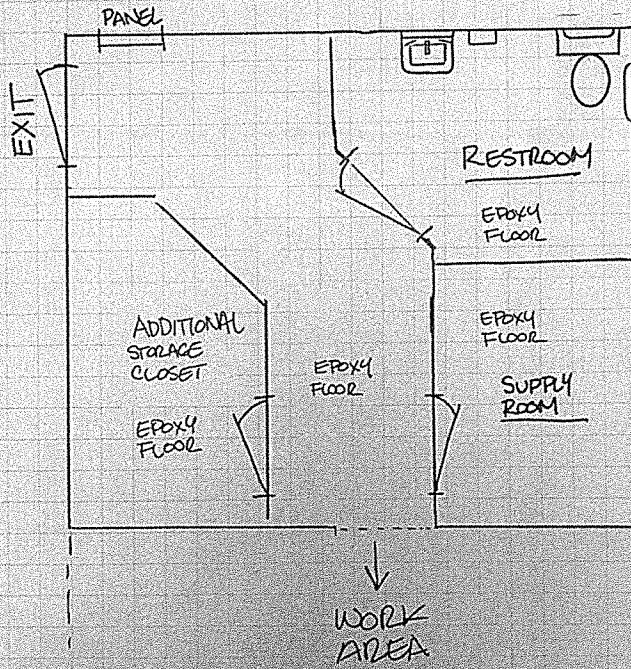
Partners / Members: Michael G Schramm

Disability and Paid Family Leave Benefits Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:
The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Michael G. Schramm, am the Member with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date: 2/16/21
Exemption Certificate Number 2021-007842		Received February 16, 2021 NYS Workers' Compensation Board







19

Proposed future art...

On Feb 24, 2021, at 11:24 AM,

Ratigan, Ryan

<Ryan.Ratigan@albanycountyny.gov

> wrote:

Mike,

You can move forward with this plan. My only concern (a good one for you) is that if business is good, you have three artists and covid lets up where you have people in the lobby that will need access to the bathroom. We must have unobstructed access to handwashing not in the path. We can cross that bridge when the time comes.

From: Mike Schramm

<mountainschramm@gmail.com>

Sent: Tuesday, February 23, 2021 11:53 AM

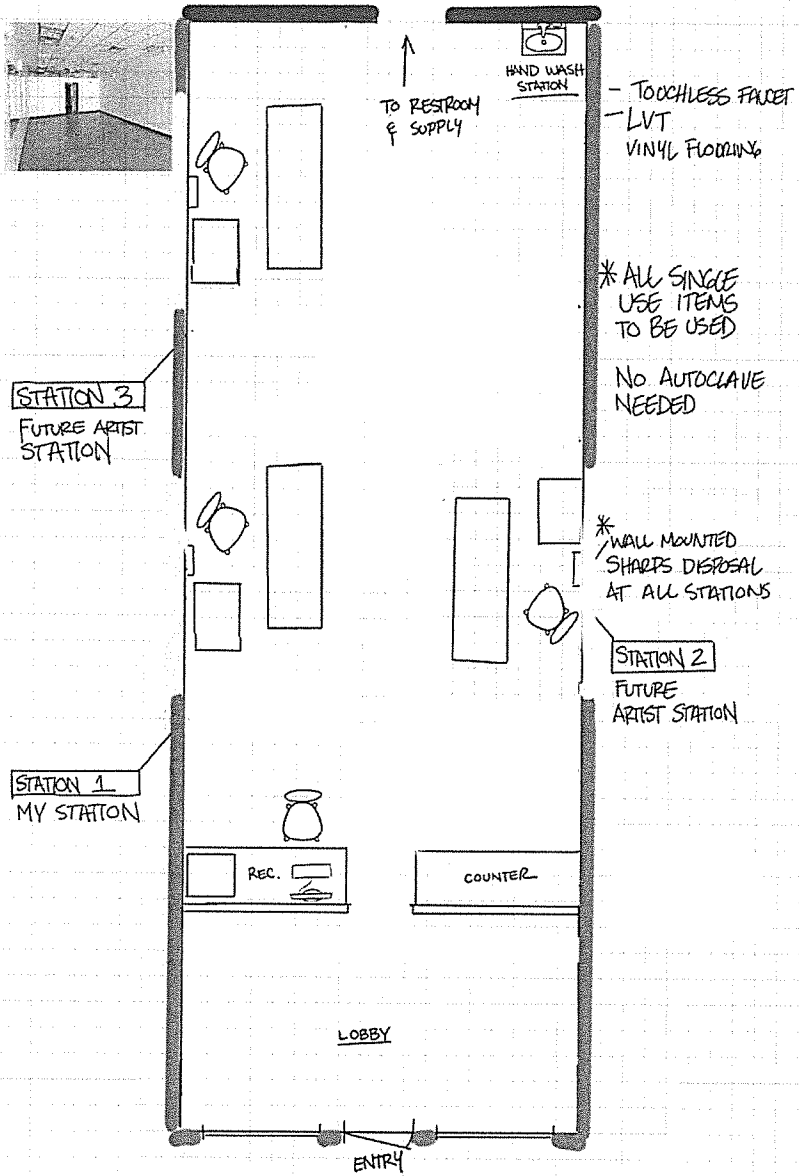
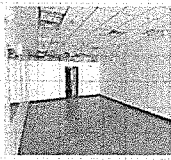
To: Ratigan, Ryan

<Ryan.Ratigan@albanycountyny.gov>

Subject: Proposed future artist stations
Untitled_Artwork.jpg

Good morning Ryan,

Below are the proposed locations for 2 additional artist locations. With coordinating color representations. Hopefully you received the hard copies of all completed documents I had sent in the



↑
TO RESTROOM
& SUPPLY

HAND WASH
STATION

- TOUCHLESS FAUCET
- LVT
VINYL FLOORING

* ALL SINGLE
USE ITEMS
TO BE USED

NO AUTOCLAVE
NEEDED

* WALL MOUNTED
SHARPS DISPOSAL
AT ALL STATIONS

STATION 3
FUTURE ARTIST
STATION

STATION 2
FUTURE
ARTIST STATION

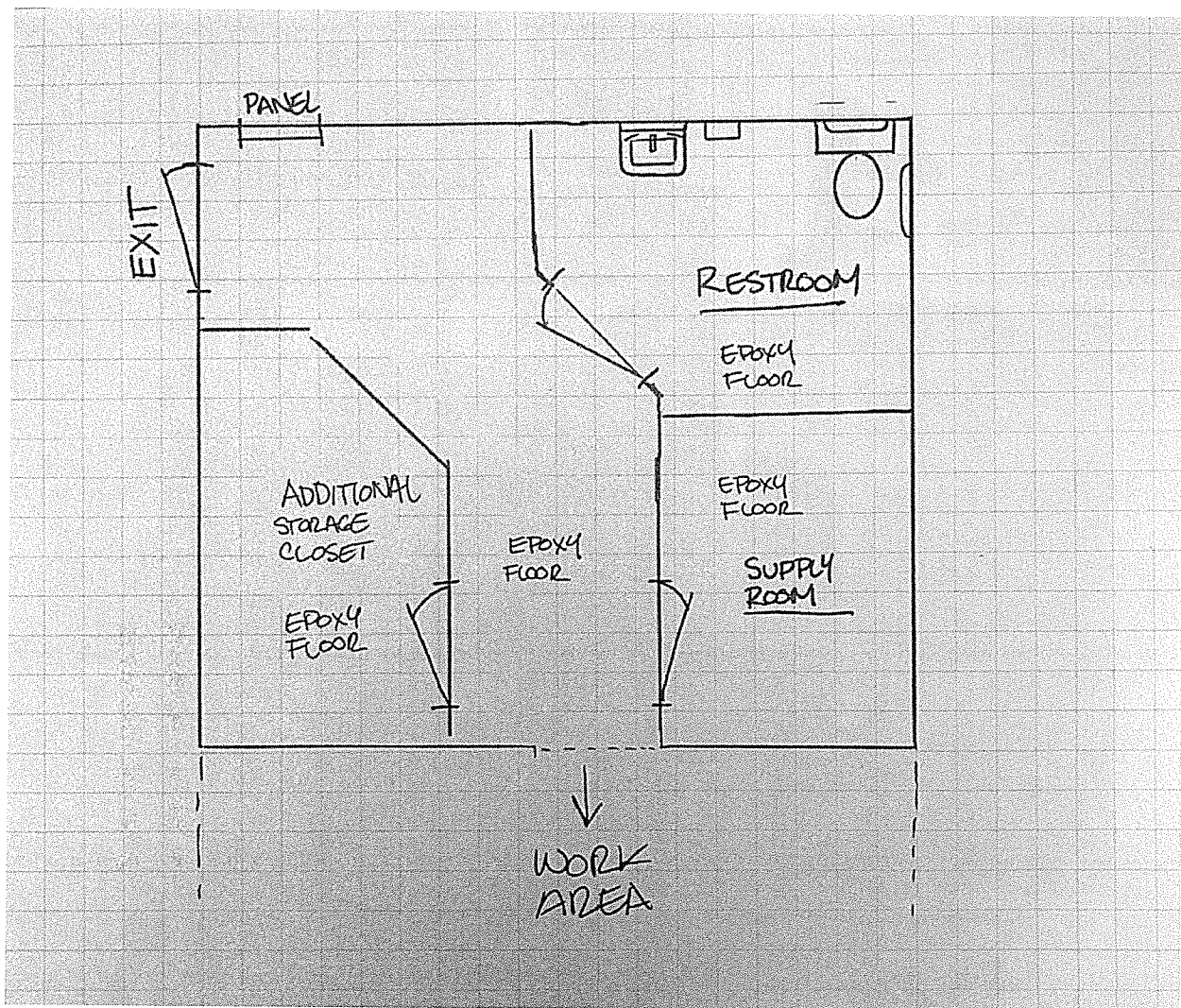
STATION 1
MY STATION

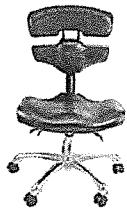
REC.

COUNTER

LOBBY

ENTRY

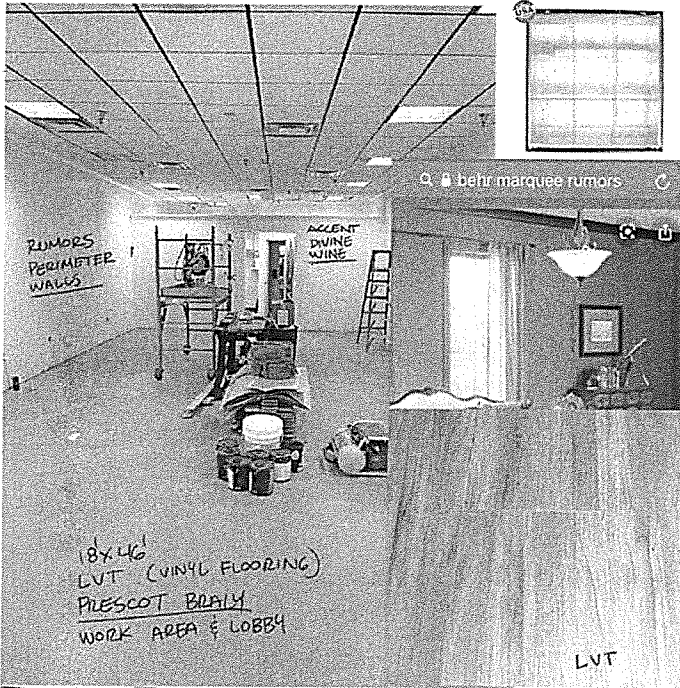




Make Studio Chair - Black



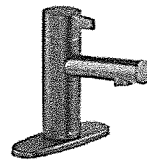
CLOSET, RESTROOM &
SUPPLY ROOM
WHITE



Modern Single Hole Touchless Bathroom Faucet in Matte Black by Glacier Bay > Shop the Collection >

★★★★☆ (475 reviews)

Item # 6311253403 - Model # GCBT6300-4030H



PERIMETER WALLS
ACCENT WALL 8'4" x 18" TUM



Bulk Liquid Soap Auto Wall-Mount Dispenser - 34 oz

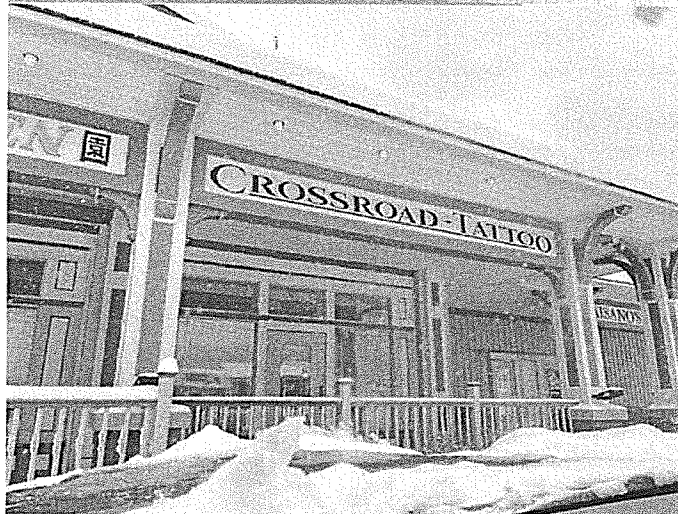


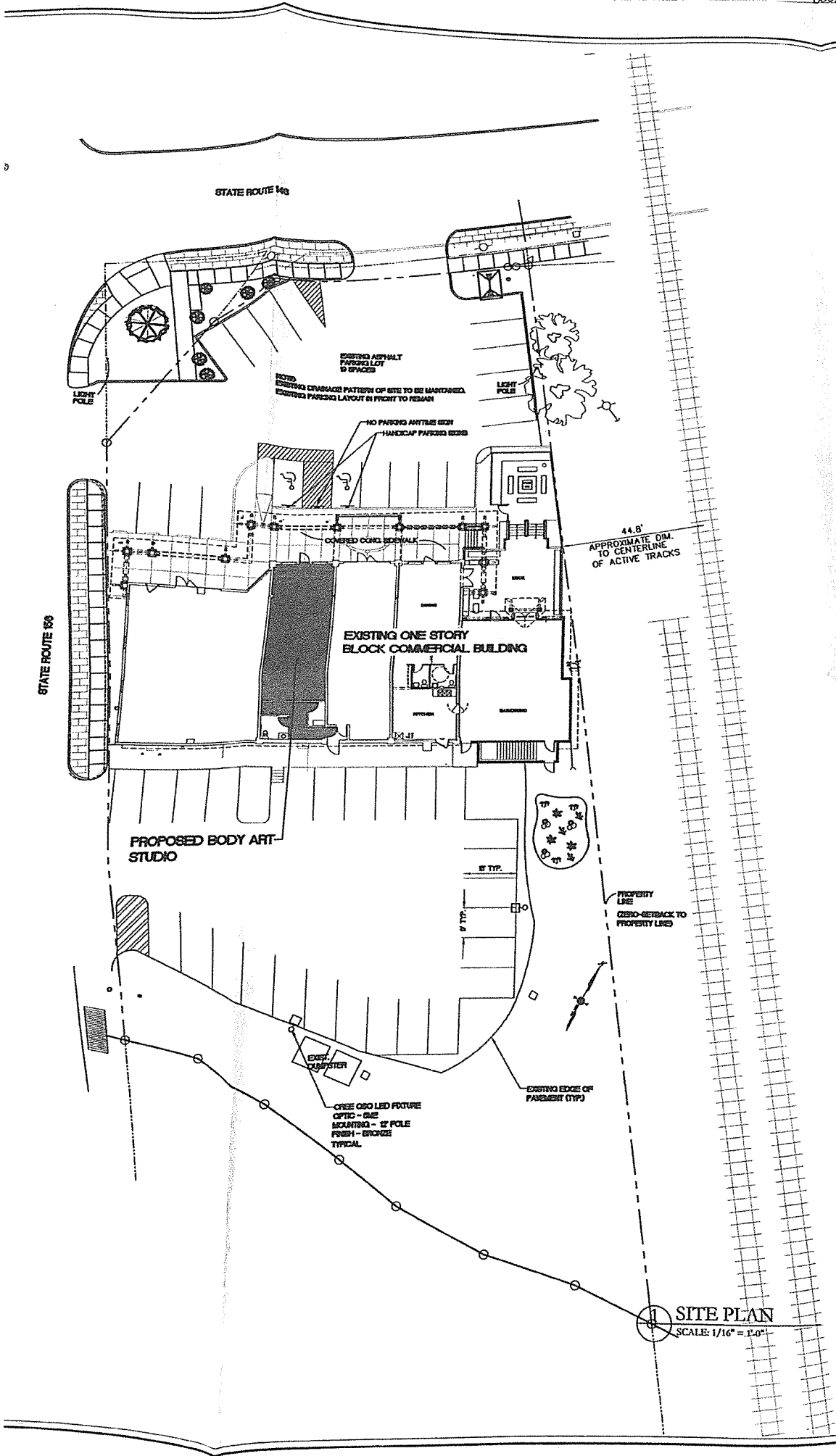
X2



X2

Georgia-Pacific® Professional Automated Touchless Paper Towel Dispenser by GP Pro, 16", 14.75" W x 9.56" D x 17.30" H, Black





NOTE: 72 HOURS PRIOR TO ANY CONSTRUCTION ACTIVITIES, THE CONTRACTOR SHALL CONTACT THE DIG SAFELY NEW YORK TO LOCATE UNDERGROUND UTILITIES. 1-800-962-7862

Scaling of these drawings shall be done only for reference purposes. Contractors shall verify all dimensions and electronic data only for layout and construction.

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BRETT L. STEENBURGH, P.E., PLLC
P.L.L.C. License #04548

BRETT L. STEENBURGH, P.E. PLLC

2832 Rosendale Road
Niskayuna, NY 12309
(518) 365-0675
bsteenburghp@gmail.com



ENGINEERING THAT TRANSFORMS IMAGINATION INTO REALITY
A comprehensive civil engineering firm
with a personal touch

SITE PLAN
ALTAMONT PLAZA LLC
BODY ART STUDIO

VILLAGE OF ALTAMONT
STATE OF NEW YORK

CHECKED BY: BLS
DATE: 11/1/14

COUNTY OF ALBANY

SCALE: 1" = 20'

SITE PLAN
SCALE: 1/16" = 1'-0"

Village of Altamont

P.O. Box 643 Altamont, NY 12009
Telephone (518) 861-8554 Fax (518) 861-5379

APPLICATION FOR SIGN PERMIT

Date: APRIL 7 2021

Fee: \$ 75.00 (Payable to the Village)
(A separate sign permit is required for each sign)

APPLICANT INFORMATION: MIKE GIRAMM

Name: CROSSROAD TATTOO LLC

Mailing Address: 187 MAIN STREET
ALTAMONT NEW YORK
12009

Owner: JEFF THOMAS / ALTAMONT CORNERS

Mailing Address: 122 OLD STAGE RD.
EAST BERNE NY 12059

Daytime Phone: 516 250 4224

Daytime Phone: 518 365 4444

Property Address: 187 MAIN ST ALTAMONT NY 12009 / ALTAMONT CORNERS.

Please fill in the appropriate information:

SIGN: X permanent X permanent * temporary * temporary
free standing bldg. mounted free standing bldg. mounted

*please indicate length of time requested

SIZE SIGN: BLDG MOUNTED
16" X 139" & FREE STANDING
11" X 48"
size of letters/symbols

15.44 SF one sided 3.66 SF/SIDE two sided
sf per side 22.77 SF total sf of signage

ESTIMATED COST: \$500.00
FEE:

 total height of sign
 total sf of other signs for property
22.77 SF total sf of all signs combined for business

ILLUMINATION: internal X external (if external, where would lighting be placed)

U.L. label required on all illuminated signs. Wiring and other electrical details shall be shown on plans.

COLORS RENDERING SHALL INCLUDE THE FOLLOWING:

 dimensions on all items, including letters or symbols on signs
 colors shown to be exactly as actual sign
 materials used

** No more than 2 rectangles may be used to enclose and measure the area of a sign

*****NO CARDBOARD RENDERING WILL BE ACCEPTED*****

CROSSROAD-TATTOO

44" 11"



48" 11"



PANEL SIZE
10 3/4" x 48 1/2"
EXISTING
SIGN &
PANEL
RELETTER

DESCRIPTION:

Vinyl graphic lettering.

SAXTON
SIGNCORP

800-942-6366
518.732-7704
x: 518.732-7716
xtonsign.com

CLIENT:
Crossroad Tattoo

JOB LOCATION:
187 Main Street
Altamont, NY 12009

CUSTOMER APPROVAL

DATE

THIS ORIGINAL DRAWING AND DESIGN IS THE PROPERTY OF SAXTON SIGN CORPORATION AND MAY NOT BE DUPLICATED OR REPRODUCED IN WHOLE OR IN PART AS A DRAWING OR SIGN WITHOUT WRITTEN PERMISSION FROM SAXTON SIGN CORP.

DATE: 3/2/2021
FOLDER: Drawings/Lisa/Crossroad Tattoo
FILE NAME:
Crossroads Sign 2
REVISION:
DRAWN BY: CM
SALESPERSON: LT



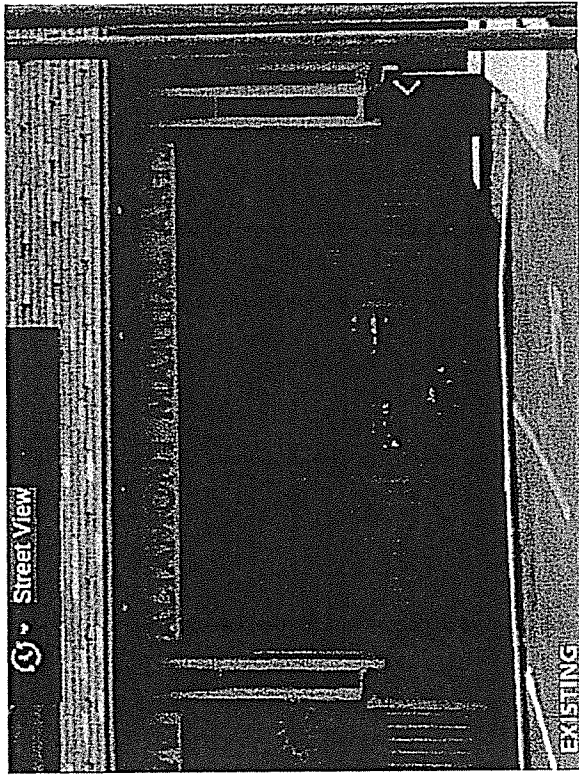
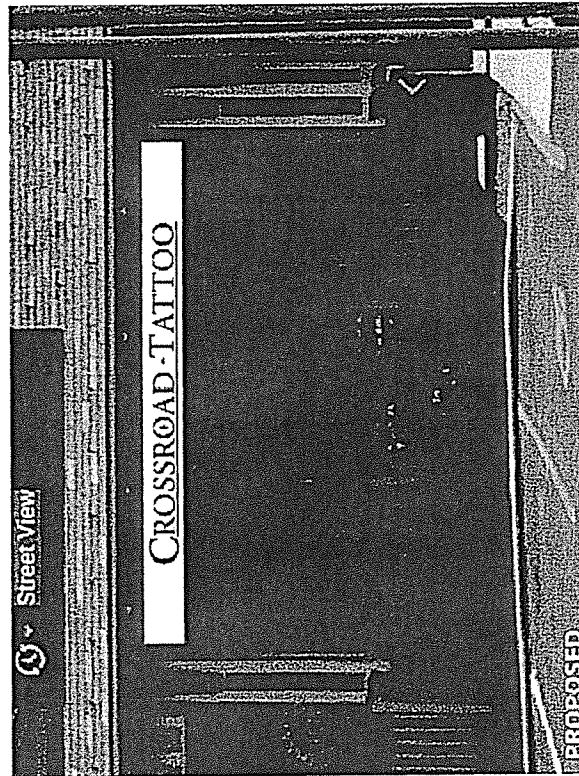


139.16"

CROSSROAD-TATTOO

12" 16"

204"



COLOR KEY

PANTONE 447 C

DESCRIPTION:

Vinyl graphics with cut, acrylic lettering.
Stud-mount letters to available 16"h x 17'w area.

SAXTON
SIGNCORP

800-942-6366
518.732-7704
x:518.732-7716
xtonsign.com

CLIENT:
Crossroad Tattoo

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Albany, NY 12009

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DATE: 3/2/2021
FOLDER: Drawings/Lisa/Crossroad Tattoo
FILE NAME: Crossroads Sign 2
REVISION:
DRAWN BY: CM
SALESPERSON: LT