Building Inspection Department

Jason Dool
Chief Building Inspector

Lockport Municipal Building
One Locks Plaza
Lockport, NY 14094
Phone (716) 439-6754
Fax (716) 439-6605

NOVEMBER 24, 2026

Megan Brewer

REGULAR MEETING

Please be advised that there are two (2) items on the agenda for the regularly scheduled meeting of the City of Lockport Planning Board on December 7, 2026. The Planning Board will convene at 4:30 P.M. for agenda discussion and a public hearing will be held at 5:00 P.M.

1. R.B. Mac Construction. 22 West Main Street. Request for minor site plan approval for exterior façade upgrades situated in a Mixed Use Downtown Zone.

2. Thomas Maxwell. 144 Main Street. Request for a Special Use Permit to operate a cannabis retail dispensary situated in a Mixed Use Downtown Zone.

***IF YOU CANNOT ATTEND THIS MEETING, PLEASE CONTACT MEGAN AT 439-6754 or mbrewer@lockportny.gov ***

APPLICATION: APPROVED _____ DISAPPROVED _____

CITY OF LOCKPORT
PLANNING BOARD APPLICATION

DESCRIPTION OF PROPOSED REQUEST:

NAME OF PROPERTY: HYPERTHERM ASSOCIATES PHONE: [redacted]

NAME OF APPLICANT: R.B. MAC CONSTRUCTION & HYPERTHERM ASSOC. PHONE: [redacted]

EMAIL ADDRESS: [redacted]

ADDRESS OR LOCATION OF PROPOSAL: 22 WEST MAIN ST. Lockport, NY

SIZE OF PARCEL OR STRUCTURE: 1/4 Acre ±

EXISTING ZONING: Business

PLEASE CHECK WHICH OF THE FOLLOWING IS BEING APPLIED FOR:

Site Plan Review ____ Special Use Permit ____ Home Occupation_____

Alteration to existing building X Rezoning ____ Other ____

PROPOSED REQUEST

North Elevation façade improvements including foundation repairs, trim replacement, Siding replacement, painting, window sealing etc. West elevation parking lot lighting.

REQUIRED ENCLOSURES:

In order to provide the City Planning Board with adequate information on which to base its decision, this application will not be heard unless the following information is submitted ten (10) days prior to the meeting by no later than 1 p.m.

1. Adequate description of proposal.

2. Survey of property affected, together with a Plot Plan which shows the distance to nearest intersection, proposed physical layout of the property including any existing or proposed structures, traffic access patterns, parking arrangements, walls, fences or other buffers and signs.

SEQRA:

This proposal constitutes a: ( )Type I, (X)Type II, ( )Unlisted action as per the provisions of the State Environmental Quality Review Act. A determination of environmental significance has been made: ( )yes, (X)no; a copy of this determination is attached ( )yes, (X)no.

PROPERTY OWNER'S SIGNATURE _____

APPLICANT'S SIGNATURE Lenna V.P. R.B. MacConst.

PLEASE NOTE YOU OR A REPRESENTATIVE ARE TO BE PRESENT AT THE MEETING TO PRESENT YOUR PROJECT TO THE BOARD.

Fees:

Site Plan review- $25
Special Use Permit- $100 application, $50 yearly renewal
Home Occupation- $100 application, $50 yearly renewal
Alteration to existing building- $25
Rezoning- $100 or $50 per half acre (whichever is greater)
Subdivision request- $200



NOTE: ALL DIMENSIONS ARE SHOWN APPROXIMATELY

1 PROPOSED NORTH ELEVATION
SCALE: 3/8" = 1'-0"

KEY NOTES

1. REPLACE FORWARD SECTION OF FOUNDATION WALL
2. REPLACE CONCRETE APRON SLAB AT OVERHEAD DOOR
3. REPLACE WOOD TRIM WITH COMPOSITE & PAINT
4. REPLACE TY-11 WOOD PANELING WITH ACM PANELS - DARK BLUE
5. REPLACE WINDOW GASKETING AND PERIMETER CAULK - TYP
6. REPAINT METAL WINDOW MOUNTING - TYP
7. PAINT BRICK PALATE - LIGHT BLUE GRAY



* IMAGE COURTESY OF GOOGLE MAPS

2 EXISTING NORTH ELEVATION
NOT TO SCALE



3 PROPOSED NORTH ELEVATION (COLORED)
NOT TO SCALE

VF ARCHITECTURE
VF ARCHITECTURE
5677 S TRANSIT RD
SUITE # 270
LOCKPORT NEW YORK 14094
716 - 512 - 5694

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CLIENT
RB MAC CONSTRUCTION
175 S TRANSIT ST LOCKPORT NY 14094

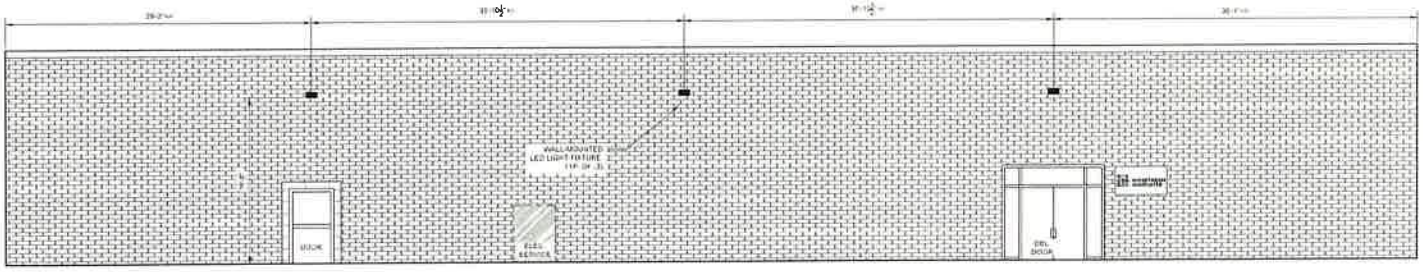
PROJECT #26-49
HYPERTHERM
EXTERIOR IMPROVEMENTS
22 W MAIN ST LOCKPORT NY 14094

REVISIONS

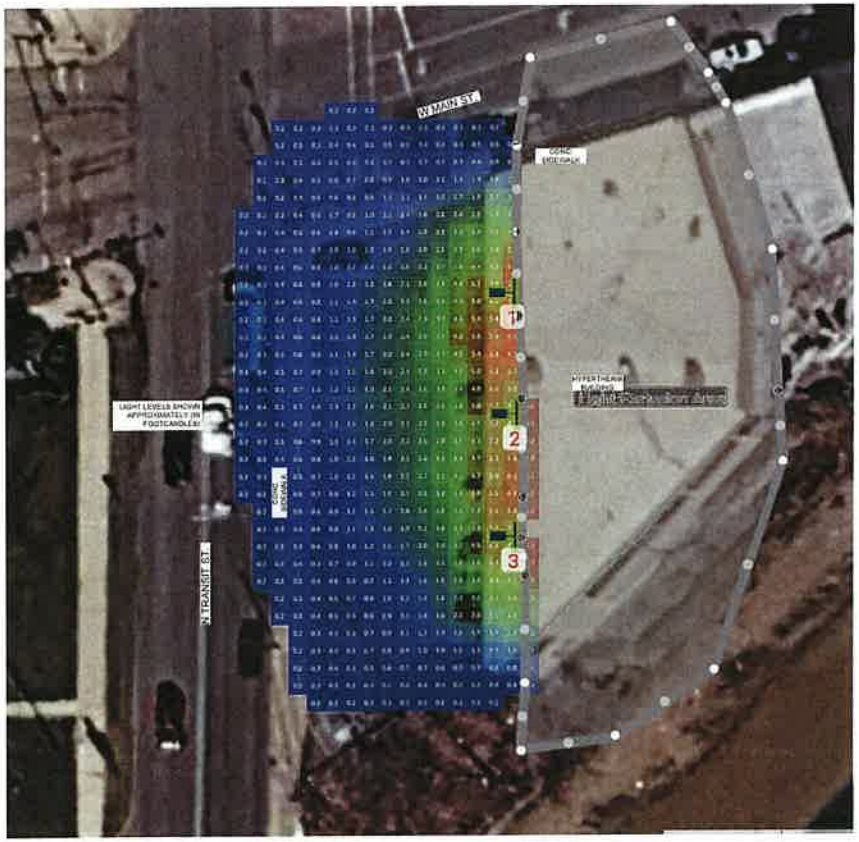
#	DATE	ISSUED FOR
0	10.22.2020	REVIEW

A1
NORTH ELEVATION

DRAWN BY: DAT / DM
CHECKED BY: VF
FILE NAME: 26-49 HYPERTHERM



1 WEST ELEVATION
SCALE 3/16" = 1'-0"



A SCHEMATIC SITE PLAN
SCALE 1/16" = 1'-0"

NORTH



LIGHTING SPECIFICATION
GAW GALLEON WALL LED
CATALOG No. = GAW-SA2B-730-U-T4FT
QUANTITY = 3
10,917 LUMEN 5MW 0° TILT 3000K
DARK SKY COMPLIANT
POLE RATING = 5.5 KW DE
MOUNTING HEIGHT = 16'

VF ARCHITECTURE
VF ARCHITECTURE
5677 S TRANSIT RD
SUITE # 270
LOCKPORT NEW YORK 14094
716 - 512 - 5694

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CLIENT
RB MAC CONSTRUCTION
175 S TRANSIT ST LOCKPORT NY 14094

PROJECT #26-49
HYPERTHERM
EXTERIOR IMPROVEMENTS
22 W MAIN ST LOCKPORT NY 14094

REVISIONS

#	DATE	ISSUED FOR
0	10.22.2025	REVIEW

A2
WEST ELEVATION LIGHTING

DRAWN BY: DAT / VF
CHECKED BY: VF
FILE NAME: 25-49 HYPERTHERM

Building Inspection Department

Jason Dool
Chief Building Inspector

Lockport Municipal Building
One Locks Plaza
Lockport, NY 14094
Phone (716) 439-6759
Fax (716) 439-6605

NOTICE OF PUBLIC HEARING

Case No. 0010 November 23, 2026

Megan Brewer

Dear Sir or Madam:

A request for a Special Use Permit has been submitted by Thomas Maxwell, Case No. 0010, regarding property located at 144 Main Street, Lockport, New York, 14094, to the Building Inspection Department.

The request is for a Special Use Permit to operate a cannabis retail dispensary located at 144 Main Street, Lockport, New York, situated in a Mixed Use Downtown Zone.

This request will be presented to the Lockport Planning Board on Monday, December 7, 2026 at 5:00 P.M. at which time you may appear, if you so desire, either in person or by agent or attorney.

Lockport Planning Board

Megan Brewer
Secretary

APPLICATION: APPROVED _____ DISAPPROVED _____

CITY OF LOCKPORT
PLANNING BOARD APPLICATION

DESCRIPTION OF PROPOSED REQUEST:

NAME OF PROPERTY: 144 Main St, Lockport NY 14094 PHONE: N/A

NAME OF APPLICANT: Thomas P. Maxwell PHONE: [redacted]

EMAIL ADDRESS: [redacted]

ADDRESS OR LOCATION OF PROPOSAL: 144 Main St, Lockport NY 14094

SIZE OF PARCEL OR STRUCTURE: 2100 sq ft

EXISTING ZONING: ~~B2 Commercial~~ Mixed use Downtown

PLEASE CHECK WHICH OF THE FOLLOWING IS BEING APPLIED FOR:

Site Plan Review ____ Special Use Permit _X_ Home Occupation_____

Alteration to existing building ____ Rezoning ____ Other ____

PROPOSED REQUEST
My business, Northern Lights of Niagara, is a licensed NY Cannabis Microbusiness. OCM-MICR-24-000104
We would like to open a licensed cannabis dispensary at 144 Main St in Lockport, following all state regulations and local zoning laws.

REQUIRED ENCLOSURES:

In order to provide the City Planning Board with adequate information on which to base its decision, this application will not be heard unless the following information is submitted ten (10) days prior to the meeting by no later than 1 p.m.

1. Adequate description of proposal.

2. Survey of property affected, together with a Plot Plan which shows the distance to nearest intersection, proposed physical layout of the property including any existing or proposed structures, traffic access patterns, parking arrangements, walls, fences or other buffers and signs.

SEQRA:

This proposal constitutes a: ( )Type I, ( )Type II, (X)Unlisted action as per the provisions of the State Environmental Quality Review Act. A determination of environmental significance has been made: ( )yes, (X)no; a copy of this determination is attached ( )yes, (X)no.

PROPERTY OWNER'S SIGNATURE _____

APPLICANT'S SIGNATURE _____

PLEASE NOTE YOU OR A REPRESENTATIVE ARE TO BE PRESENT AT THE MEETING TO PRESENT YOUR PROJECT TO THE BOARD.

Fees:

Site Plan review- $25
Special Use Permit- $100 application, $50 yearly renewal
Home Occupation- $100 application, $50 yearly renewal
Alteration to existing building- $25
Rezoning- $100 or $50 per half acre (whichever is greater)
Subdivision request- $200

Northern Lights of Niagara is a licensed New York cannabis Microbusiness, with our headquarters located at 105 Mill st, Tonawanda. Our license number is: OCM-MICR-24-000104. As a microbusiness our permitted activities include cultivation, processing, distribution, and retail sales. Our cultivation, processing, and distribution are currently operating from our Mill St location, and we are allowed to locate a dispensary anywhere within 25 miles of our headquarters. Our ownership group is from Newfane, and we consider Lockport our home city. So, we would like to put our dispensary at 144 Main st, Lockport 14094. It is our intention to operate in accordance with all New York State cannabis laws and regulations. Required improvements will include:

-Video surveillance of all areas both inside and outdoors adjacent to the property

-Third party security monitoring

-Secure vault for storage of product

-On site security guard during business hours

-Metrc seed to sale inventory tracking for all products

There are also benefits to the City of Lockport if we are approved for this location. Licensed New York dispensaries collect 13.5% sales tax on all cannabis sales. Of that 3% is returned to the municipality where it is sold. I'm sure the board is well aware of the benefits. I have done my research, and the location at 144 Main st also meets the proximity requirements set in the NY cannabis regulations. Dispensaries are not permitted:

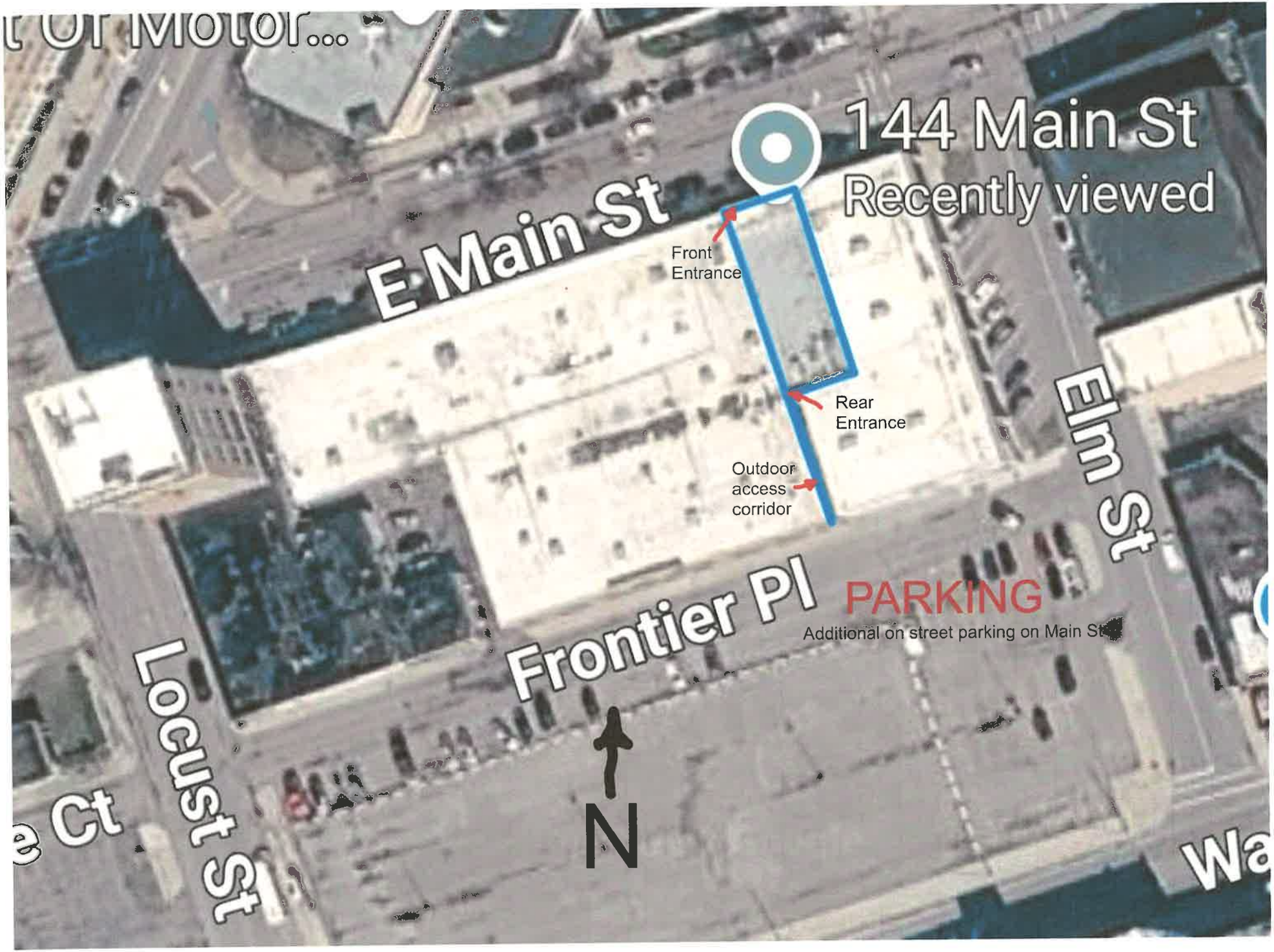
-within 200ft of a house of worship, on the same street

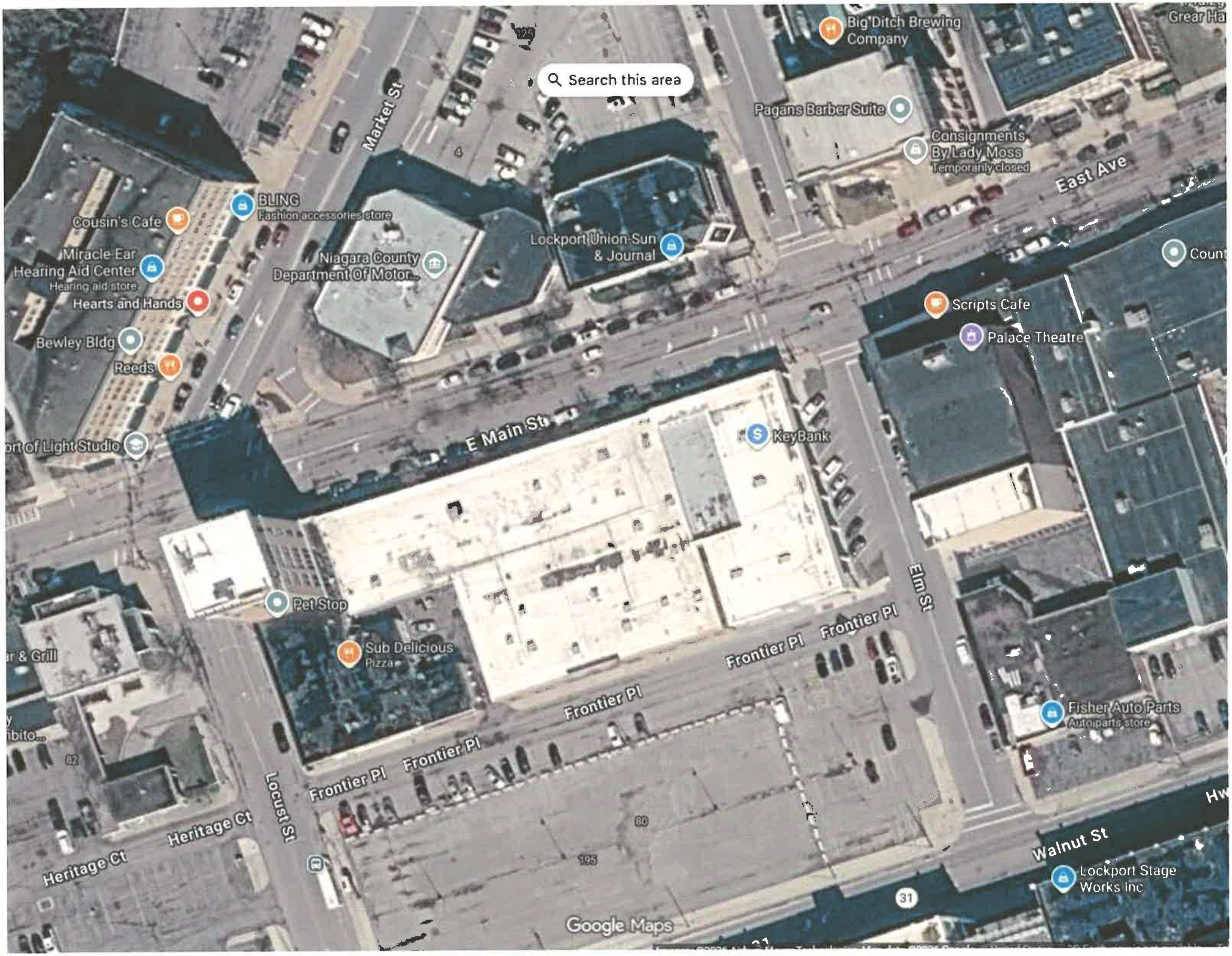
-within 500ft of a school, on the same street

-within 1000ft of another dispensary

This location meets proximity requirements set forth by New York State. If approved by the board we will pursue an amendment to our license, adding a retail location at that address. A Notification To Municipality must be submitted by the licensee, notifying the municipality of the intention to open a dispensary at a given site. The municipality then has 30 days to give an opinion if it chooses to do so. After the 30 days passes, a microbusiness can then apply for a new retail location through the Office of Cannabis Management and the Cannabis Control Board. It's a bit of a process, and time is money, especially when paying a lease for a non-operational business. We have already submitted the Notification To Municipality to the city clerk's office on September 30, so after October 30th we will be able to apply for a retail amendment. The amendment application requires a current Certificate of Occupancy or equivalent. The equivalent can be satisfied through a letter from a municipality stating that the licensee is pursuing proper zoning and following local laws while working towards a Special Use Permit. Ultimately our goal is to obtain a Special Use Permit to operate a cannabis dispensary at 144 Main St, Lockport 14094, and a Certificate of Occupancy so we can continue making progress towards our goal. Thank you! Thomas Maxwell, 716-465-9868, maxchsbr@gmail.com




144 Main St
Recently viewed
E Main St
Front Entrance
Rear Entrance
Outdoor access corridor
Elm St
Frontier Pl
PARKING
Additional on street parking on Main St
Locust St
N


Search this area
Big Ditch Brewing Company
Pagans Barber Suite
Consignments By Lady Moss
Temporarily closed
East Ave
Market St
BLING
Fashion accessories store
Cousin's Cafe
Miracle Ear Hearing Aid Center
Hearing aid store
Niagara County Department Of Motor...
Lockport Union Sun & Journal
Hearts and Hands
Bewley Bldg
Reeds
Scripts Cafe
Palace Theatre
E Main St
KeyBank
Pet Stop
Sub Delicious
Pizza
Frontier Pl
Elm St
Fisher Auto Parts
Auto parts store
Locust St
Heritage Ct
Walnut St
Lockport Stage Works Inc
Google Maps

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 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:
Northern Lights of Niagara cannabis dispensary OCM-MICR-24-000104

Project Location (describe, and attach a location map):
144 Main St, Lockport, New York, 14094

Brief Description of Proposed Action:
Northern Lights would like to open a licensed cannabis dispensary in the storefront at 144 Main St, Lockport.

Name of Applicant or Sponsor:	Telephone: [redacted]
Thomas P. Maxwell	E-Mail: [redacted]

Address:
[redacted]

City/PO:	State:	Zip Code:
[redacted]	NY	[redacted]

	NO	YES
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.	☑	☐
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: City of Lockport, special use permit	☐	☑

3. a. Total acreage of the site of the proposed action? .048 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? .048 acres

4. Check all land uses that occur on, are adjoining or 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?	☑	☑	☐
b. Consistent with the adopted comprehensive plan?	☑	☑	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☑

	NO	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		
If Yes, identify:	☑	☐

	NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☑	☐
b. Are public transportation services available at or near the site of the proposed action?	☐	☑
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	☐	☑

	NO	YES
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: _____	☐	☑

	NO	YES
10. Will the proposed action connect to an existing public/private water supply?		
If No, describe method for providing potable water: _____	☐	☑

	NO	YES
11. Will the proposed action connect to existing wastewater utilities?		
If No, describe method for providing wastewater treatment: _____	☐	☑

	NO	YES
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?	☑	☐
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?	☑	☐

	NO	YES
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?	☑	☐
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: _____		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional

☐ Wetland ■ Urban ☐ Suburban

	NO	YES
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?	☑	☐
16. Is the project site located in the 100-year or 500-year flood plain?	☑	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources?If Yes,	☑	☐
a. Will storm water discharges flow to adjacent properties?	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	☐	☐
If Yes, briefly describe: _____		
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: _____	☑	☐
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: _____	☑	☐
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: _____	☑	☐
21. Is the project located within, or within ½ mile of, a disadvantaged community?	☑	☐
If No, could impacts from the project affect a disadvantaged community?	☑	☐
If Yes to either question in 21, answer the following question.		
a. Identify the potential pollution impacts of the project, either direct or indirect, that may occur within the disadvantaged community (e.g., wastewater discharges, air emissions, noise, odors, solid or hazardous waste generation or management):		

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

Applicant/sponsor/name: Thomas P. Maxwell Date: 9-30-26

Signature: _____ Title: Owner, Northern Lights of Niagara LLC

RECEIVED

Niagara County Planning Board

General Municipal Law §239-M Referral Form

Niagara County Use Only:
Date Received: OCT 22 2026
Niagara Co Economic Dev
Referral # 7087

Part 1: Municipal Information

Referring Municipality: City of Lockport
Referring Agency: Planning Board
Referring Official: Jason Dool
Title: Chief Building Inspector
Referring Official Signature:
Address: 1 Locks Plaza Lockport, NY 14094
Email: mbrewer@lockportny.gov
Phone #: 7164396754
Fax #: NA
Applicant Name: Thomas P. Maxwell
Email: [redacted]
Phone #: [redacted]

Part 2: Project Information

Address of Property: 144 Main St, Lockport, NY 14094
Acreage: 0.14
Tax Parcel Number(s): ~~2909001095533B1~~ 101.55-3-3.101
Current Zoning District: MU-D

Project Description
Northern Lights of Niagara LLC (OCM-MICR-24-000104) would like to open a licensed cannabis dispensary at the storefront located at 144 Main St.,Lockport, NY.

Previous/Future Meeting Information (REQUIRED)

Date	Reviewing Body
12-07-26	City of Lockport Planning Board

Part 3: Referral Type and Proximity Trigger

Referral Type (Check all that apply):

- ☐ Area Variance
- ☐ Use Variance
- ☑ Special Permit
- ☐ Site Plan Review
- ☐ New Local Law
- ☐ Moratorium
- ☐ Other _____
- ☐ Zoning Text Amendment
- ☐ Zoning Map Amendment
- ☐ New Zoning Ordinance
- ☐ Comprehensive Plan
- ☐ Local Law Amendment

Property located *within 500 ft.* of (Check all that apply):

- ☑ Existing or Proposed County / State Parkway, Road or Highway, or County Owned Drainage Channel
  - ☑ County Road: 31
  - ☐ NYS Road: _____
- ☐ Municipal Boundary
- ☐ NYS / County Recreation Area
- ☐ NYS / County Owned Land with Public Building
- ☐ Farm operation located in an Agricultural District (except for area variances)

Part 4: Required Enclosures

The Niagara County Planning Board requires adequate information upon which to make its decision. The zoning referral form will not be accepted unless all of the following information as applicable is submitted (Please check that all items are included):

- [x] Planning Board Referral Form
- [x] SEQR Environmental Assessment Form (EAF)
- [x] One set of plans sized at 8.5" x 11" or 11" x 17" (if applicable).
- [ ] For variances, a copy of the code from which the relief is being requested.
- [ ] For zoning text amendments and local law amendments, copies of both the existing and proposed zoning / local law.
- [ ] Copies of any local meeting minutes.
- [x] Any other documentation submitted to the municipality as part of the application process.

Part 5: Representative Contact Information

A project representative must attend the Niagara County Planning Board meeting.
Meeting information will be sent to the project representative via the email address provided in this section.

Project Representative Contact Information

Name: Thomas P. Maxwell	Title: Owner of Northern Lights
Email: maxchsbr@gmail.com	Phone #: 716 4659868

DEADLINE

All completed referrals must be received by close of business on Friday, six business days preceding the 3rd Monday of each month. Note: January and February meetings are held on the 4th Monday of the month.

LATE REFERRALS WILL BE REVIEWED BY THE NIAGARA COUNTY PLANNING BOARD THE FOLLOWING MONTH.

For County Office Use Only

Recommendation from Niagara County Planning Board

[ ] Approval	[X] No Significant Countywide or Inter-community Impact
[ ] Approval with Modifications	[ ] Disapproval

Joseph C Kibler

Joseph Kibler, Chairman
Niagara County Planning Board

11-16-26

Date