Mercal 234 \$ 50.00 paid



## **RECEIVED**

## Town of Moreau SITE PLAN REVIEW APPLICATION

MAR 2 4 2025

TOWN OF MOREAU BUILDING DEPARTMENT

Property Location	BUILDING DEPARTMENT
Address 1451 US-9 MOREAU N	Y Zoning District C - 1
Project Name KESTAURANT /BANQUET FACIL	LTY Tax Man ID # 63 H 1 -7
Applicant Information	10X (VIAP ID # 00.11 _ 1 _ 1 /
Name (Print) STEVE LEAST	Phone 518-538-5569
Street Address 920 EDIE RD	Fmail USA MANE 3 0
City ADGYLE NY 12809  Signature ##	
morniation	
Name (Print) Tara Strone Street Address /439 110 6	Phone 518 1101
city Fast Edward	Email Stoneorganization II Cognail com
Agent for the Owner/Applicant (NOTE: If applicable, an	_Date 3/17/2 C
Maine (Print) STEVE LEADY	Phone 510-520
EDIE RA	For the Land
City ARSYLE Signature Area Total Site Area	_ State NY Zip Code 12809
Signature	_Date3   17   25
- 1 /	
3 <sup>+</sup> / Acres or2	210' * 735 Square feet

Town of Moreau Application for Site Plan Review

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<b>Project description:</b> Include a description of primary and secondary uses (residential commercial industrial, institutional or open space); the area associated with each use; and building size (NOTE: Attach an additional narrative if necessary)
COMMERCIAL RESTAURANT ! BANQUET FACILITY
# of vehicle spaces 25 - 30 # of truck spaces NA # of trailer spaces NA
<b>Project schedule</b> (NOTE: Describe the length of time needed to complete the project and if relevant, the phases and number of phases needed to complete the project)
1- PHASE: REPAIR + DESIGN INTERIOR OF BUILDING WITH
REPAINT OF EXTERIOR BUILDING
TIME FOR COMPLETION 30-60 DAYS (AFTER SITE APPROVAL)
Estimated value of the project upon completion \$ 380,000 CULLENT ASSESSED
Describe the current land use of the project site (e.g. residential, commercial, vacant, etc.)
VACANT COMMERCIAL BUILDING - PRIOR USE AS RESTAURANT
LOUNGE/OFFICE SITE
Describe the current condition of the project site (e.g. buildings and structures present)
BUILDINGS & STRUCTURE PRESENT
Describe the current character of adjoining and surrounding properties
ADJUNING & EXISTING PROPERTIES OF SIMILAR
CHARACTERISTICS
State and/or federal permits required
DEPARTMENT OF HEALTH
CERTIFICATE OF OCCUPANCY

Site Plan Application Requirements: The following items, existing and proposed, shall be notated

on stamped and signed survey map.

Located on Sheet #
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<del></del>
<b></b>