

SPK 5-dbs

Moreau 234

\$50.00 paid

**PAID**  
4/2/25

# FILE COPY

**RECEIVED**

MAR 24 2025

## Town of Moreau SITE PLAN REVIEW APPLICATION

TOWN OF MOREAU  
BUILDING DEPARTMENT

### Property Location

Address 1451 US-9 MOREAU NY Zoning District C-1

Project Name RESTAURANT/BANQUET FACILITY Tax Map ID # 63.4-1-77

### Applicant Information

Name (Print) STEVE LEARY Phone 518-538-5569

Street Address 920 EDIE RD Email LISA MAYE 35@YAHOO.COM

City ARGYLE NY 12809 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature [Signature] Date 3/17/25

### Owner Information

Name (Print) Tara Stone Phone 518-401-6512

Street Address 1439 US-9 Email Stoneorganizationllc@gmail.com

City Fort Edward State NY Zip Code 12828

Signature [Signature] Date 3/17/25

### Agent for the Owner/Applicant (NOTE: If applicable, an authorization form needed)

Name (Print) STEVE LEARY Phone 518-538-5569

Street Address 920 EDIE RD Email LISAMAYE35@YAHOO.COM

City ARGYLE State NY Zip Code 12809

Signature [Signature] Date 3/17/25

### Total Site Area

3 +/- Acres or 210' x 735' Square feet

**Project description:** 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

**Parking**

# of vehicle spaces 25-30 # of truck spaces N/A # of trailer spaces N/A

**Project schedule** (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 CURRENT ASSESSED  
VALUE

**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**

ADJOINING & 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.

Item	Description	Located on Sheet #
<b>1. GENERAL</b>		
A.	Title, Name, Address of applicant and person responsible for preparation of drawing	
B.	Deed	
C.	North arrow, Tax Map ID, date prepared and scale (Minimum 1 in. = 50 ft.)	
D.	Boundaries Of the property plotted to scale, zoning boundary	
E.	Principal structures, accessory structures with exterior dimensions	
F.	Site improvements including outdoor storage areas, driveways, parking areas, etc. (NOTE: must include both existing and proposed)	
G.	Setbacks for all structures and improvements	
H.	Elevations and floor plans of all proposed and affected structures	
<b>2. WATER &amp; SEWER</b>		
A.	Percolation test location and results	
B.	Project sewage disposal facilities, design details, & construction details	
C.	Separation distances for proposed sewage disposal system to well(s) and bodies of water	
D.	Water supply & septic on adjoining lots with separation distances to existing or proposed on-site water supply and septic	
E.	Existing public or private water supply. Method of securing public or private water, location, design and construction of water supply including daily water usage	
<b>3. PARKING / PERMEABLE AREAS</b>		
A.	Number of spaces required for project including calculation and justification: (NOTE: Existing and proposed parking is required)	
B.	Number of existing parking spaces, number to be removed, number to be maintained and type of surfacing material	
C.	Provisions for pedestrian and handicap access and parking: existing and proposed	
D.	Design details of ingress, egress, loading areas and cutting: existing and proposed	
E.	Traffic patterns of pedestrian and vehicular traffic: existing and proposed. (NOTE: If trucks are entering or leaving the site – adequate space for turn radius will need to be verified)	
F.	Outdoor lighting, location and design: existing and proposed	
G.	Percentage of permeability, percentage of lot coverage	
<b>4. MISCELLANEOUS</b>		
A.	Signage: Location, size, type, design and setbacks: existing and proposed	
B.	Location, design and construction details of all existing and proposed site improvements including: drains, culverts, retaining walls, fences, and hydrants	
C.	Location and description of vegetation and tree coverage, snow removal areas, and trash receptacles	

# Short Environmental Assessment Form

## Part 1 - Project Information

FILE COPY

**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: <b>ONYX</b>			
Project Location (describe, and attach a location map): <b>1451 Saratoga road fort edward N.Y. 12828</b>			
Brief Description of Proposed Action: <b>reuse existing restaurant and banquet room with cosmetic upgrades and patio area upkeep bring in crushed stone to level up parking lot back to preexisting condition.</b>			
Name of Applicant or Sponsor: <b>Steven leary</b>		Telephone: <b>518 538-5569</b>	
Address: <b>920 Edie road</b>		E-Mail: <b>stvenleary@gmail.com</b>	
City/PO: <b>Argyle</b>		State: <b>NEW YORK</b>	Zip Code: <b>12809</b>
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 <input type="checkbox"/>
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:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			NO <input checked="" type="checkbox"/>
		<b>3.4</b> acres <b>0</b> acres <b>.333</b> 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 checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<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 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 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: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input 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: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<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: _____ _____	NO	YES	
	<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?  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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" 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? 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: _____ _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<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 checked="" type="checkbox"/> Forest	<input type="checkbox"/> Agricultural/grasslands
<input type="checkbox"/> Wetland	<input type="checkbox"/> Urban	<input 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 type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?		NO YES
If Yes,		<input type="checkbox"/> <input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?		<input type="checkbox"/> <input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?		<input type="checkbox"/> <input type="checkbox"/>
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)?		NO YES
If Yes, explain the purpose and size of the impoundment:		<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?		NO YES
If Yes, describe:		<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?		NO YES
If Yes, describe:		<input type="checkbox"/> <input checked="" type="checkbox"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>Stavros Ioary</u>		Date: _____
Signature: <u>[Signature]</u>		Title: <u>contractor/lessee</u>



# SARATOGA COUNTY PLANNING BOARD

TOM L. LEWIS, CHAIRMAN  
50 WEST HIGH ST, BALLSTON SPA, NY 12020

JASON KEMPER, DIRECTOR  
518.884.4705 (P) 518.884.4780 (F)

April 18, 2025

Joshua Westfall, Building, Planning and Development Coordinator  
Town of Moreau Town Hall  
351 Reynolds Road  
Moreau, NY 12828

Sent via email to: [bpd@townofmoreau.org](mailto:bpd@townofmoreau.org)

**Re: SCPB Referral Review #25-68 - Site Plan Review - Onyx Restaurant**

A proposal to reuse a former restaurant building for a restaurant use. The 3-acre site consist of a restaurant building fronting along US Rt 9 with self-storage facility in the rear. The existing two driveway accesses to US Rt 9 is to remain.

**Location:** US Rt 9  
Tax Map #: 63.4--1-77

Received from the Town of Moreau Planning Board on April 3, 2025.

Reviewed by the Saratoga County Planning Board on April 17, 2025.

**Decision:** No Significant County-wide or Intercommunity Impact

Please contact the Saratoga County Planning Board if you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Williams".

---

Jeffrey Williams, Planner  
Authorized Agent for Saratoga County

**DISCLAIMER:** Recommendations made by the Saratoga County Planning Board on referrals and subdivisions are based upon the receipt and review of a "full statement of such proposed action" provided directly to SCPB by the municipal referring agency as stated under General Municipal Law section 239. A determination of action is rendered by the SCPB based upon the completeness and accuracy of information presented by its staff. The SCPB cannot be accountable for a decision rendered through incomplete or inaccurate information received as part of the complete statement.

1451 Route 9

Stone Self Storage site plan was approved on 2/27/23 and plans are to build as approved in the late fall time frame.

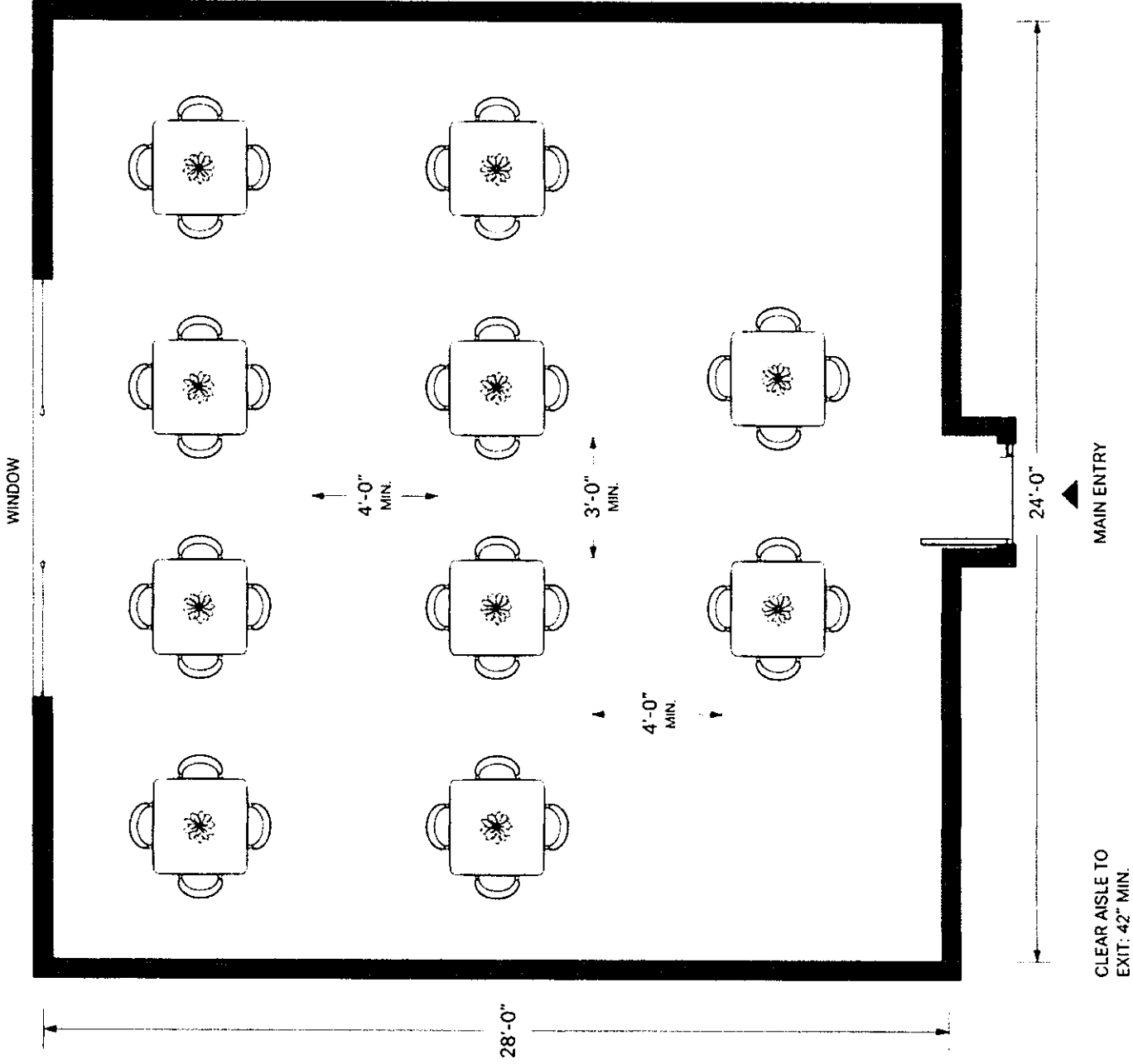
We are proposing opening a 10 table restaurant facility and banquet space in the former space occupied by Craft on 9 and before that Mama Luisa's at 1451 Route 9 in Moreau, NY. The space has been utilized as a restaurant/banquet facility for the past 20+ years. We propose grading the existing parking lot with compact gravel at this time. The space was approved for a storage facility behind the existing structure with plans of future paving and additional site improvements. We would like to defer paving until the construction of the storage facility is funded and constructed for several reasons including damage to expensive paving being destroyed/damaged by heavy equipment accessing the site for future construction. In addition, piecing together parts of blacktop leads to weakness in the overall integrity of a full pavement construction and it would be a costly endeavor.

The Tenants have already invested a significant amount of money in the improvements and upgrades to the interior of the space and is currently in turn key status pending inspections. Building inspectors have been on site and have viewed the improvements with positive reviews.

The signage would remain the same size and placement as the previous sign that was utilized by the prior restaurant. The sign is approximately 36'x20 'placed above the door entry with down lighting (see attached drawings). We are not proposing a free standing sign at this time. The lighting will also be the same as the existing restaurant with sconce down lighting (see attached photos).

There will be no patio or fencing proposed at this time. The space will be using the existing septic system. The property is outside of the county sewer connection.

The building will be painted a uniform color and shrubs planted for a nice visual appeal.



# ONYX BISTRO

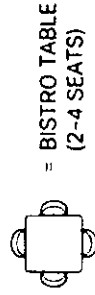
## PROPOSED SEATING LAYOUT

TABLE COUNT: 10  
 TABLE TYPE: BISTRO (2-4 SEATS)  
 TOTAL SEATS: 20-40 (FLEXIBLE)

### NOTES:

- TABLES ARE NON-FIXED AND MOVABLE
- MIN. 36" CLEARANCE BETWEEN TABLES
- 42" MIN. CLEAR AISLE TO EXIT
- LAYOUT PROVIDES ACCESSIBLE PATH OF TRAVEL AND MEETS EGRESS REQUIREMENTS

### LEGEND:



SCALE: 1/4" = 1'-0"



## Overall Size:

- Total Width: 36 inches (3'-0")
- Total Height: 20 inches (1'-8")



## Letter Sizes:

- "ONYX" (top line):
  - Letter height: 10 inches
  - Approx. width: 34–36 inches total
- "BISTRO" (bottom line):
  - Letter height: 4.5 inches
  - Approx. width: 24–28 inches total



## Spacing:

- Space between lines: 2–3 inches



