GENESEE COUNTY PLANNING BOARD REFERRALS
NOTICE OF FINAL ACTION

GCDP Referral ID	**T-05-DAR-3-20**
Review Date	**3/12/2020**

Municipality	**DARIEN, T.**
Board Name	**PLANNING BOARD**
Applicant's Name	**Doug Diemoz**
Referral Type	**Site Plan Review**
Variance(s)	
Description:	**Site Plan Review to reopen a restaurant under new ownership.**
Location	**1415 Broadway Rd. (NYS Rt. 20), Darien**
Zoning District	**Commercial (C) District**

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed restaurant should pose no significant county-wide or inter-community impact.

Felice A. Altman

Director

March 12, 2020

Date

If the County Planning Board disapproved the proposal, or recommends modifications, the referring agency shall NOT act contrary to the recommendations except by a vote of a majority plus one of all the members and after the adoption of a resolution setting forth the reasons for such contrary action. Within 30 days after the final action the referring agency shall file a report of final action with the County Planning Board. An action taken form is provided for this purpose and may be obtained from the Genesee County Planning Department.

SEND OR DELIVER TO:
GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, NY 14020-9404
Phone: (585) 815-7901

DEPARTMENT USE ONLY:
GCDP Referral # T-05-DAR-3-20

RECEIVED
Genesee County
Dept. of Planning
02/20/2020

* GENESEE COUNTY * PLANNING BOARD REFERRAL

Required According to:
GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N
(Please answer ALL questions as fully as possible)

1. REFERRING BOARD(S) INFORMATION

Board(s) Darien Planning Board
Address 10569 Alleghany Rd.
City, State, Zip Darien Center, NY 14040
Phone (585) 547-2274 Ext. 1026

2. APPLICANT INFORMATION

Name Doug Diemoz
Address 77 Glen Drive
City, State, Zip Sausalito, CA 94965
Phone (925) 876-6722 Ext. Email

MUNICIPALITY: ☐ City ☒ Town ☐ Village of Darien

3. TYPE OF REFERRAL: (Check all applicable items)

- ☐ Area Variance
- ☐ Use Variance
- ☐ Special Use Permit
- ☒ Site Plan Review
- ☐ Zoning Map Change
- ☐ Zoning Text Amendments
- ☐ Comprehensive Plan/Update
- ☐ Other:

Subdivision Proposal
- ☐ Preliminary
- ☐ Final

4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:

A. Full Address 1415 Broadway Rd., Darien Center, NY 14040
B. Nearest intersecting road Alleghany Rd.
C. Tax Map Parcel Number 11.-1-14.221
D. Total area of the property 2.34 acres Area of property to be disturbed 0
E. Present zoning district(s) Comm.

5. REFERRAL CASE INFORMATION:

A. Has this referral been previously reviewed by the Genesee County Planning Board?

☒ NO ☐ YES If yes, give date and action taken

B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law

Schedule A

C. Please describe the nature of this request Site plan review for existing restaurant. Change in ownership.

6. ENCLOSURES – Please enclose copy(s) of all appropriate items in regard to this referral

- ☒ Local application
- ☒ Site plan
- ☐ Subdivision plot plans
- ☒ SEQR forms
- ☐ Zoning text/map amendments
- ☒ Location map or tax maps
- ☐ Elevation drawings
- ☒ Agricultural data statement
- ☐ New or updated comprehensive plan
- ☒ Photos
- ☒ Other: Letter from ZEO + referral 2019 Zoning Law updates

7. CONTACT INFORMATION of the person representing the community in filling out this form (required information)

Name Gwen Yoder Title PB/ZBA Clerk Phone (585) 547-2274 Ext. 1026
Address, City, State, Zip 10569 Alleghany Rd, Darien Ctr, NY 14040 Email pbzba@townofdarienNY.com

PB 04-20

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT (revised 2/20/2019)

Today's Date: 1/23/20 Application Number: PB 04 - 20

Applicant's Name: Doug Diemoz

Address: 77 Glen Drive, Sausalito, CA 94965

Phone Number: 925-876-6722 Tax Map #: 11.-1-14.22

Address of Project: 1415 Broadway Road Darien Center, NY 14040

INSTRUCTIONS:

Please read the instructions carefully before completing the application form. Fill out the application form completely, using ball point pen or a typewriter. Submit your application form & required attachments (list of such on this form) to the Zoning Enforcement Officer (ZEO) prior to commencing this project or use.

***THIS APPLICATION IS NONTRANSFERABLE AND IS VALID FOR ONE YEAR PERIOD ONLY**

1. Zoning District property located in: RESIDENTIAL (__ Low or __ Medium Density)
   ___ Industrial ✓ Commercial ___ Recreational
2. Permit Application for: ___ New Construction ___ Demolition ___ Addition ___Alteration ___ Relocation
   ___ Roof ___ Solar Panels ___ Generator ___ Swimming Pool ___ Signs ___ Fence ___ Kennel
   ___ SPECIAL USE ___ VARIANCE ✓ SITE PLAN ___ HOME OCCUPATION
3. Is this parcel: ___ Corner Lot ___ Water District ✓ Sewer District
4. Dimensions of this lot: _____ length **X** _____ width and/or area 2.34 acres
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);
   _____ ft and what is the set back (in feet) from project property line Side A _____ Side B _____
   Back _____ (Also depict on plot diagram).
6. Total percentage (%) of coverage of all buildings on lot (including proposed): _____%
7. Total Dwelling Units: _____
8. Project Cost: _____ Actual ____ Estimated ____
9.

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET
House				
Garage/Pole Barn				
Accessory Structure				
Commercial				
Industrial				
Signs				

Bathrooms: ___
Bedrooms: ___
Rec Room: ___
Family Room: ___
Fireplace: ___

Describe proposed project and/or use: Site Plan Review for existing restaurant Change in ownership

CERTIFICATION: I hereby certify that I have read the instructions, examined this application and supporting attachments and know them to be true & correct. All provisions of Laws and Ordinances covering this type of work or use will be complied with, whether specified herein or not. The granting of a permit does not give authority to violate or cancel the provisions of any other State or Local Law/Ordinance regulating construction, performance or use.

APPLICANT SIGNATURE (must sign in presence of ZEO)

PROPERTY OWNER SIGNATURE (If other than applicant)

Attachments required & verified by ZEO: Site Plan App / Short SEQR, Ag Statement

Action taken by ZEO: **APPROVED:** ☐ **DENIED:** ☐ Reason: _____

Referral To: ☒ Town Planning ☐ Town Appeals ☐ County Planning ☐ Building Inspector

Requires: ☒ Zoning Permit ☐ Zoning/Building Permit ☐ Operating Permit ☐ Temporary Use Permit
☐ Emergency Housing Permit ☐ Certificate of Compliance

1/22/2020
Date of Signature

Signature of ZEO

Date of Signature

# of Inspects

Signature of Building Inspector

Date Fee Received

#1127
Fee

Indicate Fees Paid/Town Clerk Use Only

Date of Signature

Renewal Approval / ZEO Signature

This application will not be considered complete until all appropriate attachments have been supplied and accepted; photo-copies are acceptable. The applicant is responsible to present all applicable attachments to the ZEO. The project in question can not be started until an approved Zoning Permit has been issued, the Building Inspector contacted and if required, the Town Clerk has issued the Building Permit. The applicant is responsible to make all calls to the Building Inspector for review of plans and inspection assignments and to pay any necessary fees as set forth in the appropriate schedule of fees to the Town Clerk.
If a Site Plan is necessary, a total of nine (9) copies are needed.

Please be advised that you may contact the following if you have any questions or concerns with regard to procedures:
*ZEO – Filling out or filing Zoning Permits, Zoning Regulations, appointments for Zoning Permit approval, Variance & Special Use Procedures.
*Building Inspector – Construction, Plan review, Code requirements and inspections
*Town Clerk – Forms, Fees (payable to Town Clerk), Building Permit, General Information & who to contact.

ATTACHMENTS:
The following attachments are mandated for all projects or uses in question.
*Layout sketch (Plot Diagram) shall consist of an accurate map (survey or plot diagram on graph paper) showing all structures and/or buildings on the parcel. All dimensions of project, property lines and right-of-ways shall also be indicated. Identify adjoining parcels and indicate the owners of such.

Please contact the ZEO regarding which of the following attachments will be required for the project or use in question:

1. Graphic material showing traffic circulation, parking spaces, pedestrian walks, topography and landscape plans, open space & buffer zone.
2. Preliminary engineering plans showing street improvements, storm drainage, water supply and sanitary sewer facilities.
3. Copy of current Genesee County Health Department approval for an individual sewer disposal system and plans for such.
4. A drawing of any signs which the applicant wishes to post. This drawing shall include dimensions, characters, shape, and illumination (if any, show source of power & location of illumination).
5. Elevation drawings with applicable height dimensions.
6. Description of the nature of existing use.
7. Freshwater wetland determination and/or permit, from NYS Dept of Environmental Conservation.
8. Certification indicating specific elevations in relation to the Federal Flood Hazard Area.
9. Letter of review from the Department of Soil and Water Conservation when applying for a pond.

Other: _____

TOWN OF DARIEN
GENESEE COUNTY, NEW YORK 14040

PLANNING BOARD
SITE PLAN REVIEW
SPECIAL USE PERMIT APPLICATION

Application #: PB-04-20
(For office use only)

Today's Date: 1/23/2020

Provision of Zoning Law Involved: Schedule A
Article: _____, Section: _____, Subsection: _____, Paragraph: _____

Purpose of Request:

*This request would be in harmony with the orderly development of the district in which it is located because: The applicants use is nearly identical to previous use. Change in ownership requires site plan review.

*This request would not be detrimental to the property or persons in the neighborhood because: Permitted use. Existing use.

*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: Existing use and business

The applicant should submit one (1) copy of the application, nine (9) copies of the site plan and one (1) copy of the zoning application

CERTIFICATION:

I hereby certify that I have read the instructions and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinance regulating construction or performance of construction.

1/23/20
Date of Signature

Signature of Applicant

Date of Signature

Signature of Owner (If different from Applicant)

Office Use Only:
Zoning Permit Application #: _____ Date Received: _____ Fee Paid: _____

Date of First Hearing: _____ Location: _____

Date of Second Hearing: _____ Location: _____

Date of Subsequent Hearings: _____ Location: _____

Action: (___) APPROVED (___) REJECTED Date: _____

Planning Board Chairman Signature: _____

Zoning Officer Signature: _____ Date Permit Issued: _____

Additional Conditions Imposed: _____

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 PB-04-20

Name of Action or Project:
Franny's Table

Project Location (describe, and attach a location map):
1415 Broadway Rd. Darien, NY 14040

Brief Description of Proposed Action:
Change of ownership.
Site Plan Review
Restaurant

Name of Applicant or Sponsor:	Telephone: 925-876-6722
Doug Diemoz	E-Mail:

Address:
77 Glen Drive

City/PO:	State:	Zip Code:
Sausalito	California	94965

	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:	☑	☐

3. a. Total acreage of the site of the proposed action? 2.34 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? 2.34 acres

4. Check all land uses that occur on, are adjoining or near the proposed action:

5. ☐ 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 flood plan?	☑	☐
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:		

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

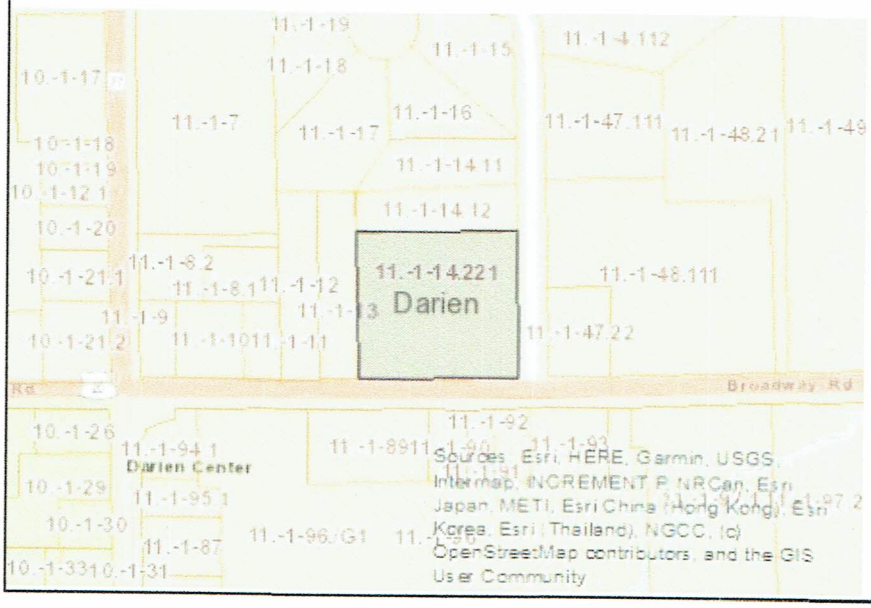
Applicant/sponsor/name: Doug DeMoz Date: 1/23/20

Signature: [signature] Title: Owner

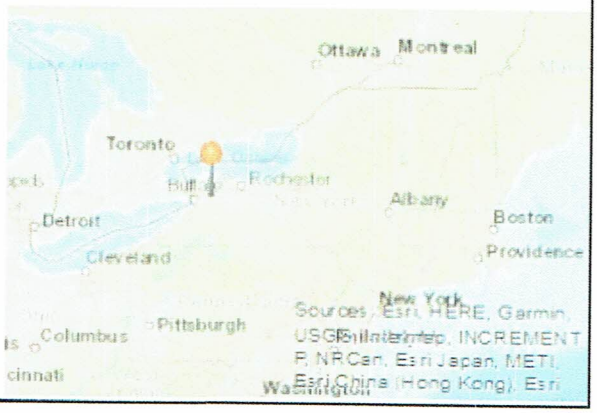
PRINT FORM

EAF Mapper Summary Report

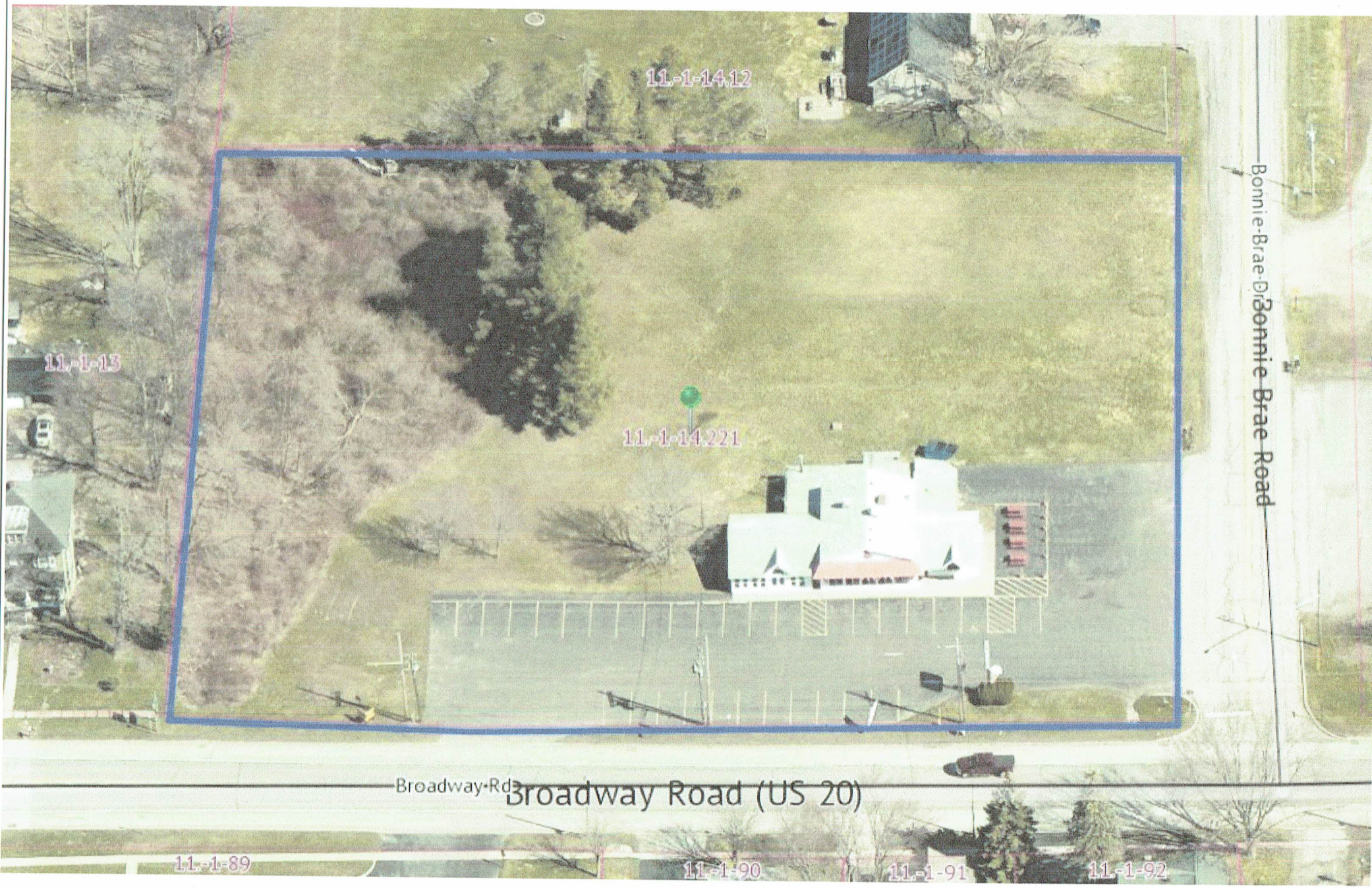
Thursday, January 23, 2020 10:25 AM



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	No


11.-1-14.12
11.-1-13
11.-1-14.221
Bonnie Brae Road
Broadway Road (US 20)
11.-1-89
11.-1-90
11.-1-91
11.-1-92

TOWN OF DARIEN

Agricultural Data Statement

Application # PB04-20

Date 1/22/20

INSTRUCTIONS: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval, requiring municipal review, that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag. & Markets certified Agricultural District.

Applicant

Name Doug Diemar

Address 77 Glen Dr.

Sausalito, CA 94965

Owner if different than Applicant

Name

Address

1. Type of application: Special use permit ☐; Site plan approval ☒; Use variance ☐; Subdivision approval ☐
2. Description of proposed project: Reopen commercial restaurant.
3. Location of project: Address 1415 Broadway Darien, NY 14040
   Tax Map Number (TMP) 11.-1-14.224
4. Is this property within an Agricultural District ? NO ☒ YES ☐ } Check with your local Assessor if you do not know
5. If yes, Agricultural District Number
6. Is this property actively farmed ? NO ☒ YES ☐
7. List all farm operations within 500 feet of your property, (Attach additional sheets if necessary).

1.
Name Shawn Browne
Address 1392 Broadway Rd
Darien, NY 14040
Is this property actively farmed ? NO ☐ YES ☒

2.
Name
Address
Is this property actively farmed ? NO ☐ YES ☐

3.
Name
Address
Is this property actively farmed ? NO ☐ YES ☐

4.
Name
Address
Is this property actively farmed ? NO ☐ YES ☐

Signature of Applicant

Signature of Owner (if other than Applicant)

REVIEWED BY

Signature of Municipal Official

1/23/2020
Date

NOTE TO REFERRAL AGENCY County review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

Copy Distribution: WHITE- Z.E.O. CANARY-Planning Board PINK-Board of Appeals GOLD-Applicant

RAPatterson '94

Receipt #: 00000360

Town of Darien
10569 Alleghany Rd
Darien Center, NY 14040

Date Paid: 1/23/2020

Payer: Doug Diemoz
Payer Address: Doug Diemoz 77 Glen Drive Sausalito, CA 94965

Notes:

Fee Type	Amount
Public Hearing- PB	$50.00
Site Plan Review	$100.00

Payment Type	Amount	Ref #
Credit Card	$150.00	1127

Amount Paid: $150.00