

**VILLAGE OF PITTSFORD
PLANNING AND ZONING BOARD OF APPEALS**



Members

Justin Vlietstra, Chair
Joanne Shannon
Susan Lhota
Eli Bannister

Dan Keating, Liaison
Mindy Zoghlin, Board Attorney
Linda Habeeb, Recording Secretary

PLANNING & ZONING BOARD OF APPEALS

Monday April 15, 2019 at 7:00 pm
(Workshop meeting 6:30 pm)

Tentative Agenda

This agenda and the order of review may change at the discretion of the Chairperson.

- ✓ Conflict of Interest Disclosure

ZONING BOARD

- ◆ Charlie Clottin, 10 North Main Street ~ Temporary Permit
- ◆ Impact Earth, 35 Lincoln Avenue ~ Temporary Permit
- ◆ Scott Thyroff, 60 North Main Street ~ Temporary Permit

PLANNING BOARD

- ◆ Andrew Van Roo, 41 North Main Street ~ Site Plan review

Member Items:

- ◆ Trustee code updates status

Minutes:

- PZBA 02.25.19, 03.18.19

**APPLICATION TO THE ZONING BOARD OF APPEALS
VILLAGE OF PITTSFORD
21 NORTH MAIN ST.
PITTSFORD, N.Y. 14534**

Date 2/21/19

Fee \$ 100.00 pd

Property address 10 N. MAIN ST. Tax account # _____

Zoning District _____ Property also known as: Old Tillis Lot

Property owner(s) TOWN OF PITTSFORD

~~S. MAIN ST.~~

Owner's address 11 S. MAIN ST Telephone 248-6250 (day)

PITTSFORD NY. _____ (evening)

Applicant HARLADAY INC.

Applicant's address PO BOX 413 Telephone 766-7120 (day)

PITTSFORD NY. 14534 _____ (evening)

Applicant is: owner lessee/tenant agent other: _____

Application for: Area Variance Special Exception Use
 Use Variance Temporary Zoning Permit
 other (describe): _____

Application Information:

1) This application is for relief from or pursuant to Chapter(s) _____
_____ of the Code of the Village of Pittsford.
Building Inspector's denial dated _____ is attached.

2) Description of variance or other relief sought: would like to
SELL FOOD FROM A VENDING CART FROM
THIS LOCATION.

3) All facts showing the necessity for relief: _____

4) Difficulties or hardship that would result if this application is denied: _____

5) The following items are attached and are part of this application: _____


Owner's Statement

I am the owner of the above property, and have read and approve this application. If the applicant is other than the owner, I authorize the applicant to proceed as agent.

Signature _____ Date _____

Applicant's Statement

I hereby certify that the information submitted is, to the best of my knowledge, true and correct.

Signature  _____ Date 2/21/19

NOTE: If any additional information is required by the Board, during the meeting, it is the responsibility of the applicant to provide such information, prior to the deadline of the subsequent meeting, or it will not be heard.

FOR OFFICE USE ONLY

Public Hearing sign(s) given to applicant _____
Notice of Public Hearing published _____
Neighborhood notification mailed _____
Referral to Monroe Co. Planning: yes ____ (date) _____ no ____
Hearing date(s) _____
Date of ZBA action _____
Approved _____ Approved w/conditions _____ Denied _____
Date of filing of decision _____

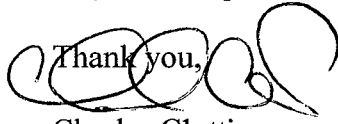
February 20, 2019
Village of Pittsford
Zoning Board of Appeals
Letter of Intent

Property owner: Town of Pittsford
Property Address: 10 North Main Street
Applicant: Charles Clottin, President, Harladay Inc.

I am currently seeking a temporary zoning permit to set up my hot dog stand at the old Tillis lot located in the Village of Pittsford. The lot is currently owned by the Town of Pittsford and usage for the 2019 season has been approved at the Town Board meeting in January, 2019.

As in the years past, I intend to serve good quality fast food to people working, living or visiting the Village of Pittsford. I intend to operate the cart from the beginning of May until the end of October 2019, Monday through Sunday between the hours of 10 am to 3 pm. I would also like the option of occasionally opening for special events in the village. My business is fully insured and licensed with the Monroe County Health Department.

Any further questions please feel free to call me at 585 766-7120.


Thank you,
Charles Clottin

MEMORANDUM

To: Pittsford Town Board

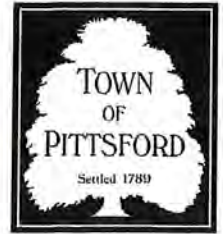
From: Paul Schenkel - Commissioner of Public Works

Date: January 9, 2019

Regarding: Harladay Hots, Inc. Vending Permit

For Meeting On: January 15, 2019

*Approved
by TB
1/15/19*



Ladies and Gentlemen:

Charles Clottin, who does business as Harladay Hots, Inc., has requested a "Food Vending Permit" to sell from a portable vending unit on the Town owned land located at 10 N. Main St. The vending unit would be operated during the hours of 10:00 a.m. through 3:00 p.m. Monday through Sunday from May 1, 2019 through October 31, 2019.

The attached proposed "Vending Permit" details the conditions of the arrangement, including a requirement that the Vendor have all necessary health and safety certifications and insurances, naming the Town as additional insured. The Village approval is also necessary for this permit. The vending fee is \$100.00 per month of operation.

In the event the Town Board determines that the proposed action should be taken, the following Resolution is suggested:

UILLAGE OF PITTSFORD
FEB 1 19 AM 11:14

Resolved, that Town Board approves the proposed Food Vending Permit to Harladay Hots, Inc., for a vending unit located at 10 N. Main St., from May 1st to October 31, 2019, seven days a week from 10:00 a.m. - 3:00 p.m., and that the Town Supervisor is authorized to issue the Permit.

MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH

111 Westfall Road

Rochester, New York 14620

PERMIT

No. 278807408
M 696364

AS PROVIDED IN CHAPTER 1, PART 14 OF THE NEW YORK STATE SANITARY CODE THIS PERMIT IS GRANTED TO **HARLADAY INC.**

TO OPERATE A FOOD SERVICE ESTABLISHMENT KNOWN AS:

**HARLADAY HOTS
12 BRIMSDOWN CIRCLE
FAIRPORT NY 14450**

PART 14 OF THE NEW YORK STATE SANITARY CODE REQUIRES THAT THIS PERMIT BE PROMINENTLY DISPLAYED AT EACH FOOD SERVICE ESTABLISHMENT WHERE IT CAN BE SEEN BY THE CONSUMER.

ISSUE DATE: 1/1/2019

12/31/2019

DATE OF EXPIRATION

 MD

Michael D. Mendoza, MD, MPH, MS
Commissioner of Public Health

WARNING: ANY ALTERATION INVALIDATES THIS CERTIFICATE. THIS PERMIT IS NOT TRANSFERABLE

IMPORTANT!

HEALTH PERMITS ARE NOT TRANSFERABLE FROM ONE OPERATOR TO ANOTHER. PLEASE NOTIFY THE FOOD PROTECTION SECTION OF ANY CHANGES IN OPERATOR OR NAME OF ESTABLISHMENT, INCLUDING ADDITIONS/DELETIONS OF OPERATORS/PARTNERS.

NEW YORK STATE HAS SMOKING REGULATIONS THAT WENT INTO EFFECT ON JULY 24, 2003. RESTAURANTS AND BARS ARE NOW REQUIRED TO PROHIBIT SMOKING IN ALL AREAS INSIDE THE FACILITY. DESIGNATED OUTDOOR DINING AREAS WITH AN OVERHEAD COVERING (EXCLUDING TABLE UMBRELLAS) MUST ALSO BE SMOKE FREE. IN UNCOVERED OUTDOOR DINING AREAS, SMOKING MAY BE ALLOWED IN NO MORE THAN 25% OF THE SEATING WITH A 3 FOOT BUFFER BETWEEN SMOKING AND NON-SMOKING AREAS. SMOKING IS ALLOWED IN OUTDOOR AREAS OF BARS AND RESTAURANTS THAT ARE NOT DESIGNATED FOR DINING.

**Please note: The Food Worker Training requirements are as follows:
All establishments classified as "High Risk" (H) or "Medium Risk" (M) must have a Level I certified food handler in charge and enough Level II trained employees to have one present at all operating times. "Low Risk" (L) classified establishments must have enough Level II trained employees at all operating times.**

If you have any questions please contact our office at 753-5064.

REMEMBER: YOU MUST POST YOUR TRAINING CERTIFICATE(S) ALONG WITH YOUR PERMIT TO OPERATE.



CERTIFICATE OF INSURANCE COVERAGE
under the NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>HARLADAY INC PO BOX 413 PITTSFORD, NY 14534</p> <p>Work Location Of Insured (Only required If coverage Is specifically limited To certain locations In New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number Of Insured</p> <p>(585) 766-7120</p> <p>1c. Federal Employer Identification Number of Insured Or Social Security Number</p> <p>26-4683830</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Monroe county department of public health 111 Westfall road Rochester , NY 14620</p>	<p>3a. Name of Insurance Carrier</p> <p>WESCO INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a.":</p> <p>0238163</p> <p>3c. Policy effective period:</p> <p>2/20/2018 to 12/31/2019</p>

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits.
- B. Disability benefits only.
- C. Paid family leave benefits only.

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 2/20/2018 By *Kathleen Kalia*
 (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-535-2711 Title Vice President

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
 If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
 Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
 (Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**





CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and address of Insured (use street address only)</p> <p>HARLADAY, INC PO BOX 413 PITTSFORD NY 14534</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 26-4683830</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>MONROE COUNTY DEPT OF PUBLIC HEALTH 111 WESTFALL RD RM 832 ROCHESTER NY 14620-4647</p>	<p>3a. Name of Insurance Carrier The Hartford Underwriters Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a": 76 WEG ZI5592</p> <p>3c. Policy effective period: 05/06/2018 to 05/06/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> Included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Worker's Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Danielle Clausen (print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 11/09/2018 (Signature) (Date)

Title: Operations Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: (877) 287-1312

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



Schoen Place waterfront at sunrise

VILLAGE OF PITTSFORD NOTICE OF PUBLIC HEARING

Please take notice that a public hearing will be held before the Village of Pittsford Zoning Board of Appeals at the Village Hall, 21 North Main Street, Pittsford, New York, on Monday April 15, 2019 at 7:00 pm, to consider an application made by Charles Clottin, of Harladay Hots Inc., for a temporary zoning permit to allow the seasonal operation of a vending cart at 10 North Main Street, pursuant to Chapter 210-109, Temporary permits, of the Code of the Village of Pittsford.

Village of Pittsford
Zoning Board of Appeals
Linda Habeeb, Secretary
3/21/19

VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



Schoen Place waterfront at sunrise

March 26, 2019

Dear Village Property Owner:

The legal notice below was published in the Brighton-Pittsford Post on March 21, 2019. As an adjacent property owner within 300 feet of the subject property, you may wish to speak for or against the application. The date and time of the hearing are mentioned in the notice. If you are unable to attend the meeting, and wish to make a statement, a letter may be sent to the Village Office to be read at the hearing. The Village Office number is 586-4332.

Sincerely,

Linda Habeeb

Linda Habeeb, Secretary
Planning & Zoning Board of Appeals

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68471

**LEGAL NOTICE
VILLAGE OF PITTSFORD
NOTICE OF PUBLIC HEARING**

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Charles Clottin, of Harladay Hots Inc., for a temporary zoning permit to allow the seasonal operation of a vending cart at 10 North Main Street, pursuant to Chapter 210-109, Temporary permits, of the Code of the Village of Pittsford. Village of Pittsford.

Zoning Board of Appeals
Linda Habeeb, Secretary
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Partners Ked
16 North Main Street
Pittsford, NY 14534

18 North Main Street LLC
18 North Main Street
Pittsford, NY 14534

Town of Pittsford
11 South Main St.
Pittsford, NY 14534

Canal Park Partners LLC
20 North Main Street
Pittsford, NY 14534

CCF Holdings LLC
16 North Main St.
Pittsford NY 14534

Gerald Clifford
2926 Monroe Ave.
Rochester, NY 14618

Robert Michaels
71 State Street
Pittsford, NY 14534

Thomas Hartzell
6 North Main St.
Pittsford, NY 14534

Newcomb Properties, LLC
4 Schoen Place
Pittsford, NY 14534

Fleet Bank of NY
Attn: Corp Real Est. BOA
NC1-001-03-81
101 N. Tryon Street
Charlotte NC 28255

John Kircher
3 Arlington Drive
Pittsford, NY 14534

Canal Lamp In LLC
143 South Main St.
Pittsford, NY 14534

Pittsford Fire District
Attn: Thomas Heagerty
8 Monroe Avenue
Pittsford, NY 14534

Flour City Bagels LLC
585 Moseley Road
Fairport, NY 14450

Michael Reynolds
Starbuck MS-RE3
Store 7294-NY
2401 Utah Ave. S. Suite 800
Seattle, WA 98134

5 State Street Pittsford LLC
5 State Street
Pittsford, NY 14534

Ardis Mangione-Lindley
102 Stonefield Way
Pittsford, NY 14534

Fox Five LLC
180 Canal View Blvd #600
Rochester, NY 14623

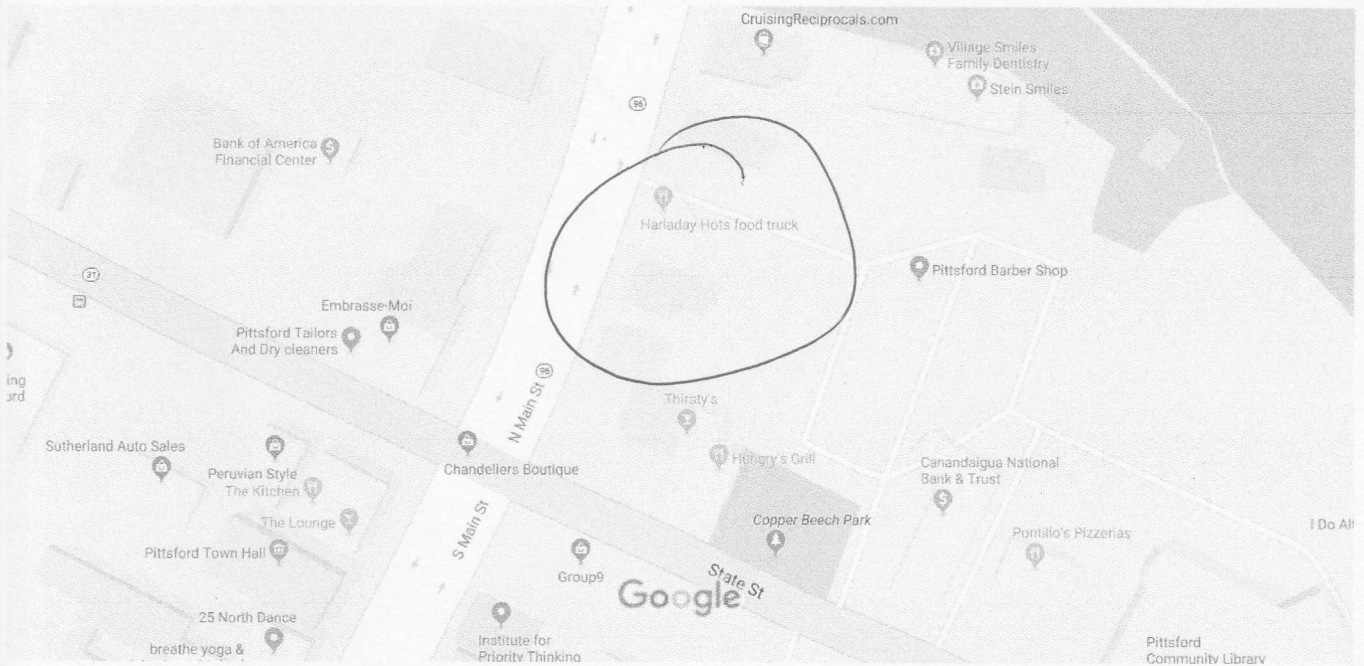
Pittsford Properties LLC
339 Hogan Road
Fairport, NY 14450


Edgar Jump Realty Inc.
57 N. Brook Street
Geneva, NY 14456

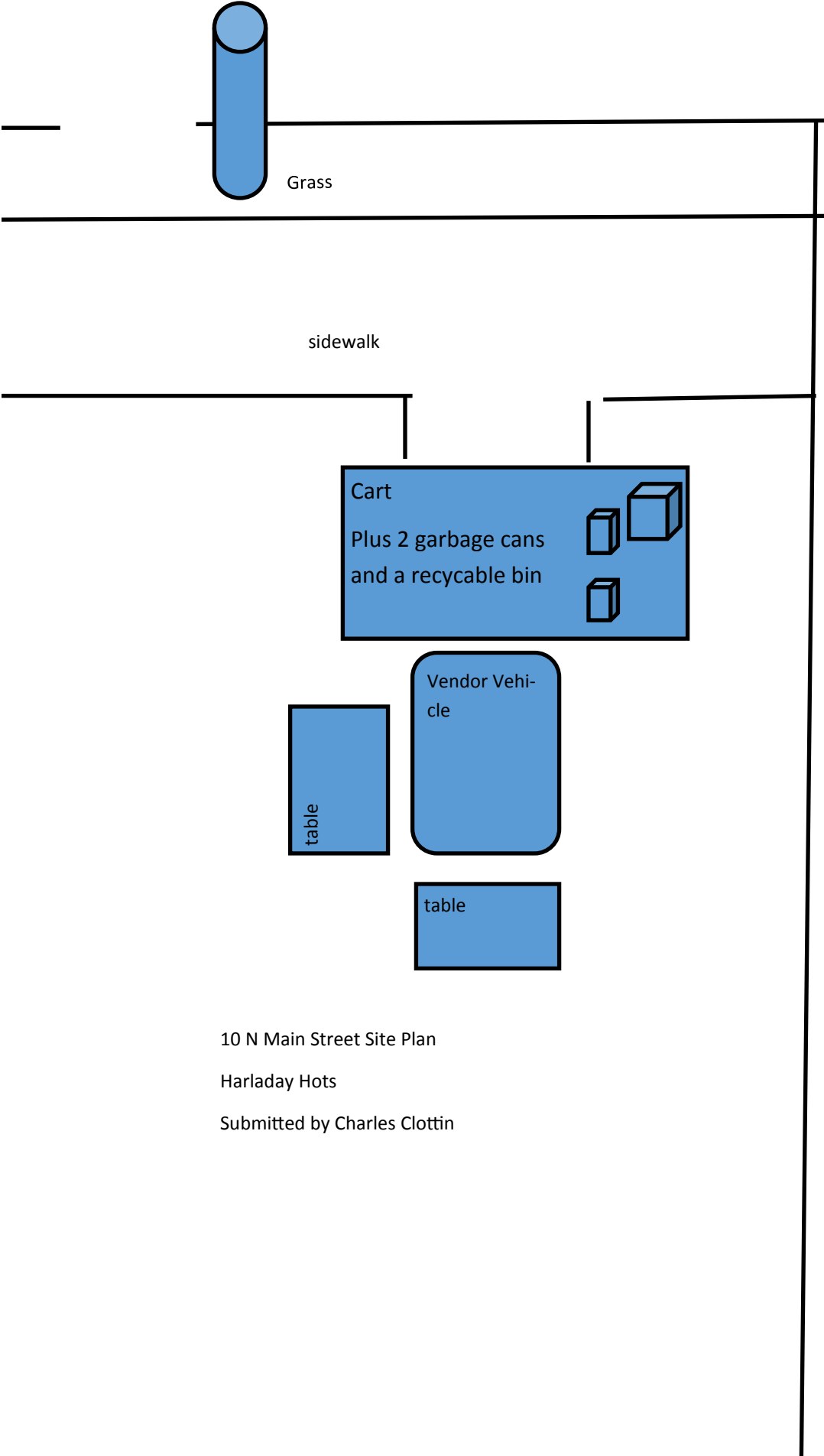
Russell Smith
Attn: Doug Smith
1875 Factory-Hollow Road
Lima, NY 14485

D2 Pittsford LLC
C/O Canandaigua National Bank
Attn: Accounts Payable
72 South Main St
Canandaigua NY 14424

Google Maps



Map data ©2019 Google 50 ft 



Municipal Lot

Grass

sidewalk

Cart
Plus 2 garbage cans
and a recyclable bin



Vendor Vehicle

table

table

10 N Main Street Site Plan
Harladay Hots
Submitted by Charles Clottin

**APPLICATION TO THE ZONING BOARD OF APPEALS
VILLAGE OF PITTSFORD
21 NORTH MAIN ST.
PITTSFORD, N.Y. 14534**

Date February 28th 2019 Fee \$ _____

Property address 35 Lincoln Avenue Tax account # _____

Zoning District R-2 Property also known as: Spiegel Community Center

Property owner(s) Town of Pittsford

Owner's address 11 S. Main Street Telephone 248-6200 (day)
Pittsford NY 14534 (evening)

Applicant Impact Earth - Robert M. Fitzney Jr

Applicant's address 2340 BHTL Road Telephone 478-2014 (day)
Rochester NY 14623 478-2014 (evening)

Applicant is: owner lessee/tenant agent other: _____

Application for: Area Variance Special Exception Use
 Use Variance Temporary Zoning Permit
 other (describe): _____

Application Information:

1) This application is for relief from or pursuant to Chapter(s) _____
_____ of the Code of the Village of Pittsford.
Building Inspector's denial dated _____ is attached.

2) Description of variance or other relief sought: To operate a farmers market in the parking lot behind the community center.

3) All facts showing the necessity for relief: We need a temporary zoning permit.

4) Difficulties or hardship that would result if this application is denied: There would not be a Farmers market in the Village.

5) The following items are attached and are part of this application: ① Site plan ② Letters of support ③ Insurance documents

Owner's Statement

I am the owner of the above property, and have read and approve this application. If the applicant is other than the owner, I authorize the applicant to proceed as agent.

Signature Jessie R. Holbeak Date 2/28/19
Recreation Director

Applicant's Statement

I hereby certify that the information submitted is, to the best of my knowledge, true and correct.

Signature Robert M. Putney SR Date 2/28/19

NOTE: If any additional information is required by the Board, during the meeting, it is the responsibility of the applicant to provide such information, prior to the deadline of the subsequent meeting, or it will not be heard.

FOR OFFICE USE ONLY

Public Hearing sign(s) given to applicant _____
Notice of Public Hearing published _____
Neighborhood notification mailed _____
Referral to Monroe Co. Planning: yes (date) _____ no
Hearing date(s) _____
Date of ZBA action _____
Approved _____ Approved w/conditions _____ Denied _____
Date of filing of decision _____



To Whom It May Concern:

March 13, 2019

It is the intent of Impact Earth to conduct a Community Farmers Market on Saturdays in the parking lot behind the Spiegel Community Center, located at 35 Lincoln Ave, Pittsford, NY 14534, from June 15, 2019 to September 28, 2019.

It is our intent to have local agricultural producers, local crafters/artisans, live music, food and beverages, and children's/family activities weekly from 9am to 1pm on the dates previously mentioned.

Impact Earth will be responsible for the set-up, to start at least one (1) hour before market start time, and teardown of the market each week, assuring the grounds are cleaned up within one (1) hour after the expected market end time.

Thank you,

A handwritten signature in black ink that reads "Robert M. Putney, Jr." in a cursive style.

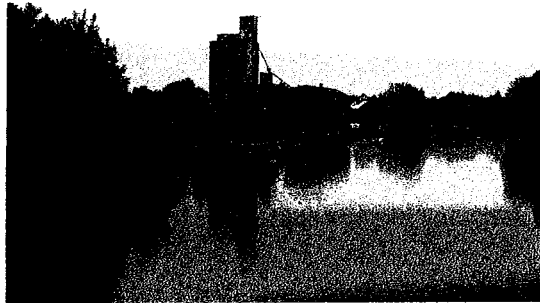
Robert M. Putney, Jr.
CEO Impact Earth
585.478.2014

VILLAGE OF PITTSFORD
MAR 20 '19 PM 1:10

VILLAGE OF PITTSFORD
MAR 20 '19 AM 9:31

VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



Schoen Place waterfront at sunrise

VILLAGE OF PITTSFORD NOTICE OF PUBLIC HEARING

Please take notice that a public hearing will be held before the Village of Pittsford Zoning Board of Appeals at the Village Hall, 21 North Main Street, Pittsford, New York, on Monday April 15, 2019 at 7:00 pm, to consider an application made by Robert Putney, of Impact Earth, Inc., for a temporary zoning permit to allow the seasonal operation of a Farmer's Market at 35 Lincoln Avenue on Saturday mornings, between June and October, pursuant to Chapter 210-109, Temporary permits, of the Code of the Village of Pittsford.

VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



Schoen Place waterfront at sunrise

March 22, 2019

Dear Village Property Owner:

The legal notice below was published in the Brighton-Pittsford Post on March 21, 2019. As an adjacent property owner within 300 feet of the subject property, you may wish to speak for or against the application. The date and time of the hearing are mentioned in the notice. If you are unable to attend the meeting, and wish to make a statement, a letter may be sent to the Village Office to be read at the hearing. The Village Office number is 586-4332.

Sincerely,

Linda Habeeb

Linda Habeeb, Secretary
Planning & Zoning Board of Appeals

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Village of Pittsford
Zoning Board of Appeals
Linda Habeeb, Secretary
3/21/19
Ma 21
68718

TOWN OF PERINTON

VILLAGE OF PITTSFORD
MAR 11 19 PM 12:24

**APPLICATION TO THE ZONING BOARD OF APPEALS
VILLAGE OF PITTSFORD
21 NORTH MAIN ST.
PITTSFORD, N.Y. 14534**

Date 3/11/19 Fee \$ _____

Property address 60 N. Main St. Tax account # _____

Zoning District _____ Property also known as: Pittsford Tap & Grille

Property owner(s) Scott Thyroff

Owner's address 6 Delancy Ct. Telephone 737-5141 (day) *
Pittsford, NY 14534 _____ (evening)

Applicant PITTSFORD PUB

Applicant's address 60 N MAIN ST Telephone 585-737-5141 (day)
PITTSFORD NY 14534 _____ (evening)

Applicant is: ~~owner~~ owner lessee/tenant _____ agent _____ other: _____

Application for: Area Variance _____ Special Exception Use _____
 Use Variance _____ Temporary Zoning Permit _____
other (describe): _____

Application Information:

1) This application is for relief from or pursuant to Chapter(s) _____
_____ of the Code of the Village of Pittsford.
Building Inspector's denial dated _____ is attached.

2) Description of variance or other relief sought: PUT A TENT OVER
THE PATIO

3) All facts showing the necessity for relief: _____

4) Difficulties or hardship that would result if this application is denied: _____

5) The following items are attached and are part of this application: _____

Owner's Statement

I am the owner of the above property, and have read and approve this application. If the applicant is other than the owner, I authorize the applicant to proceed as agent.

Signature [Signature] Date 3/11/19

Applicant's Statement

I hereby certify that the information submitted is, to the best of my knowledge, true and correct.

Signature [Signature] Date 3/11/19

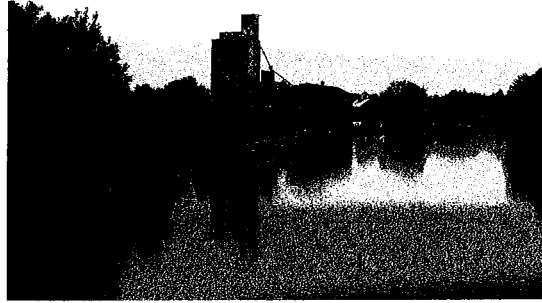
NOTE: If any additional information is required by the Board, during the meeting, it is the responsibility of the applicant to provide such information, prior to the deadline of the subsequent meeting, or it will not be heard.

FOR OFFICE USE ONLY

Public Hearing sign(s) given to applicant _____
Notice of Public Hearing published _____
Neighborhood notification mailed _____
Referral to Monroe Co. Planning: yes _____ (date) _____ no _____
Hearing date(s) _____
Date of ZBA action _____
Approved _____ Approved w/conditions _____ Denied _____
Date of filing of decision _____

VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



Schoen Place waterfront at sunrise

VILLAGE OF PITTSFORD NOTICE OF PUBLIC HEARING

Please take notice that a public hearing will be held before the Village of Pittsford Zoning Board of Appeals at the Village Hall, 21 North Main Street, Pittsford, New York, on Monday April 15, 2019 at 7:00 pm, to consider an application made by Scott Thyroff, owner of the Pittsford Pub, located at 60 North Main Street, for a temporary zoning permit for installation of a tent over the Pittsford Pub patio from May 21-27, 2019 during the week of the Senior PGA Golf Tournament, pursuant to Chapter 210-109, Temporary permits, of the Code of the Village of Pittsford.

Village of Pittsford
Zoning Board of Appeals
Linda Habeeb, Secretary
3/21/19

VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



Schoen Place waterfront at sunrise

March 26, 2019

Dear Village Property Owner:

The legal notice below was published in the Brighton-Pittsford Post on March 21, 2019. As an adjacent property owner within 300 feet of the subject property, you may wish to speak for or against the application. The date and time of the hearing are mentioned in the notice. If you are unable to attend the meeting, and wish to make a statement, a letter may be sent to the Village Office to be read at the hearing. The Village Office number is 586-4332.

Sincerely,

Linda Habeeb

Linda Habeeb, Secretary
Planning & Zoning Board of Appeals

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Village of Pittsford
Zoning Board of Appeals
Linda Habeeb, Secretary
3/21/19
Ma 21
68716



VILLAGE OF PITTSFORD
MAR 27 19 PM 2:01

TRANSMITTAL

TRANSMITTED TO: **Village of Pittsford
21 North Main Street
Pittsford, New York 14534**

ATTENTION: **Ms. Linda Habeeb**

VIA: **Delivery**

DATE: **March 26, 2019**

RE: **Fitness Center Addition to the
Del Monte Lodge Renaissance Hotel**

Linda,

AS Requested per the Village Planning Board: Attached please find the Revised Planning Board Application and Supporting Documents for the Proposed Fitness Center Addition to the Del Monte Lodge Renaissance Hotel (41 North Main Street).

Respectfully,

Andrew Van Roo

Attachments:

- ❖ Digital Copy (CD-ROM) of Planning Board Application & Supporting Documents
- ❖ STAMPED – Proposed Site Plan, Proposed Floor Plan, & Proposed Exterior Elevations

PLAN Architectural Studio, P.C
250 South Avenue, Suite 100
Rochester, New York 14604
t,585.454.4230
f,585.454.4237



VILLAGE OF PITTSFORD
MAR 27 11:19 AM '19

Village of Pittsford
21 North Main Street
Pittsford, New York 14534

March 26, 2019

RE: Planning Board Application
**Fitness Center Addition to the
Del Monte Lodge Renaissance Hotel
41 North Main Street, Pittsford, New York 14534**
Letter of Intent

Ms. Linda Habeeb,

Please find here-in that the Del Monte Hotel Group intends to build an Architectural Addition to the Del Monte Lodge Renaissance Hotel located at 41 North Main Street, Pittsford, New York.

The Proposed Addition shall consist of a 1,100 Square Foot (approximate) Fitness Center designed per the Marriott Renaissance Hotel Requirements with an 83 Square Foot Vestibule for Exiting. The Addition shall be built on-grade with suitable fill material and the New Floor shall align with the Existing Floor of the adjacent Hotel. The Exterior Walls, Window Openings, and Door Openings shall match the Architectural Materials and Aesthetics of the Existing Hotel (including but not limited to: Exterior Insulation and Finish System (EIFS), Aluminum Storefront & Glass, Primed/Painted Metal Doors and Frames, Cornice & Coin Detailing, etc.). The Roof Edge and Cornice of the Addition shall tie-into the Adjacent Roof Edge of the Del Monte Spa.

Minor Site Alterations around the area of the Proposed Addition shall include reconfiguration of Sidewalks and a Wheelchair Accessible Ramp to accommodate Entering and Exiting. All New Drainage shall be concealed where possible and tie-into existing Storm System. New Landscaping shall be provided as required to soften the Architectural Elements. The Existing Emergency Transformer shall be relocated within the adjacent courtyard space to accommodate the proposed addition. Options for Screening and Landscaping shall be considered around the Transformer.

Existing Exterior Light Fixtures to remain; there are no New Light Fixtures being proposed. If the Building Code requires Exterior Egress/Emergency Light Fixtures or if the Owner desires New Decorative Light Fixtures, then; a separate Submission shall be prepared and submitted for Village approval.

For additional information please contact either John Schultes from the Del Monte Hotel Group or Andrew Van Roo from PLAN Architectural Studio, P.C.

Respectfully,

Andrew T. Van Roo
Project Manager
PLAN Architectural Studio, P.C.

A handwritten signature in blue ink, appearing to read 'Andrew T. Van Roo', is written over the typed name.

PLAN Architectural Studio, P.C.
250 South Avenue, Suite 100
Rochester, New York 14604
t.585.454.4230
f.585.454.4237

**APPLICATION TO THE PLANNING BOARD
VILLAGE OF PITTSFORD
21 NORTH MAIN ST.
PITTSFORD, N.Y. 14534**

Date 03/13/2019

Fee \$ 200

Property address 41 North Main Street Tax account # 151.18-1-48.1

Zoning District B2 Property also known as: Del Monte Renaissance Hotel

Property owner(s) Del Monte Hotel Group

Owner's address 909 Linden Avenue Telephone (585) 586-3121 (day)
Rochester, NY 14625 (evening)

Applicant PLAN Architectural Studio, P.C.

Applicant's address 250 South Avenue, Suite 100 Telephone (585) 454-4230 (day)
Rochester, NY 14604 (evening)

Applicant is: owner lessee/tenant agent other: Architect

Application for: Site Plan Review Subdivision
 Minor Site Plan Change of Lot Line
 Exterior Lighting Other (describe): New Addition

Application Information:

1) This application is for 41 North Main Street pursuant to Chapter 210, Zoning, Article XVII of the Code of the Village of Pittsford: Site Plan Approval.

2) Current use of property: B/R2 Proposed use: No Change

3) Description of project: Approximately, 1,200 Gross Square Foot Addition to the Del Monte Renaissance Hotel.
The Program includes a 1,000 Square Foot Fitness Center to meet the requirements of the Marriott Brand Design Guidelines in addition to a vestibule to maintain the existing means egress for exit access.

4) The following items are attached and are part of this application: _____
00 Transmittal, 01 Existing Condition Photograph, 02 Proposed Site Plan, 03 Proposed Floor Plan,

04 Proposed Exterior Elevation, 05 Exterior Perspective Rendering

Owner's Statement

I am the owner of the above property, and have read and approve this application. If the applicant is other than the owner, I authorize the applicant to proceed as agent.

Signature  Date 03/13/2019

Applicant's Statement

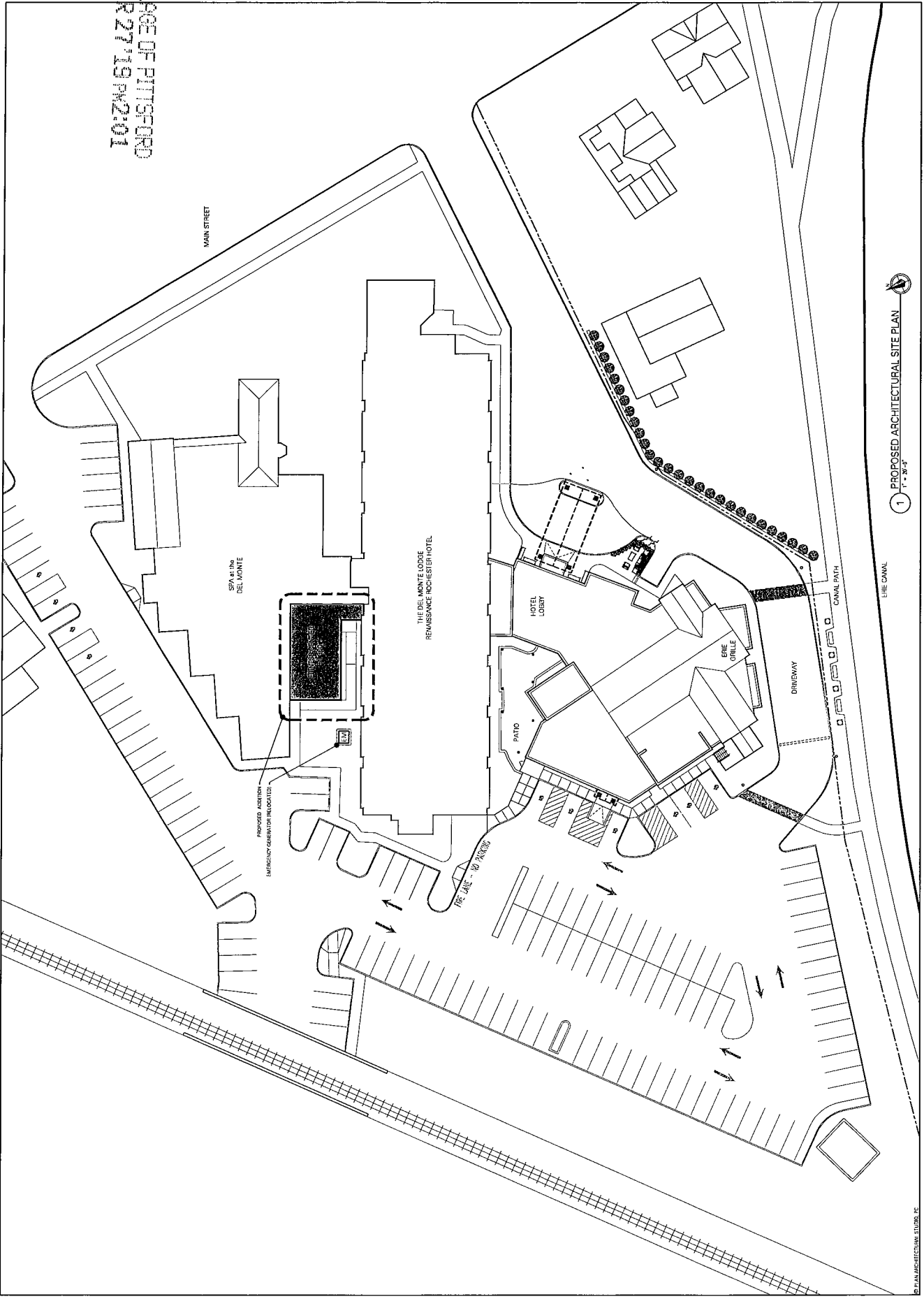
I hereby certify that the information submitted is, to the best of my knowledge, true and correct.

Signature Andrew Van Roo Digitally signed by Andrew Van Roo
Date: 2019.03.12 14:40:45 -04'00' Date 03/13/2019

NOTE: If any additional information is required by the Board, during the meeting, it is the responsibility of the applicant to provide such information, prior to the deadline of the subsequent meeting, or it will not be heard.

FOR OFFICE USE ONLY

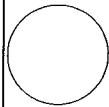
Public Hearing sign(s) given to applicant _____
Notice of Public Hearing published _____
Neighborhood notification mailed _____
Referral to Monroe Co. Planning: yes (date) _____ no
Hearing date(s) _____
Date of PB action _____
Approved _____ Approved w/conditions _____ Denied _____
Date of filing of decision _____



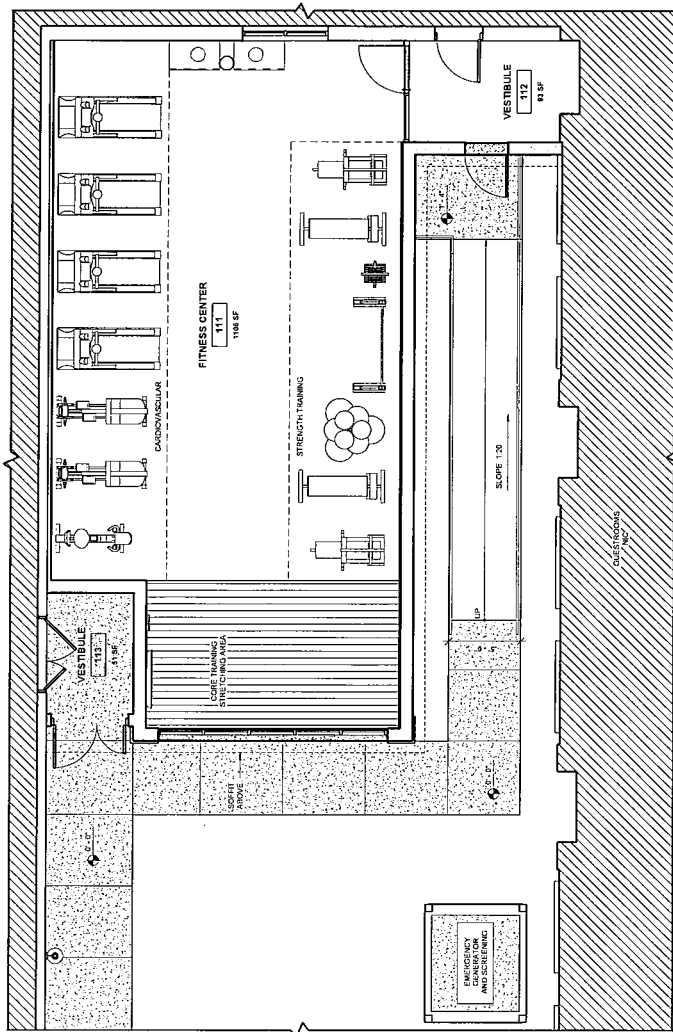
DATE OF PLOTS: 07/17/2018

 TIME: 2:19 PM

VILLAGE OF PITTSFORD
MAR 27 19 PM 2:01



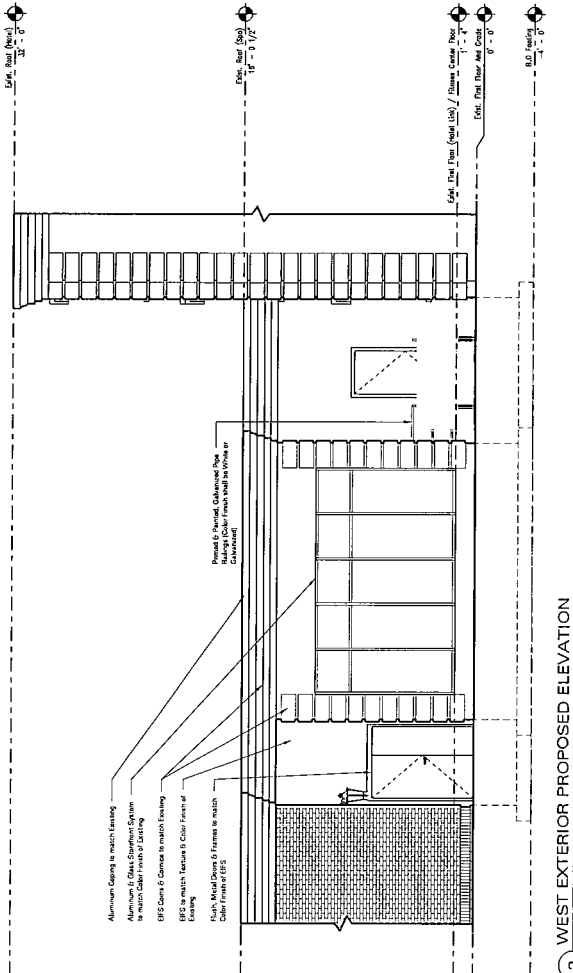
NOTES:
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL AND ELECTRICAL CODES (IMC/MEC).
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL PLUMBING AND MECHANICAL CODES (IPMPC).



1 PROPOSED FITNESS CENTER FLOOR PLAN
SCALE: 1/8" = 1'-0"

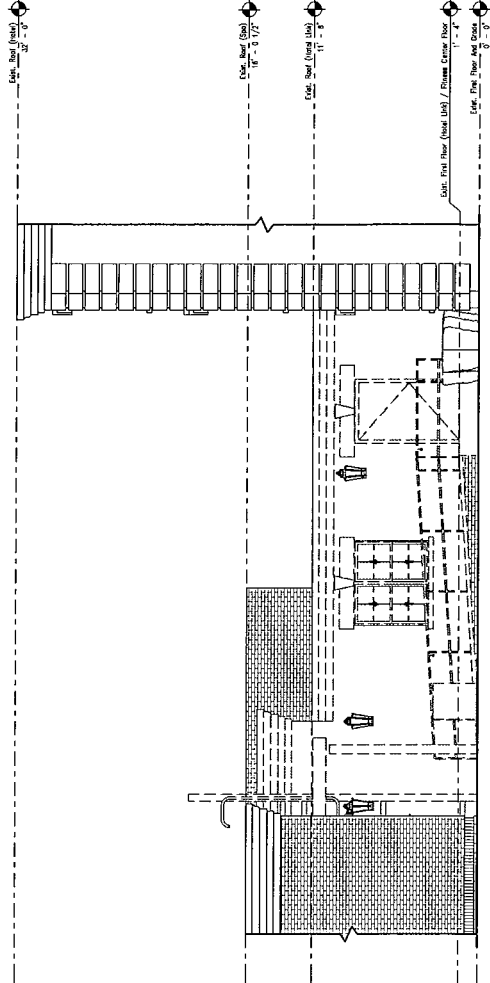
3E OF PITTSFORD

 27.19 PM 2.02



2 WEST EXTERIOR PROPOSED ELEVATION

 SCALE: 1/8" = 1'-0"



1 WEST EXTERIOR DEMO ELEVATION

 SCALE: 1/8" = 1'-0"



FITNESS CENTER ADDITION

The Del Monte Lodge Renaissance
Rochester Hotel & Spa

41 North Main Street, Pittsford, New York



VILLAGE OF PITTSFORD
MAR 27 '19

EXISTING CONDITIONS PHOTOGRAPH

The Del Monte Lodge Renaissance
Rochester Hotel & Spa

41 North Main Street, Pittsford, New York

VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



Village Hall ca 1855 (remodeled 1937)

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Village of Pittsford
Planning Board
Linda Habeeb, Secretary
3/28/19



MONROE COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

DEVELOPMENT REFERRAL FORM

3/21/19

SUBMITTAL INSTRUCTIONS

Referrals are reviewed weekly by the MCDP&D and the Monroe County Development Review Committee (DRC). Applications must be received by 12:00 p.m. Friday. Any submittals received after 12:00 p.m. Friday will be distributed to the DRC in the next review cycle. Incomplete applications will be held for ten business days for correction. If not corrected within this time frame they will be returned to the municipality.

Direct all submittals and questions to: Monroe County Department of Planning and Development, Planning Division, CityPlace, 50 West Main Street, Suite 8100, Rochester, New York 14614-1225, Phone (585) 753-2000, Fax (585) 753-2028.

SUBMITTAL CHECKLIST (Please check all that apply)

- Referral form completed in full, clearly printed or typed, signed by municipal representative.
5 copies of plan sets folded to 8 1/2"x11" with title block showing, including overall site plan showing phased development; or 5 copies of text amendment or new local law.
If there is a wetland or protected stream on the property include extra copy of plan set (making a total of 6 sets).
All information obtained by the municipality pertaining to this application (letter from agent, environmental assessment forms, agricultural data statement, etc.) is attached.
Airport Referral Form (for projects subject to MCDP&D review under Section 239-m of the New York State (NYS) General Municipal Law (GML) and Section C5-4A of the County Charter).
See www2.monroecounty.gov/planning-index.php for forms & more information.

Note: According to State Law, Monroe County is allowed 30 days to respond to this application.

MUNICIPAL INFORMATION

Table with 4 columns: Municipality (Village of Pittsford), Referring Board (Planning checked, Zoning, Town/Village Board, City Bureau Zoning/Planning), Date of Board Hearing for action (April 15, 2019), Preferred Response Date (April 1, 2019). Includes a text area for special concerns.

CERTIFICATION

With the following signature I certify that this application provides a complete description of the proposed local action and is a complete application pursuant to NYS GML Article 12b, Section 239-m,1(c).

Table with 6 columns: Referring Official Signature, Print Name (Dorothea M. Ciccarelli), Title (Village Clerk), Phone No. (585-586-4332), Fax No. (585-586-4597), E-mail (villageclerk@villageofpittsford.com).

**MONROE COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT
DEVELOPMENT REFERRAL FORM, PAGE 2**

PREVIOUS DRC REVIEW NUMBER: _____

PROJECT APPLICANT

	Owner/Applicant	Agent
Name:	Andrew Roo	Del Monte Lodge Renaissance Hotel
Business:	Del Monte Lodge Renaissance Hotel	
Address:	41 North Main Street	
City/State/Zip Code:	Pittsford, NY 14534	
Telephone No.:		
E-mail Address:		

PROJECT INFORMATION

Project Name:	Construction of an approximately 1200 sq. ft. addition at the Del Monte Hotel		
Project Description:	Construction of an approximately 1200 sq. ft. addition for a fitness center at the Del Monte Hotel		
Project Address or Intersection:	41 North Main Street; Pittsford, NY		
Tax Account Number(s):	151.18-1-48.1		
Type of Development (<i>Check only one, even though more than one type may apply.</i>)			
<input type="checkbox"/> Residential: (<i>If Residential, check below box for all that apply</i>) <input type="checkbox"/> Conversion to Residential <input type="checkbox"/> Senior Housing <input type="checkbox"/> Special Needs Housing	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Public Services	
	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Recreation & Entertainment	
	<input type="checkbox"/> Community Service	<input type="checkbox"/> Vacant Land	
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Wild, Forested, Conservation Lands & Public Parks	
	<input type="checkbox"/> Other (explain):		
Project Size			
Project Acreage:		Proposed Gross Floor Area:	1,000 sq. ft.
Number of Units:		Number of Lots:	Max. Structure/Equipment Height:
Permits: Will this project require any permits from the following agencies? (<i>Note: Permit application should be submitted directly to the agency.</i>)			
<input type="checkbox"/> Army Corps of Engineers	<input type="checkbox"/> MC Dept. of Health	<input type="checkbox"/> MC Dept. of Env. Services	
<input type="checkbox"/> NYS Dept. of Environmental Conservation	<input type="checkbox"/> NYS Dept. of Transportation	<input type="checkbox"/> MC Dept. of Transportation	
<input type="checkbox"/> Other (explain):			
Known environmental issues/resources on site:			

TYPE OF REFERRAL (*Please check all appropriate boxes.*)

Planning/Zoning Referral (<i>Subject to review under NYS GML Sec. 239-m & n and County Charter C5-2.B(4) & (5).</i>)				
<input type="checkbox"/> Code Revision	<input type="checkbox"/> Rezoning	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> Special Permit/Variance	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Airport Referral (<i>Subject to review under County Charter Sec. C5-4.A. Attach Airport Referral Form.</i>)				

FOR MCDP&D USE ONLY

Copy Only	Airport	MCDOH	Post Mark Date:		Referral No.:	
Agriculture	Comm. Dev.	MCDOT	Date Received:		Reviewer:	
Army Corps	Econ. Dev.	NYSDOT	DRC Due Date:			
Canal Corp.	MCDES	NYSDEC	Notes:			
	Parks					
	Public Safety					
	Real Property					

Dyver Properties Llc
C/O Newcomb Oil
4 Schoen Pl
Pittsford NY 14534

Pitts Canal Associates No 24
Sandi Marafioti/Spall Mgt
175 Corporate Woods Ste 160
Rochester NY 14623

Del Monte Lodge LLC
909 Linden Ave
Rochester NY 14625

Sercu Marilee Green
31 North Main St
Pittsford NY 14534

Pittsford Grove Assoc
Sandi Marafioti/Spall Mgt
175 Corporate Woods Ste 160
Rochester NY 14623

56 N Main Street LLC
180 Canal View Blvd #600
Rochester NY 14623

Canal Lamp Inn Llc
143 South Main St
Pittsford NY 14534

Wells Robert
Degenhardt Sheldon CO-TRUST
36 North Main St
Pittsford NY 14534

CSX Transportation Inc
Property Tax Department
500 Water St (C-910)
Jacksonville FL 32202

Del Monte Lodge LLC
909 Linden Ave
Rochester NY 14625

Carrozza Tom
Degenhardt Sheldon CO-TRUST
32 North Main St
Pittsford NY 14534

Roch Gas & Electric Company
Avangrid Management Company
Local Tax
One City Center Fl 5th
Portland ME 04101

Ten Grove Street LLC
C/O Jeff Horning
6550 Stonehill Rd
Livonia NY 14487

Stetzer Adam
Stetzer Renee J
34 Monroe Ave
Pittsford NY 14534

Village Of Pittsford
21 N Main St
Pittsford NY 14534

Fox Brian R
2 Grove St
Pittsford NY 14534

Canal Lamp Inn Llc
143 South Main St
Pittsford NY 14534

Corby Charles
Corby Carol
44 N Main St
Pittsford NY 14534

Frank John
3560 Otetiana Pt
Canandaigua NY 14424

Del Monte Lodge LLC
909 Linden Ave
Rochester NY 14625

Bolger Stuart B
Bolger Nancy W
20 Monroe Ave
Pittsford NY 14534

Pittsford Canal Assoc
Sandi Marafioti/Spall Mgt
175 Corporate Woods Ste 160
Rochester NY 14623

Watson Dorothy M
33 N Main St
Pittsford NY 14534

Tomaino Michael T
Tomaino Beverly A
24 Monroe Ave
Pittsford NY 14534

Cufari Kathryn M
5 Grove St
Pittsford NY 14534

Pitts Canal Associates
Sandi Marafioti/Spall Mgt
175 Corporate Woods Ste 160
Rochester NY 14623

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Livonia NY 14487

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Village of Pittsford
Planning Board
Linda Habeeb, Secretary
3/28/19
Ma 28
69075