

**PAID**  
5/10/17 Saw 228730

WS-2  
Clerk's  
Copy



CASE NO. \_\_\_\_\_  
DATE OF HEARING \_\_\_\_\_

Town of Aurora  
300 Glead Avenue, East Aurora, New York 14052

### Application Form

#### I. TYPE OF REQUEST

\_\_\_\_ AREA VARIANCE     SPECIAL USE PERMIT    \_\_\_\_ USE VARIANCE    \_\_\_\_ INTERPRETATION

#### II. APPLICANT/PETITIONER

Applicant's Name Robert J. Weiner  
Address 361 Cook Rd  
City EAST AURORA State New York ZIP 14052  
Phone 716- [redacted] Email rweiner [redacted]@aol.com  
Interest in the property as (owner/purchaser/developer) \_\_\_\_\_

#### III. PROPERTY OWNER INFORMATION (If different from applicant information.)

Property Owner(s) Name(s) Joseph R. Weiner  
Address 361 Cook Rd  
City EAST AURORA State New York ZIP 14052  
Phone 716- [redacted] Email [redacted]@aol.com

#### III. PROPERTY INFORMATION

Property Address 361 Cook Rd East Aurora New York  
SBL# 176.00 - 1 - 10.2  
Property size in acres 6.30 Property Frontage in feet 218'  
Zoning District A Surrounding Zoning A  
Current Use of Property residential

#### IV. REQUEST DETAIL

(check all that apply)  
\_\_\_\_ Variance from Ordinance Section(s) # \_\_\_\_\_  
 Special Use Permit for: Dog Kennel  
\_\_\_\_ Use Variance for: \_\_\_\_\_  
\_\_\_\_ Interpretation of \_\_\_\_\_



## **APPLICANT FOR A SPECIAL USE PERMIT**

Applicant: Robert J. Weiner  
Address: 361 Cook Road  
East Aurora, NY 14052

### **PETITIONER'S LETTER OF INTENT**

Please describe in detail the proposed project, reason the variance and/or special use permit is being requested and any additional information that may be helpful to the Zoning Board of Appeals in deciding this appeal: (attach additional pages if needed)

The proposed project is to construct and operate a dog kennel on the property address noted above. Details of application are as follows:

- The operation of a five dog kennel that will specialize in quality Detection dogs for law enforcement agencies or K-9 companies with government contracts.
- This kennel will not be open to the general public as it deals with specialized trained dogs.
- The operation of this kennel will not alter the traffic patterns or the traffic frequency that already exists on Cook Road.
- Visits scheduled for the purchase of these trained dogs will be by invitation and appointment only.
- Proposed building structure will be constructed to conform with the character of the neighborhood.
- Garage-type structure will include the kennel area.



## 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.

<b>Part 1 - Project and Sponsor Information</b>							
Special Use Permit							
Name of Action or Project: 361 Cook Rd							
Project Location (describe, and attach a location map): East Aurora NY							
Brief Description of Proposed Action: Special Permit for Dog Kennel							
Name of Applicant or Sponsor: Joseph R Weinen		Telephone: [REDACTED]					
		E-Mail: [REDACTED]	om				
Address: 361 Cook Rd.							
City/PO: East Aurora		State: New York	Zip Code: 14052				
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.			<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3.a. Total acreage of the site of the proposed action?		6.29 acres					
b. Total acreage to be physically disturbed?		1500 sq ft					
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		6.29 acres					
4. Check all land uses that occur on, adjoining and near the proposed action.							
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)							
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____							
<input type="checkbox"/> Parkland							





18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	<b>NO</b>  <input checked="" type="checkbox"/>	<b>YES</b>  <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? If Yes, describe: _____ _____ _____	<b>NO</b>  <input checked="" type="checkbox"/>	<b>YES</b>  <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? If Yes, describe: _____ _____ _____	<b>NO</b>  <input checked="" type="checkbox"/>	<b>YES</b>  <input type="checkbox"/>

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

Applicant/sponsor name: Joseph R Weinst

Date: 05/10/2017

Signature: Joseph R Weinst

Together with the appurtenances and all the estate and rights of the part ies of the first part in and to said premises,  
 To have and to hold the premises herein granted unto the part ies of the second part, their heirs and assigns forever.

And said part ies of the first part covenant as follows:  
 First, That the part ies of the second part shall quietly enjoy the said premises;  
 Second, That said part ies of the first part will forever Warrant the title to said premises.

Third, That, in Compliance with Sec. 13 of the Lien Law, the grantors will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

In Witness Whereof, the part ies of the first part have hereunto set their hand s and seal s the day and year first above written.

In Presence of

*Joseph Leroy Bosko*  
 JOSEPH LEROY BOSKO  
*Joanna Louise Bosko*  
 JOANNA LOUISE BOSKO

State of ALABAMA } ss. On this 23rd day of July 1988  
 County of Montgomery } Nineteen Hundred and Eighty eight  
 before me, the subscriber, personally appeared  
 JOSEPH LEROY BOSKO and JOANNA LOUISE BOSKO

to me personally known and known to me to be the same persons described in and who executed the within Instrument, and they acknowledged.  
 to me that they executed the same.

*Barbara Flug*  
 Notary Public  
 My Commission Expires June 12, 1991

Minnesota } ss. On this 22 day of July  
 State of New York } Nineteen Hundred and Eighty-eight  
 County of Hennepin }

before me, the subscriber, personally appeared  
 Joanna Louise Bosko  
 to me personally known and known to me to be the same person described in and who executed the within Instrument, and she acknowledged.  
 to me that she executed the same.

BARBARA FLUG  
 NOTARY PUBLIC—MINNESOTA  
 HENNEPIN COUNTY  
 My Commission Expires June 12, 1991

*Barbara Flug*  
 Notary Public

000 X 341  
 Beed FILED  
 Warrantly With Lien Covenant  
 JOSEPH LEROY BOSKO  
 AND  
 JOANNA LOUISE BOSKO  
 62  
 TO  
 JOSEPH R. WEINER  
 AND  
 MARY JANE WEINER

Dated, July 22, 1988  
 STATE OF NEW YORK  
 ERIE CO. CLERK'S OFFICE  
 Recorded in Liber 9903  
 page 467 of 16  
 day of August A.D., 1988  
 at 11:31 o'clock A.M.  
 and examined.  
 DAVID J. SWARTS, County Clerk  
 David J. Swarts  
 COUNTY CLERK  
 HALL RICKETTS, MARKY & GURBACKI  
 ATTORNEYS AT LAW  
 854 MAIN STREET  
 EAST AURORA, NEW YORK 14052

LIBER 9903 PAGE 465

1-10034



**This Indenture,** Made the 2<sup>nd</sup> day of July Nineteen Hundred and Eighty eight

Between JOSEPH LEROY BOSKO and JOANNA LOUISE BOSKO, his wife, residing at 3119 Jamestown Drive, Montgomery, AL 36111

JOSEPH R. WEINER and MARY JANE WEINER, his wife, residing at 1784 Three Rod Road, Alden, New York 14004 *parties of the first part, and*

Witnesseth that the *parties of the second part,* parties of the first part, in consideration of

-----ONE AND MORE----- Dollar (\$1 & more) lawful money of the United States, paid by the *parties of the second part,* do hereby grant and release unto the *parties of the second part,* their heirs and assigns forever ~~and~~

ALL THAT TRACT OR PARCEL OF LAND, situated in the Town of Aurora, County of Erie and State of New York, being part of Lot Number Six (6), Township nine (9), Range Six (6) of the Holland Land Company's Survey, bounded and described as follows:

BEGINNING at a point in the center line of Cook Road distance four hundred twenty (420) feet southerly from its intersection with the north line of Lot Number six (6); running thence southerly along the center line of Cook Road two hundred eighteen (218) feet to a point; running thence westerly parallel with the north line of Lot Number six (6), one thousand three hundred two and thirty-two hundredths (1,302.32) feet to the west line of Lot Number six (6); running thence northerly along the west line of Lot Number six (6), two hundred seventeen and seventy-six hundredths (217.76) feet to a point; running thence easterly parallel with the north line of Lot Number six (6), one thousand two hundred ninety-four and seventy hundredths (1,294.70) feet to the point or place of beginning, containing six and forty-nine hundredths (6.49) acres of land more or less.

*Aur 6 9/16*

Premises shall be used for residential purposes only in the construction of a single family residential dwelling. Which said dwelling shall not contain less than 1,600 square feet. If such dwelling is a multi-story dwelling, the first floor of said dwelling shall not be less than 1,200 square feet. All measurements for such square footage shall be measured from the surface of interior walls, and shall not include any basement area, garage area, nor covered walkways, breezeways, or patios.

RECEIVED  
\$.100.00...  
REAL ESTATE  
AUG 16 1988  
TRANSFER TAX  
1423 ERIE  
COUNTY LH

EA-5217  
Rev. 1/88

CONTROL NUMBER 7357874



**B IDENTIFICATION INFORMATION**

1. Property Location: City or Town AURORA Village \_\_\_\_\_  
 Street Number 361 Street Name COOK ROAD Zip Code 14052

2. Buyer Name: Last Name WEINER First Name JACOB R. + MARY JANE

3. Buyer Address: Buyer Address 1784 THREE ROD ROAD ALBION NY 14004

4. Buyer's Attorney: Name WILLIAM MUDRIBAUER Telephone Number 1714 894-7716

5. Seller Name: Last Name BOSKO First Name V. LOROY + JOANNA L.

6. Tax Billing Address:  Same as Buyer Address  Same as Property Location  Other (Specify Below)

7. Deed Property Size: Dimensions 6.49 ACRES or Acres \_\_\_\_\_ 8. School District Name AURORA State \_\_\_\_\_ Zip Code \_\_\_\_\_

**C ASSESSMENT INFORMATION**

(Data should be taken from the latest final assessment roll)

1. Enter the year of the assessment roll from which the information was taken. 89

2. Check the box indicating the number of parcels which sold.  One Parcel  More Than One Parcel (Specify) \_\_\_\_\_  Only Part of a Parcel

3. Enter the total assessed value (of all parcels in the sale). 18600

4. Enter the tax map identifier of the parcel. (If more than one, list on a separate sheet) Section 176.00 Block 1 Lot 10

5. Enter the roll identifier if different from tax map identifier. 176.00-1-10-2

**D PROPERTY USE INFORMATION**

1. Check the box in the Property Use Table which most accurately describes the use of the property at the time of sale.

2. Is the sale of a condominium or a cooperative?  Yes  No

PROPERTY USE TABLE

1	<input type="checkbox"/> Agricultural	4A	<input type="checkbox"/> Commercial
2	<input checked="" type="checkbox"/> 1, 2, 3 Family Residential	4B	<input type="checkbox"/> Apartment
3A	<input type="checkbox"/> Residential Vacant Land	5	<input type="checkbox"/> Entertainment/Amusement
3B	<input type="checkbox"/> Non-Residential Vacant Land		

RECEIVED  
OCT 1 1989  
TOWN OF ALBION  
ASSESSOR'S OFFICE

**E SALE INFORMATION**

1. Date of Sale (Transfer) 8/16/88

2. State the Full Sales Price. \$ 25000

(Full Sales Price is the total amount paid for the property, including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.)

3. Was there personal property in excess of \$500 included in this sale?  Yes  No

4. If yes, indicate the value of the personal property included in the sale. \$ \_\_\_\_\_

5. Is this an arm's length sale?  Yes  No

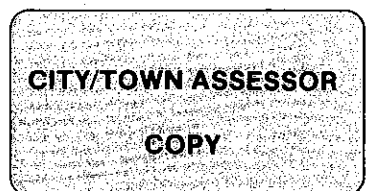
6. Check all of the conditions below that apply to this sale.

A	<input type="checkbox"/> Sale Between Relatives or Former Relatives
B	<input type="checkbox"/> Sale Between Related Companies or Partners in Business
C	<input type="checkbox"/> Land Contract Sale (Specify Contract Date) _____ / _____ / _____
U	<input type="checkbox"/> Sale Contract Executed More than One Year Prior to the Date of Sale
F	<input type="checkbox"/> Buyer or Seller is a Government Agency or a Lending Institution
R	<input type="checkbox"/> Deed Type is Not Warranty or Bargain and Sale (Specify Deed Type) _____
T	<input type="checkbox"/> Sale of Fractional or Less than Fee Interest (Specify) _____
G	<input type="checkbox"/> Other unusual factors affecting sale price (Specify) _____

**F CERTIFICATION**

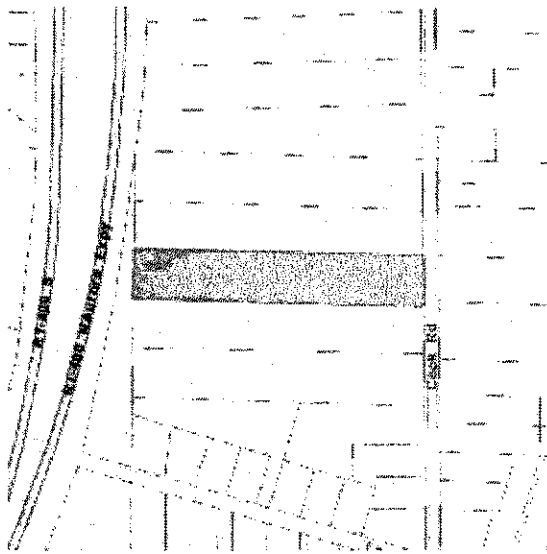
I certify that all the items of information entered on this transfer form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

Signature JAY W. RICKLITS Street Name & Number 654 MAIN ST  
 Name (Print or Type) JAY W. RICKLITS City/Town C. AURORA N.Y.  
 Telephone (716) 652-0828 Date 8/16/88 State NY Zip Code 14052

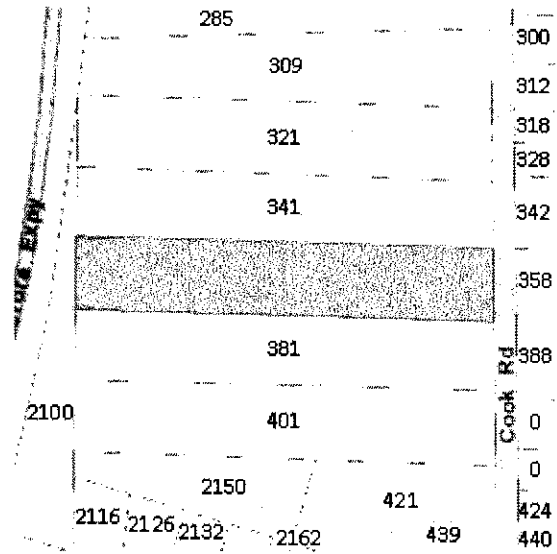


Erie County On-Line Mapping System  
Parcel Detail Report

Report generated:  
5/10/2017 2:52:39 PM



Parcel Overview Map



Parcel Detail Map

**PIN:** 1424891760000001010200

**SBL:** 176.00-1-10.2

**Address:** 361 COOK RD

**Owner 1:** WEINER JOSEPH R

**Owner 2:**

**Mailing Address:** 361 COOK RD

**City/Zip:** EAST AURORA NY 14052

**Municipality:** Aurora

**Property Class:** 210

**Class Description:** R - 1 Family Res

**Front:** 217

**Depth:** 1.3

**Deed Roll:** 1

**Deed Book:** 09903

**Deed Page:** 00464

**Deed Date:**

**Acreage:** 6.29193061043

**Total Assessment:** \$129,000

**Land Assessment:** \$12,500

**County Taxes:** \$129,000

**Town Taxes:** \$0

**School Taxes:** \$0

**Village Taxes:** \$0

**School District:** IROQUOIS CENTRAL SCHOOL DISTRICT #1

**Year Built:** 1989

**Sqft Living Area:** 2128

**Condition:** 0

**Heating:** 0

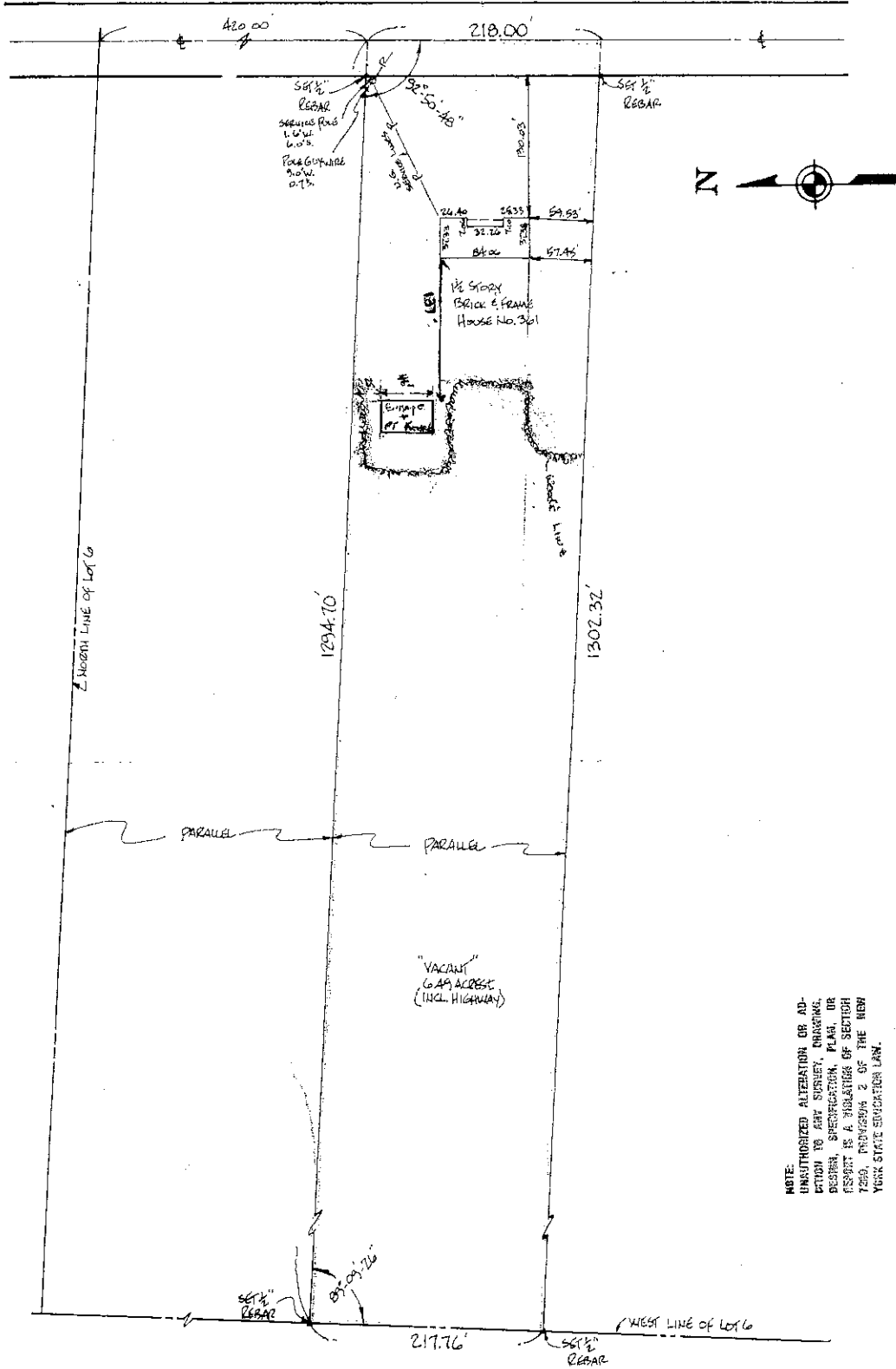
**Basement:** 0

**Fireplace:** 1

**Beds:** 3

**Baths:** 2

# COOK (old) ROAD



NOTE: UNAUTHORIZED ALTERATION OR ADDITION TO ANY SURVEY, DRAWING, DESIGN, SPECIFICATION, PLAN, OR REPORT IS A VIOLATION OF SECTION 7250, PARAGRAPHS 2 OF THE NEW YORK STATE SURVEYOR LAW.

NOTE: THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OF TITLE AND IS SUBJECT TO ANY CLAIMS THAT MAY BE REVEALED BY AN EXAMINATION OF SUCH.

PART OF L 6 S 9 T 9 R 6 TOWN OF ALBORA COUNTY OF ERIE NEW YORK

### RESURVEY

DATE	JOB	DESCRIPTION
10/11/88	88341	House location

## JAMES L. SHISLER & ASSOCIATE

PROFESSIONAL LAND SURVEYORS

2430 BOWEN ROAD  
ELMA, NEW YORK 14059-0249

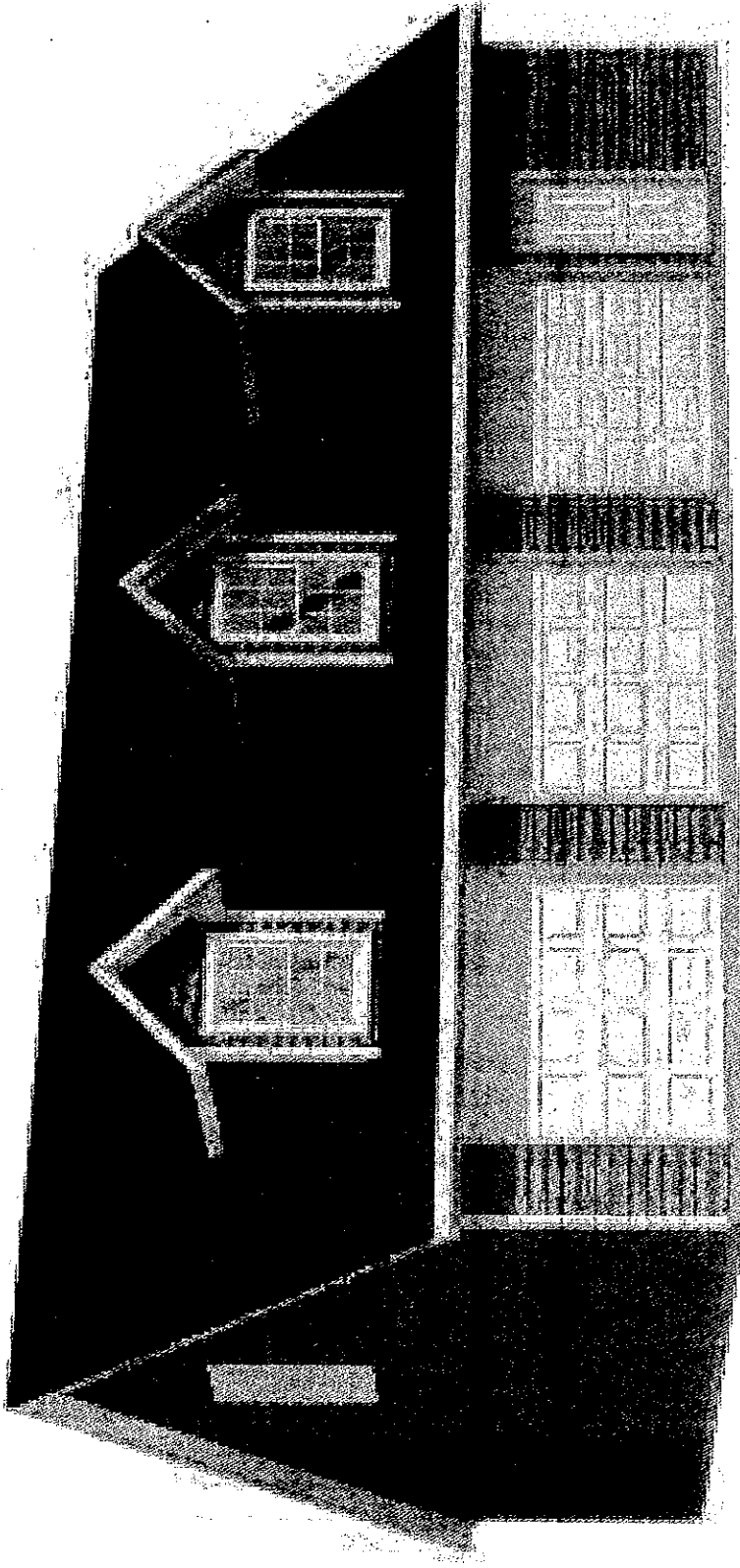
P.O. BOX 249  
716-656-1058

DRAWN BY JLS SCALE 1" = 100'

CHECKED BY DAN DATE JUNE 23, 1988

JOB 88341 SHEET C-130B

*James L. Shisler*



300' off ROW in A zone  
No variance required

Building Code Compliance

This plan set was prepared to comply with the prescriptive requirements of the International Residential Code (IRC)

GARAGE PLAN #2280-3

46' x 28'



45.00

Slope = 12/12

Food, and the act of cooking, has powerful meaning to older adults. Food defines culture, family history, and traditions. For many people, cooking signifies basic worth, self-image, and role identity. Food is also connected with feelings of love, pleasure and enjoyment, holidays, family, and spirituality. For most of today's older adults, the women in the family were traditionally the cooks and heads of the kitchen. Both females, and males, have fond memories of Mom's, Grandma's, or their spouses cooking.

For older adults with dementia, the opportunity to cook or enjoy homemade foods is often limited. As people age, their interest in eating and mealtime enjoyment can change. Some older adults find that their senses of taste or smell decrease, making food seem less appealing than it did in the past, others eat less because of difficulties chewing or digesting as they get older. When a person has Alzheimer's disease or other dementia, these problems can become more pronounced, and mood, behavioral, and physical functioning problems may affect eating as the disease progresses.

Cooking programs have the potential to calm, increase appetite, and entice people to a social gathering. These programs provide familiar sensory stimulation with smells, textures, and taste. They also provide cognitive and physical stimulation. Cooking provides the opportunity to take pride in oneself and perform past roles. Experts recommend integrating people with dementia into the entire mealtime process by encouraging them to help prepare the food, set the table, pull out the chairs, or put the dishes away. Doing so helps the care recipient experience eating in a larger social context and as part of daily activity, rather than as an isolated task. Moreover, participating in the mealtime process helps the person maintain functional skills and feelings of personal control.

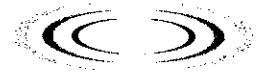
The current kitchen at Aurora Adult Day Services is small, in a corner, and only able to accommodate one person working at a time. The hope is that we may secure funding for a new kitchen, that would be larger and functionally welcoming to our clients. We look to make our kitchen the centerpiece of our facility. Our clientele is made up of 90% women. The true joy they feel when they have been welcomed to participate in meal preparation is immeasurable. Much of our day is centered on food, as we serve breakfast, lunch, and an afternoon snack. Our goal would be to involve our clients in preparation and clean up for each meal. Our clients come to us having spent their lives caring for their families and still have an incredible "need to be needed". Many choose to believe that they are volunteers, and spend much of the day looking for ways to feel useful. An expanded and updated kitchen would be the most valuable gift we could provide our clients.

Sincerely,

Susan Lyons Clapp



May 16, 2017



**Community Foundation**  
for Greater Buffalo

Susan Clapp, Executive Director  
Aurora Adult Day Services  
101 King St. Suite B  
East Aurora, NY 14052

Dear Ms. Clapp:

Congratulations! **The Garman Family Foundation** has approved \$24,200 to support the grant requested by Aurora Adult Day Services to Expand and Update Kitchen. The Garman Family Foundation is committed to helping organizations that address the psychological, emotional, and social well-being and/or health of individuals with a preference for women, children, and education. The Community Foundation for Greater Buffalo is assisting with the administration of the awarded grants.

By accepting this grant, you agree to comply with the Community Foundation's Grant Requirements and Obligations, a copy of which is enclosed. If you cannot implement the grant as proposed in the approved budget outlined below, your organization will be obligated to repay all or part of this grant back to the Community Foundation.

Approved Budget:

Ramsey Renovations Quote	\$12,500
Cabinets	\$ 7,967
Refrigerator	\$ 2,249
Microwave	\$ 258
Dishwasher	\$ 629
Stove	\$ <u>597</u>
	\$24,200

As detailed in the enclosed Grant Requirements and Obligations, you also agree to provide the Community Foundation with the financial and program reports we require to close out this grant. A communications packet to guide publicity efforts related to your grant award is also enclosed.

Once we receive your signed Grant Requirements and Obligations Form **with signatures from both the executive director and your board chair**, your funding will be released. To expedite this process, an email was sent providing instructions on how to upload this signed paperwork to our grant application system. If you prefer, you may mail the completed paperwork to the Community Foundation. If your sign off is not received within six months of this award notification, the grant will be cancelled.

Please direct any questions regarding this grant to Jean McKeown, Vice President, Community Impact at (716) 852-2857 or by email at [jeanm@cfgb.org](mailto:jeanm@cfgb.org).

The Community Foundation is pleased to be able to support this important effort. We are looking forward to working with you and thank you for your continued dedication to our community.

Sincerely,

A handwritten signature in cursive script that reads "Jean McKeown".

Jean McKeown  
Vice President, Community Impact

Enclosures: Grant Requirements and Obligations, Grantee Publicity Guidelines  
Connecting people, ideas and resources to improve lives in Western New York  
Larkin at Exchange, 726 Exchange Street, Suite 525, Buffalo, NY 14210  
tel 716 852 2857 fax 716 852 2861 web [www.cfgb.org](http://www.cfgb.org) email [mail@cfgb.org](mailto:mail@cfgb.org)



Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.



Designed: 3/29/2017  
Printed: 3/29/2017

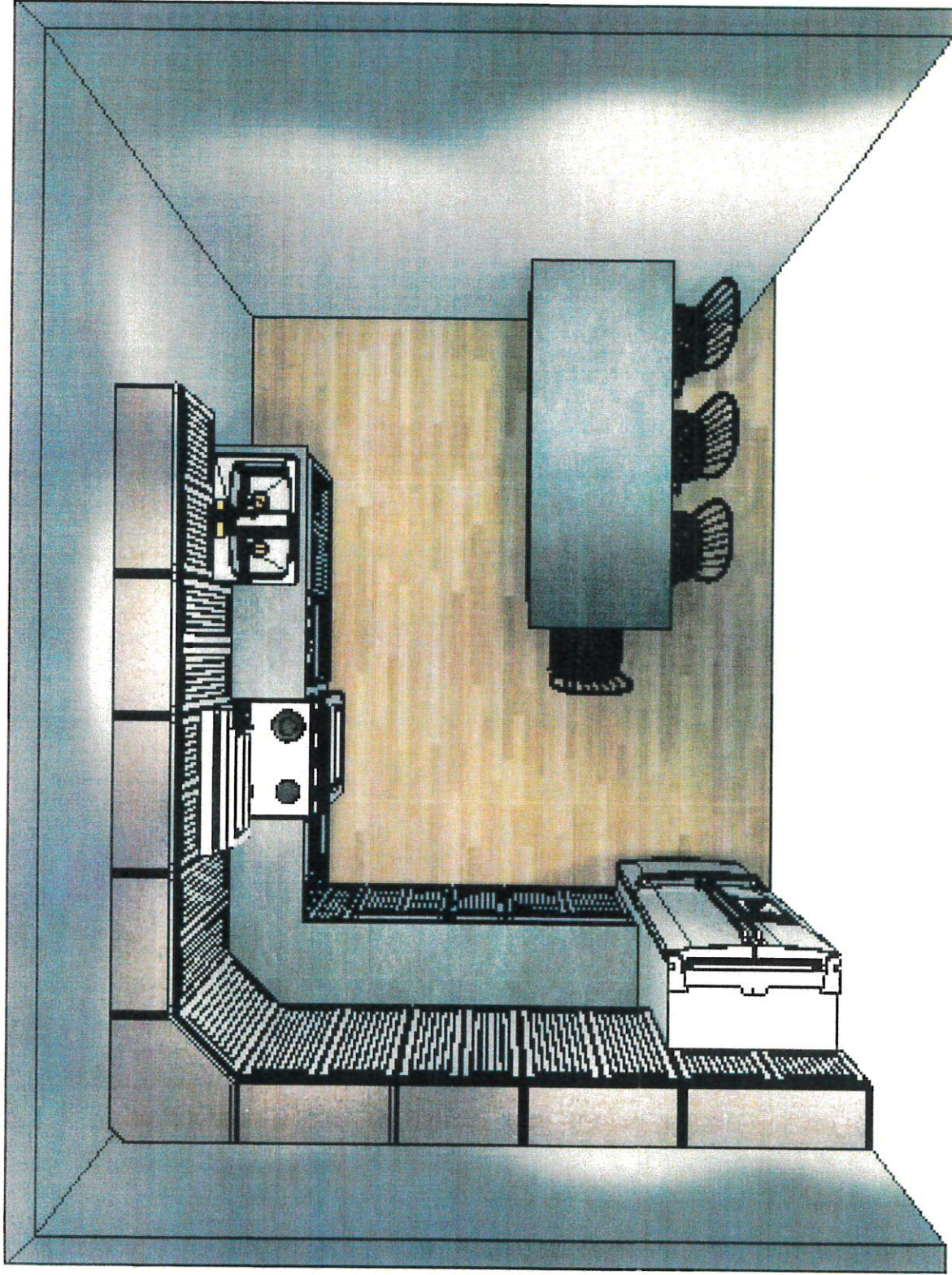


Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.



Designed: 3/29/2017;  
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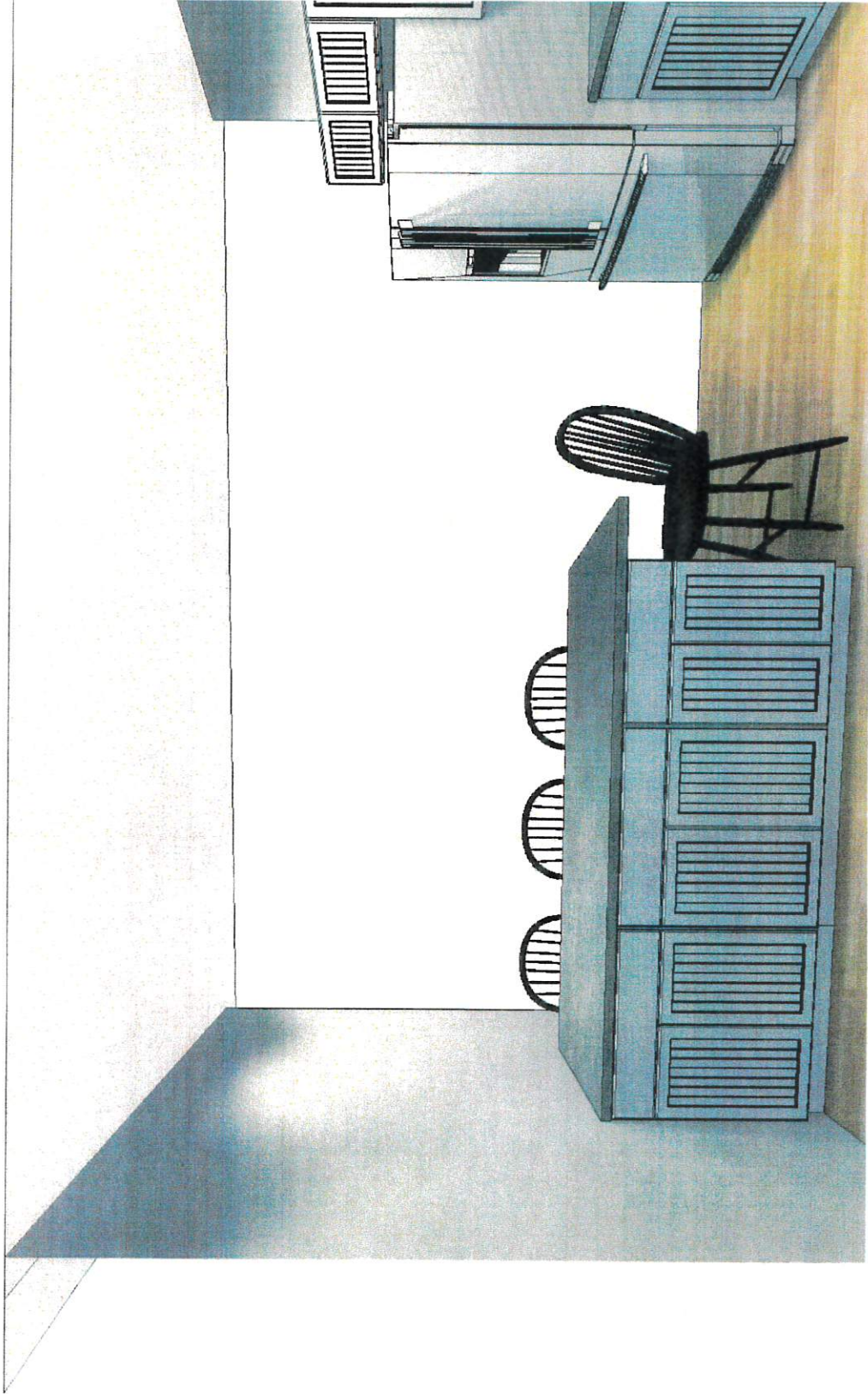


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Designed: 3/29/2017  
Printed: 3/29/2017





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Designed: 3/29/2017  
Printed: 3/29/2017

WS-4



SUPERVISOR  
JAMES J. BACH  
(716) 652-7590  
[jbach@townofaurora.com](mailto:jbach@townofaurora.com)

MARTHA L. LIBROCK  
(716) 652-3280  
[townclerk@townofaurora.com](mailto:townclerk@townofaurora.com)

**TOWN OF AURORA**  
300 Gleed Avenue, East Aurora, NY 14052  
[www.townofaurora.com](http://www.townofaurora.com)

## MEMO

---

TO: Town Board

FROM: Kathleen Moffat

RE: Budget Amendment: Sale of 2 Ford F150 Pickup Trucks

DATE: 06/15/17

Approval is respectfully requested to amend the budget to record the receipt of funds from the sale of 2 Ford F150 pickup trucks, approved at the April 24, 2017 Town Board meeting. The budget amendment is as follows:

- Add revenue line SR 2665 Sale of Equipment
- Increase SR 2665 by \$4,375
- Increase appropriation line SR 8189.401 Recycling Services by \$4,375



WS-5



Town of Aurora  
Department of Parks & Recreation

300 Gleed Avenue  
East Aurora, New York 14052

(716) 652-8866  
(716) 652-5646

recreation@townofaurora.com  
www.aurorarec.com

To: Town Board  
From: Chris Musshafen  
Date: 6/14/17  
Re: New Program

Approval is requested to offer a 1 week diving camp. The camp would be instructed by Maureen Kenney, an East Aurora resident and former DI diver. This past year Maureen volunteered her time in the fall with the girls high school swim team and qualified an athlete for ECICs for the first time in several years. Please see the budget below and attached flier.

Revenue		Account
Registration 10 x \$55	\$ 550.00	A2052
<b>Total Revenue</b>		

Expenses		
Staff 1 lifeguard x 7.5 hours x \$10.00	\$ 75.00	A7180.114
Instuctor 85% of Revenue (after guard)	\$ 403.75	A7186.411
<b>Total Expenses</b>	\$ 478.75	



# Diving Camp

[www.aurorarec.com](http://www.aurorarec.com)

**WHERE:** East Aurora High School

**COSTS:** \$55 Residents, \$60 Non-Residents **NO REFUNDS!**

**DATES:** 7/10/17-7/14/17 Monday – Friday

**FOR:** Youth ages 11-18 who are interested in an introduction to competitive diving to those who are interested in honing their skills.

**LEVELS:** Each course level often requires more than one session to complete. Please select level and time on the form below.

Please check [www.aurorarec.com](http://www.aurorarec.com) or call 652-8866 for specific information on different levels.

**REGISTRATION:** Please Register on-line at [www.aurorarec.com](http://www.aurorarec.com) or mail or deliver form and fee payable to: Town of Aurora Parks & Recreation, 300 Glead Ave, East Aurora, NY 14052

**REGISTER EARLY – CLASS IS LIMITED!**

## TOWN OF AURORA PARKS & RECREATION 2017 SUMMER REGISTRATION

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

Address \_\_\_\_\_ M or F  
Street Town Zip

Home Phone \_\_\_\_\_ Emerg. Phone \_\_\_\_\_ Emerg Contact \_\_\_\_\_

Parent's Names \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone \_\_\_\_\_

Parents' E-mail Address \_\_\_\_\_

Medical or Developmental Info We Should be aware of \_\_\_\_\_

Release: I hereby release the Town of Aurora and employees and/or volunteers and staff from any responsibility or liability in connection with this activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
DCS7 - \$55 Residents, \$60 Non-Residents



**Town of Aurora  
Department of Parks & Recreation**

300 Gleed Avenue  
East Aurora, New York 14052

WS-6

(716) 652-8866  
Fax (716) 652-5646

recreation@townofaurora.com  
www.aurorarec.com

To: Town Board  
From: Chris Musshafen  
Date: 6/7/17  
Re: EAST Coaches Wage Increase

Approval is requested to raise the wages, as presented, of the EAST coaches listed below on 6/26/17.

<u>Name:</u>	<u>Old Rate:</u>	<u>New Rate:</u>
Anna Davidson	\$12.70	\$12.80
Tess Felton	\$12.10	\$12.20
Leah Leuthauser	\$10.60	\$10.70
Aubrey McLaughlin	\$10.60	\$10.70
Kevin Murnock*	\$10.50	\$10.75
Paula Zagrobelny	\$12.60	\$12.70

\*Kevin has taken on additional responsibilities in the club and is currently working 5 to 6 days a week. His investment in EAST has been commendable and the reason I am asking for a larger raise for him.