



CASE NO. 1331

DATE OF HEARING 12/20/18

Town of Aurora Zoning Board of Appeals
300 Glead Avenue, East Aurora, New York 14052

Zoning Board of Appeals Application Form

I. TYPE OF REQUEST

AREA VARIANCE SPECIAL USE PERMIT USE VARIANCE INTERPRETATION

II. APPLICANT/PETITIONER

Applicant's Name John C IAWwello Superior Reno
Address 621 TRANSIT RD
City OP State ny ZIP 14127
Phone 716 8
Interest in the pr

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

Property Owner(s) Name(s) Kimberly Wuend
Address 1119 Sweet Rd
City EA State ny ZIP 14052
Phone _____ Fax _____ Email _____

III. PRO DN

Property Address 1119 Sweet Rd
SBL# 187.00-1-10
Property size in acres _____ Property Frontage in feet 439'
Zoning District R2 Surrounding Zoning R1, RR, R2, A
Current Use of Property Residential

IV. REQUEST DETAIL

(check all that apply)

Variance from Ordinance Section(s) # _____
 Special Use Permit for: _____
 Use Variance for: _____
 Interpretation of _____

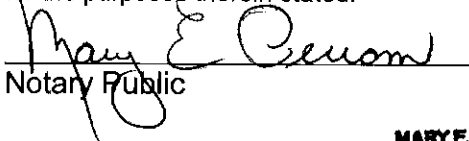
V. SIGNATURES (This application must be signed by the applicant/petitioner. If the applicant is not the owner of the property, a separate owner authorization form must be submitted – see pg. 5)


Signature of Applicant/Petitioner

John C Danuello
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 19 day of OCTOBER in the year 2018 before me, the above individual appeared, personally known to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same for the purposes therein stated.


Notary Public

(Notary stamp)

MARY E. PERRAM
Notary Public, State of New York
No. 01PE4797176
Qualified in Erie County
My Commission Expires July 31, 20 21

Office Use Only: Date received: 10/19/18 Ratt Receipt #: 609084

Application reviewed by: _____

ECDP ZR-1 form sent to EC: _____ Hearing publication date: _____

PREVIOUS APPEAL(S):

A previous appeal to the Zoning Board of Appeals () has () has not been made with respect to this property.

Previous appeals:

Date: _____ Type of Appeal: _____ Granted _____ Denied _____

Date: _____ Type of Appeal: _____ Granted _____ Denied _____

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)

EXISTING House no conforming
Need Room and no other way to

TO BE COMPLETED ONLY WHEN A USE VARIANCE IS BEING REQUESTED:

A Use Variance is requested because the applicable regulations and restrictions in the Zoning Code of the Town of Aurora have caused unnecessary hardship as demonstrated by the following:

1) I cannot realize a reasonable return on my property for each and every permitted use allowed in the current zoning classification as demonstrated by the accompanying financial evidence (provide financial evidence to support your argument).
Financial Evidence Provided Yes ___ No ___ (financial evidence is required per NYS Town Law)

2) Describe why your alleged hardship relating to the subject property is unique and does not apply to other properties in the zoning district or neighborhood: _____

3) Describe why you believe that the essential character of the neighborhood/community will not change if the Zoning Board of Appeals grants you a use variance: _____

4) Is your need for a use variance a result of you own actions (is your difficulty self-created)? Please explain: _____

(Attach additional pages if needed)

Town of Aurora
300 Glead Avenue
East Aurora, NY 14052
www.townofaurora.com

**Zoning Board of Appeals
Application
Owner Authorization**

The undersigned, who is the owner of the premises know as:

1119 Sweet Rd East Aurora NY, identified as Tax Map (SBL)#.....
(address)

hereby authorizes John Iannello to bring an application for area variance
() special use permit () use variance () interpretation before the Town of Aurora Zoning Board of
Appeals for review and potential approval. The undersigned further permits the Town or its authorized
representative(s) access to the property to review existing site conditions during the review process.

Kimberly Muench
Owner (print)

10/19/18
Date

Kimberly Muench
Owner (signature)

STATE OF NEW YORK)
) SS
COUNTY OF ERIE)

On this 19 day of OCTOBER, 2018, before me, the undersigned, a notary public in and for said state,
personally appeared KIMBERLY MUENCH, personally known to me on the basis of
satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their
signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted,
executed the instrument.

Mary E. Ferram
Notary Public

MARY E. FERRAM
Notary Public, State of New York
No. 01PE4797176
Qualified in Erie County
My Commission Expires July 31, 2021

Oct 19, 2018

I authorize John Sannello
to represent me Kimberly Muench
~~to~~ as an agent to obtain a variance
for an addition on my property

Kimberly Muench

ON THIS 19 DAY OF OCTOBER, 2018 BEFORE ME CAME
KIMBERLY MUECHT

TO ME PERSONALLY KNOWN, OR DEMONSTRATED TO BE, THE
PERSON DESCRIBED IN, AND WHO EXECUTED THE FOREGOING
DOCUMENT.

Mary E Perram
Notary Public

MARY E. PERRAM
Notary Public, State of New York
No. 01PE4797176
Qualified in Erie County
My Commission Expires July 31, 2021

**SITE PLAN OR ZONING REFERRAL TO COUNTY OF ERIE, NY
AND REPLY TO MUNICIPALITY**

Note: Please complete in triplicate. Send original and one copy (with attachments) to Erie County Division of Planning, Room 1053, 95 Franklin Street, Buffalo, N.Y. 14202. Retain last copy for your files.

DO NOT WRITE IN THIS SPACE

Case No.: _____

Received: _____

The proposed action described herein is referred in accordance with the provisions of the General Municipal Law, which provides that if no reply is received in 30 days after receipt of full information including a SEQR EAF if applicable, the municipal agency may take final action without considering such reply. If, however, reply is received at any time prior to municipal Action, such reply must be considered.

Description of Proposed Action

1. Name of Municipality: Town of Aurora

2. Hearing Schedule: **Date** 12/20/2018 **Time** 7:00pm **Location** 300 Glead Ave., E. Aurora, NY

3. Action is before: Legislative Body Board of Appeals Planning Board

4. Action consists of: New Ordinance Rezone/Map Change Ordinance Amendment

Site Plan Variance Special Use Permit Other

5. Location of Property: Entire Municipality Specific as follows 1119 Sweet Road

6. Referral required as Site is within 500' of: State or County Property/Institution Municipal Boundary Farm Operation located in an Agricultural District

Expressway County Road State Highway Proposed State or County Road, Property, Building/Institution, Drainageway

7. Proposed change or use: (be specific) Addition to residence closer to right of way than allowed by Town Code.

8. Other remarks: (ID#, SBL#, etc.) SBL#187.00-1-10

9. Submitted by: Martha Librock, Town Clerk 11/21/18

300 Glead Avenue, East Aurora, NY 14052

Reply to Municipality by Erie County Division of Planning

Receipt of the above-described proposed action is acknowledged on _____. The Division herewith submits its review and reply under the provisions of applicable state and local law, based on the information submitted with this referral.

1. The proposed action is not subject to review under the law.
2. Form ZR-3, Comment on Proposed Action is attached hereto.
3. The proposed action is subject to review; the Division makes the recommendation shown on Form ZR-4, Recommendation on Proposed Action, which is attached hereto.
4. No recommendation; proposed action has been reviewed and determined to be of local concern

By the Division of Planning: _____ **Date:** _____

mailed 11/21/18 @

SUPERVISOR
James J. Bach
(716) 652-7590
jbach@townofaurora.com



TOWN CLERK
Martha L. Libroek
(716) 652-3280
townclerk@townofaurora.com

TOWN OF AURORA
Southside Municipal Center
300 Glead Avenue, East Aurora, NY 14052
www.townofaurora.com

TOWN COUNCIL MEMBERS
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chris@townofaurora.com

TOWN ATTORNEY
Ronald P. Bennett

TOWN JUSTICE
Jeffrey P. Markello
Anthony DiFilippo IV

HISTORIAN
Robert L. Goller
(716) 652-7944
historian@townofaurora.com

FAX: (716) 652-3507
NYS Relay Number:
1(800) 662-1220

November 21, 2018

Superior Remodeling
C/O John Iannello
621 Transit Rd
Orchard Park, NY 14127

a/a/f Kimberly Muench
1119 Sweet Rd
East Aurora, NY 14052

The Building Department reviewed the foundation location for the addition to your residence at 1119 Sweet Rd, East Aurora and found it to be non-compliant. To continue construction, a variance for a front yard setback is required.

Section 116-8.2E(1): A front yard depth or setback of a minimum of 50 feet from the street right of way in an R2 District.

Request: A front yard setback of 38.35 feet

Variance: 11.65 feet

If you wish to pursue this matter further you must apply to the Town of Aurora Zoning Board of Appeals for an area variance. You must include your application and fee, a letter to the ZBA explaining your difficulty, any information to support your need for a variance from the Town Code.

If you have any questions contact us at 652-7591.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Cassidy".

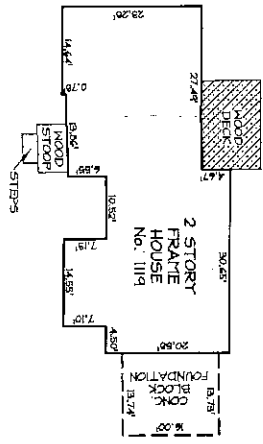
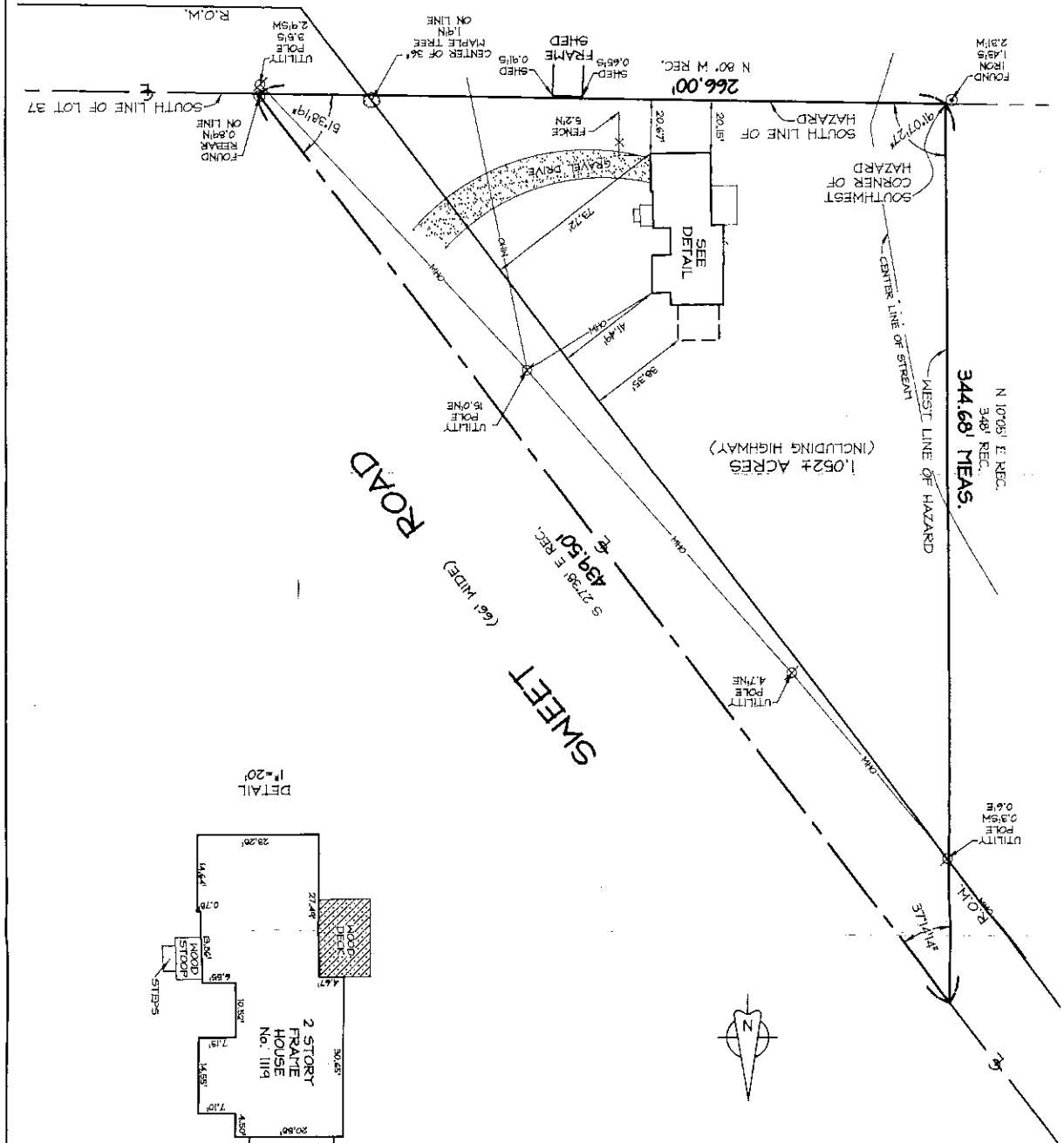
Elizabeth Cassidy
Asst. Code Enforcement Officer



BOUNDARY SURVEY
1119 SWEET ROAD
 Part of Lot 37, Township 9, Range 6
 Town of Aurora
 County of Erie, State of New York
 Date of Survey: 11/20/18
 Scale: 1" = 40'

Handwritten signature: Hamilton D. Kingman

509 Main Street, P.O. Box 516, East Aurora, NY 14052
 P (716) 655-1058 F (716) 655-1964 www.nussbaumclarke.com
 This survey was prepared without the benefit of an independent architect or contractor's drawings and any errors or omissions are the responsibility of the surveyor. It is the responsibility of the client to verify all measurements and locations shown hereon. A 1/4" scale section 2 of the New York State Real Property Law, § 305, is hereby approved.



Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

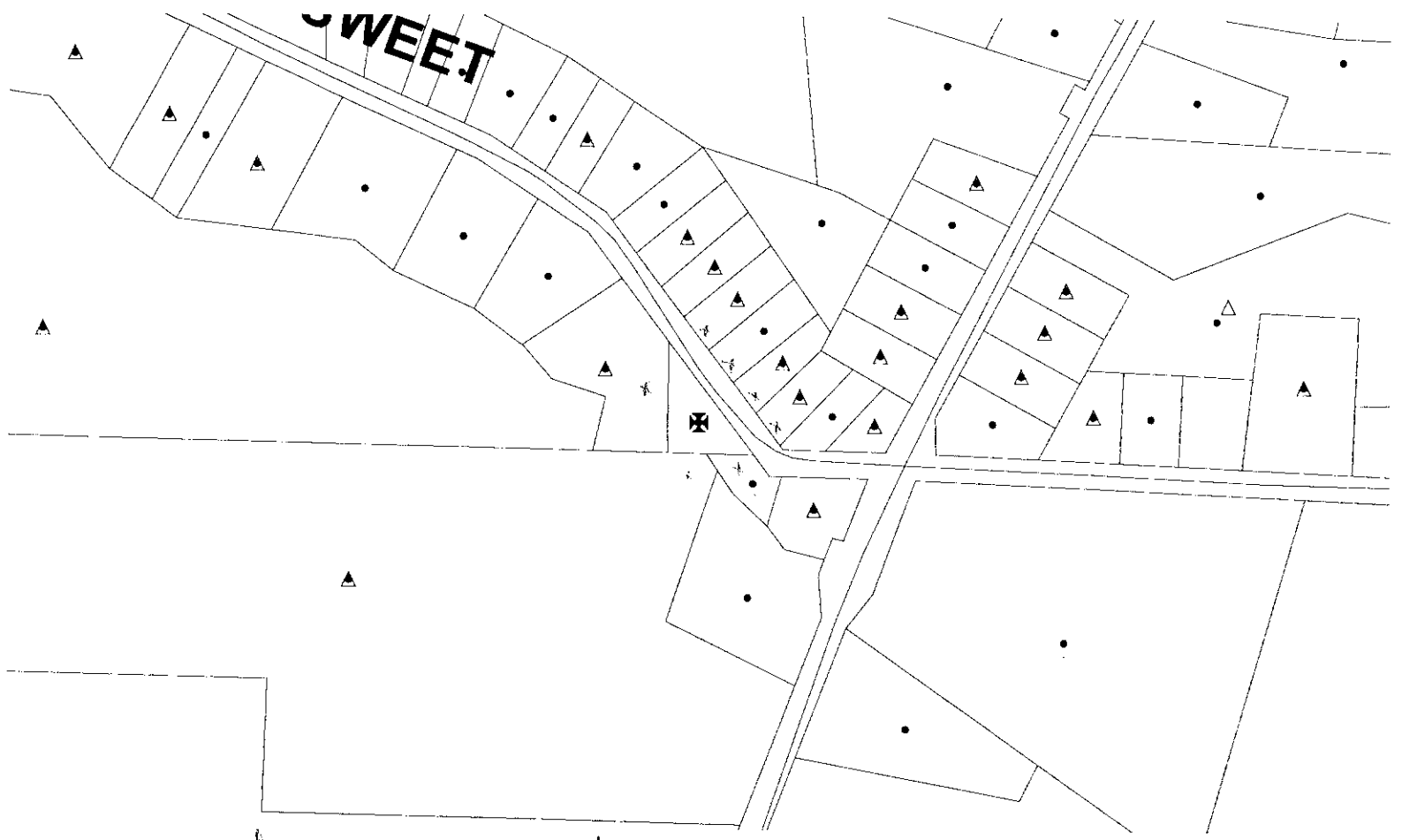
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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			
Name of Action or Project: <i>Addition to Swelling</i>			
Project Location (describe, and attach a location map): <i>1119 Sweet Rd SA</i>			
Brief Description of Proposed Action: <i>Kimberly Wuench</i>			
Name of Applicant or Sponsor: <i>1119 Sweet Rd</i>		Telephone:	
Address: <i>SA WY</i>		E-Mail:	
City/PO: <i>14052</i>		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO	YES
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:		NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" 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			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: 2			
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES	
a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <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: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <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: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: <u>John J. D'Annunzio</u>		



*Kimberly & Gerald Murch
1117 Sweet Rd*

187.00-1-11 ^{+ sweet} Wayne Patten
1127 Sweet Rd

187.00-1-9 Kyle Grenzweig
1105 Sweet Rd

187.01-1-35 Earl Hattenberg
1106 Sweet Rd Joanne

187.00-1-44 Wm Schutt
1111 Mill Rd + Michelle

187.01-1-34 Lynn Strickland
1110 Sweet Rd

187.01-1-33 Donald Jancak
1120 Sweet Rd

187.01-1-32 ^{Morgan} Carl Seifert
1130 Sweet Rd

187.01-1-31 Thomas ^{Cheryl} Barber Jr
1140 Sweet Rd