



CASE NO. 1332

DATE OF HEARING 2/11/19

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 Cardea Health Integrative
Address cb/Hopkins Surgt + Romanowski - 26 Mississippi St, Ste 400
City Buffalo State NY ZIP 14203
Phone [redacted] Fax [redacted] ps [redacted] al.com
Interest [redacted] ner/pu [redacted] o [redacted] r

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

Property Owner(s) Name(s) Cardea at Twin Elms, LLC
Address 1196 E. Main St.
City East Aurora State NY ZIP 14052
Phone [redacted] Fax [redacted] Email cardeahealthwny@gmail.com

III. PROPERTY INFORMATION

Property Address 1196 East Main St.
SBL# 165.00-1-28.21
Property size in acres 81 ± acres Property Frontage in feet 634 feet
Zoning District Agricultural + RR Surrounding Zoning Agricultural + RR
Current Use of Property medical practice + residence

IV. REQUEST DETAIL

(check all that apply)

Variance from Ordinance Section(s) # 116-34A(4)
 Special Use Permit for: _____
 Use Variance for: _____
 Interpretation of _____

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)

See attached

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)

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)

PS

Signature of Applicant/Petitioner

Cardea Health Integrative

Print name of Applicant/Petitioner

} see attached authorization

State of New York; County of Erie

On the 23 day of January in the year 2019 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.

Dawn M. Rumpfola
Notary Public

(Notary stamp)

DAWN M. RUMFOLA
Notary Public, State Of New York
Qualified In Erie County
My Commission Expires March 8, 2019

Office Use Only: Date received: 1/23/19 Receipt #: 1207171

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 _____

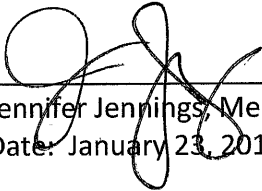
Date: _____ Type of Appeal: _____ Granted _____ Denied _____

AUTHORIZATION

Cardea at Twin Elms, LLC, as owner of the real property located at the 1196 East Main Street, Town of Aurora, NY, hereby authorizes Cardea Health Integrative, the owner of operator of the medical business located at 1196 East Main Street, Town of Aurora, NY to file an application for an area variance regarding its sign with the Town of Aurora Zoning Board of Appeals.

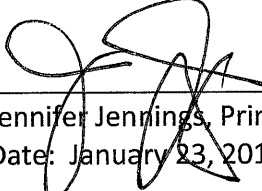
Cardea at Twin Elms, LLC and Cardea Health Integrative, jointly and severally, hereby authorize the Project Attorneys, Hopkins Sorgi & Romanowski PLLC, to file an application for an area variance regarding said sign on their behalf and execute any required documentation for the aforementioned property with the Town of Aurora along with applications for any other approvals/permits required from the Town of Aurora and other governmental agencies in connection with the proposed development at said real property.

Cardea at Twin Elms, LLC



Jennifer Jennings, Member
Date: January 23, 2019

Cardea Health Integrative



Jennifer Jennings, Principal / Owner
Date: January 23, 2019



January 23, 2019

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

Re: Request for Area Variance -- Sign
Property: 1196 East Main Street, Town of Aurora, NY
Applicant: Cardea Health Integrative
Property Owner: Cardea at Twin Elms, LLC

Dear Zoning Board of Appeals:

Our firm represents Cardea at Twin Elms, LLC, the property owner of 1196 East Main Street in the Town of Aurora, New York (the "Property") and Cardea Health Integrative, which is the medical practice operating on the Property.

This Letter of Intent shall explain the grounds for an area variance for an existing sign for the medical practice.

Attached please find as follows:

- Exhibit A: Sign Plan prepared by Visual Impact Signs
- Exhibit B: Photo of Existing Sign
- Exhibit C: Letter to the Applicant from Elizabeth Cassidy, Town Code Enforcement Officer, dated October 16, 2018, advising that sign application was denied because the square feet of sign exceeds the zoning code allowed size
- Exhibit D: Survey
- Exhibit E: Deed
- Exhibit F: EAF

HOPKINS SORGI & ROMANOWSKI PLLC

Attorneys at Law

26 Mississippi Street, Suite 400 • Buffalo, New York 14203
Office: 716-427-7100 • Fax: 716-424-2171 • www.hsr-legal.com

Grounds for Area Variance

New York State Law § 267-b(3) set forth the standards for the granting of area variances as follows:

3. Area variances.

(a) The zoning board of appeals shall have the power, upon an appeal from a decision or determination of the administrative official charged with the enforcement of such local law, to grant area variances as defined herein.

(b) In making its determination, the zoning board of appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determination the board shall also consider: (1) whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance; (2) whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance; (3) whether the requested area variance is substantial; (4) whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and (5) whether the alleged difficulty was self-created; which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance.

In making its determination the ZBA must balance “the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant.”

The benefit to the Applicant is as follows: Having a Sign which:

- a. identifies the business at a size consistent with the size of the Property (81 acres);

- b. the far setback from the road of the business; and
- c. large enough that vehicles can see the sign on a busy road (NYS Rt 20A) with a 45 mile per hour speed limit.

Due to the design of the sign to be placed on the existing wall, the muted colors of the sign, the distance of nearby properties and the fact that the sign is on a busy road, there is no detriment to the health, safety and welfare of the neighborhood or community.

The five factors listed in § 267-b(3)(b) provide guidance as to the types of issues that can be considered, but are not dispositive in regards to area variances.

1. **“whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance”:** The sign was designed with muted colors on an existing wall as part of a project that improved a historic property in the Town while providing an valuable service. Accordingly, there is no undesirable change.
2. **“whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance”:** There is no other method to achieve the benefit sought – a larger sign is required because of the size of the Property (81 acres), the far setback from the road of the business, and the location of the medial practice on a busy road (NYS Rt 20A) with a 45 mile per hour speed limit. A smaller sign would not properly provide notice to patients as to the location of the medical practice and could lead to traffic safety issues if the location of the business was confusing.
3. **“whether the requested area variance is substantial”:** The variance is not substantial when considering the size of the parcel, the road being NYS Rt 20A and the deep set back to the structures on site.
4. **“whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district”:** No adverse physical or environmental impacts exist. The Project is not a Type I SEQR Action and the sign has been in place and has resulted in no such impacts.
5. **“whether the alleged difficulty was self-created”** – the Applicant hired a contractor and assumed that the permits were secured, so the hardship was not self-created in this capacity.

Letter of Intent / Ground of Area Variance
January 23, 2019

Sincerely,

HOPKINS SORGI & ROMANOWSKI PLLC

A handwritten signature in blue ink, consisting of the letters 'P' and 'S' followed by a period, representing Peter J. Sorgi.

Peter J. Sorgi, Esq.

Enc.

cc: Dr. Jennifer Jennings

Exhibit A

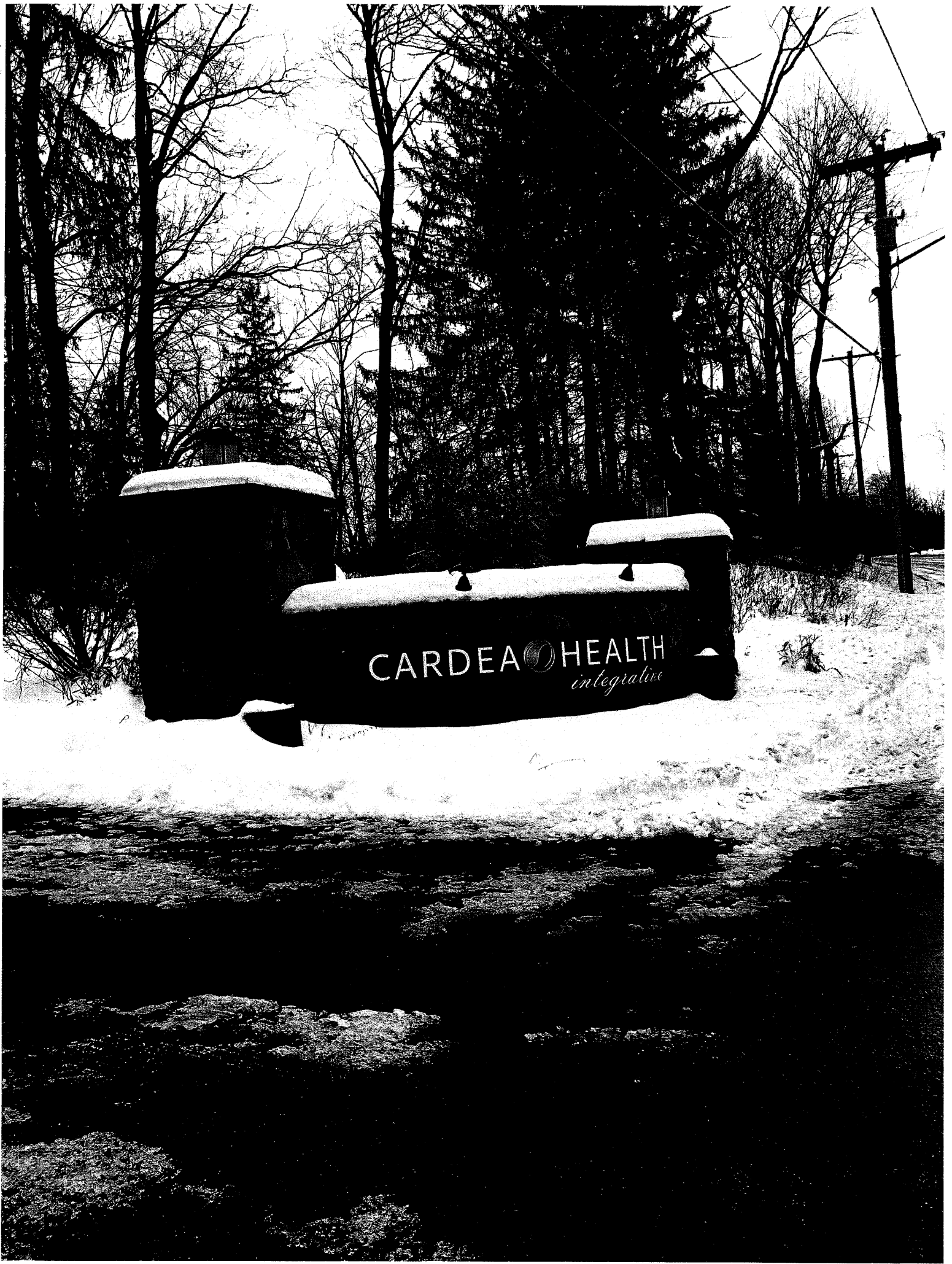
Sign Plan prepared by Visual Impact Signs

20x96" Flat-lettered dibond alum. temp sign:
Installed on 36" tall curved stone wall



Exhibit B

Photo of Existing Sign



CARDEA HEALTH
integrative

Exhibit C

Letter to the Applicant from Elizabeth Cassidy, Town Code Enforcement Officer

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



TOWN CLERK
Martha L. Librock
(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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building@townofaurora.com

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assessor@townofaurora.com
(716) 652-0011

DIR. OF RECREATION

Christopher Musshafen
(716) 652-8866
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

January 23, 2019

Hopkins, Sorgi & Romanowski
Attn: Mr. Sorgi
26 Mississippi St
Buffalo, NY 14203

a/a/f Cardea Health Integrative
1196 E. Main St
East Aurora, NY 14052

The Building Department reviewed your proposal for a sign at 1196 E. Main St, East Aurora, the location of Cardea Health Integrative. We have denied your application because you fail to meet the requirements of the Town of Aurora Sign Code for the Rural Residential (RR) zoning district in which it is located.

Section 116-34A(4): A sign of not more than four square feet in area displaying a street number, name of occupant's, and/or name by which the property is known.

Request: A 13.3* square foot sign (*revised based on submitted sign specs)

Variance: 9.3* square 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,

Elizabeth Cassidy

Asst. Code Enforcement Officer

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



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

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NYS Relay Number:
1(800) 662-1220

October 16, 2018

Cardea Health
c/o Jennifer Jennings
1196 Big Tree Rd
East Aurora, NY 14052

RE: 1196 Big Tree signage

The Building Department has reviewed your proposal for a sign at 1196 Big Tree Rd, the location of Cardea Health. We have denied your application because you fail to meet the requirements of the Town of Aurora Sign Code for the Rural Residential (RR) zoning district in which it is located.

Section 116-34A(4): A sign of not more than four square feet in area displaying a street number, name of occupant(s) and/or name by which the property is known.

Request: A 12 square feet sign

Variance: 8 square 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.

Paperwork for the next available agenda is due November 21st for the December 20th meeting. If you have any questions contact us at 652-7591.

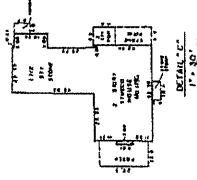
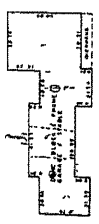
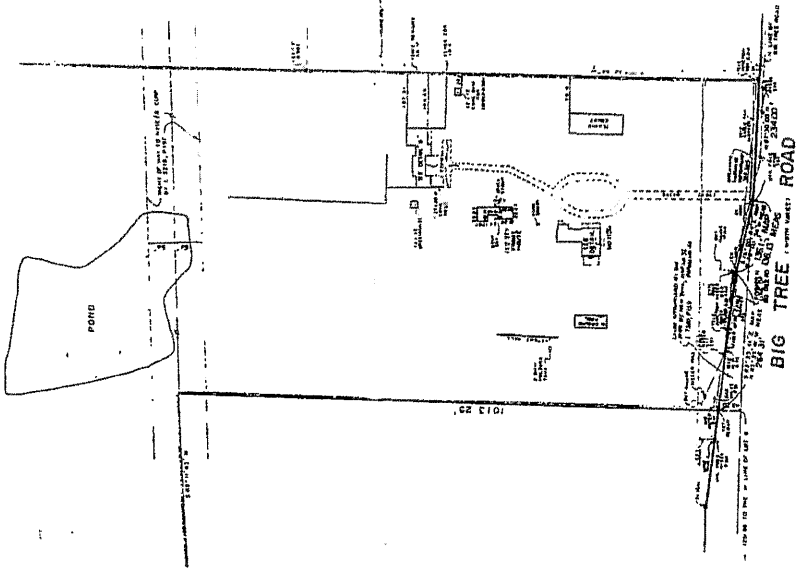
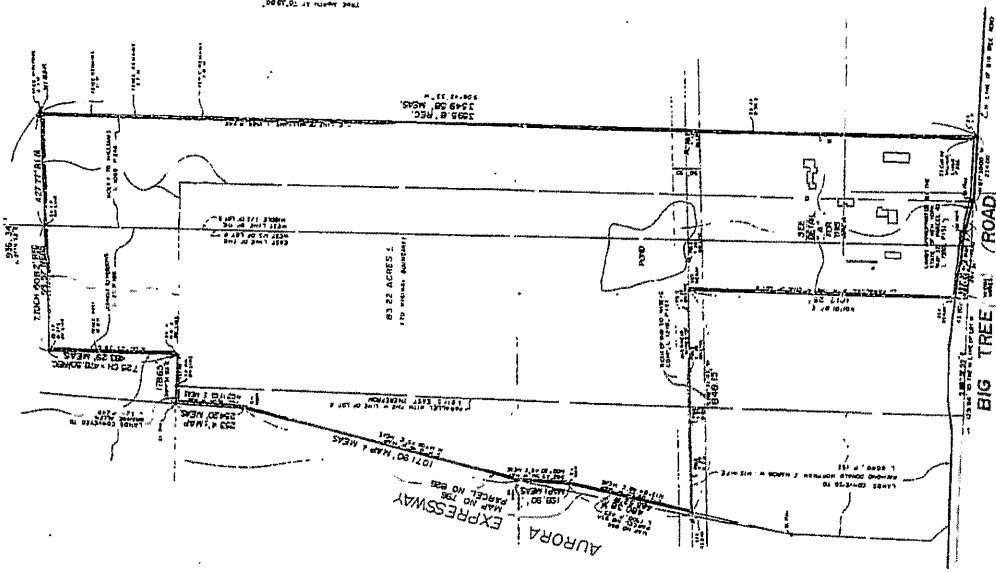
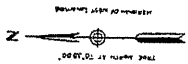
Sincerely,

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

Elizabeth Cassidy
Asst. Code Enforcement Officer

Exhibit D

Survey



I hereby state that this work was done for the purposes stated hereon.
 And to the best of my knowledge and belief, the work was done in accordance with the laws of the State of Louisiana, and I am a duly licensed Professional Land Surveyor in the State of Louisiana.
 My commission expires on the 31st day of December, 1955.
 JAMES I. SHISLER, P.C.
 PROFESSIONAL LAND SURVEYOR
 No. 1555
 State of Louisiana
 My office is located at New Orleans, Louisiana.

DETAIL - A
 1/4" = 100'

DETAIL - D
 1/4" = 100'

CONTRACT NO. 1555
 PROJECT NO. 1555
 CHECKED BY J.E.C.
 DATE 10/27/55
 JOB NO. 1555

JAMES I. SHISLER, P.C.
 PROFESSIONAL LAND SURVEYOR
 1555
 STATE OF LOUISIANA
 10/27/55

BIG TREE ROAD
 AURORA EXPRESSWAY

Exhibit E

Deed



County Clerk's Recording Page

Return to:
BOX 301

Party 1:
SOCHA TRUST 080305 TR

Party 2:
CARDEA AT TWIN ELMS LLC

Book Type: D Book: 11312 Page: 4867
Page Count: 4
Doc Type: DEED
Rec Date: 04/27/2017
Rec Time: 04:59:40 PM
Control #: 2017084372
UserID: jtc
Trans #: 17074705
Document Sequence Number
TT2016019619

Recording Fees:

RECORDING	\$40.00
COE CO \$1 RET	\$1.00
COE STATE \$14.25 GEN	\$14.25
COE STATE \$4.75 RM	\$4.75
RP5217 CNTY \$9	\$9.00
RP5217 ST-RES \$116	\$116.00
TP584	\$10.00

Consideration Amount: 975000.00

BASIC MT	\$0.00
SONYMA MT	\$0.00
ADDL MT/NFTA	\$0.00
SP MT/M-RAIL	\$0.00
NY STATE TT	\$3,900.00
ROAD FUND TT	\$4,875.00

Total: \$8,970.00

STATE OF NEW YORK
ERIE COUNTY CLERK'S OFFICE

WARNING – THIS SHEET CONSTITUTES THE CLERK'S ENDORSEMENT REQUIRED BY SECTION 319&316-a (5) OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK. DO NOT DETACH. THIS IS NOT A BILL.

Peggy A. Lagree
Acting County Clerk

Box 301

This Indenture

Made the 22nd day of February ^{seventeen} ~~Two Thousand and Sixteen~~

Between

Grantor(s): MICHELE L. SOCHA and DAVID W. SOCHA, as Trustees
of the SOCHA TRUST CREATED UNDER AGREEMENT DATED 8/3/05
24077 Cross Street, Newhall CA 91321

Grantee(s): CARDEA AT TWIN ELMS, LLC, with offices at
3537 Baker Road, Orchard Park, New York 14127

Witnesseth

that the Grantor(s) by virtue of the power and authority given in and by the said Trust and in consideration of

----- Nine Hundred Seventy-Five Thousand 00/100-----Dollars (\$ 975,000.00)
lawful money of the United States, paid by the grantee does, hereby grants and release unto the grantee, the distributes or successors and assigns forever,

All That Tract or Parcel of Land, situate in the Town of Aurora, County of Erie and State of New York, being part of Lot No. 8, Township 9, Range 6 of the Holland Land Company's Survey, described as follows:

Beginning at a point in the north line of Big Tree Road at the southeast corner of lands conveyed to Alice P. Williams by deed recorded in Erie County Clerk's Office in Liber 1068 of Deeds at page 246; thence northerly along said east line 3595.80 feet to the northeast corner of said Williams' lands; thence westerly along the north line of said Williams' lands and the north line of lands conveyed to Persons by deed recorded in Erie County Clerk's Office in Liber 210 of Deeds at page 186, 936.34 feet to a point in the east line of lands conveyed to Orange Allen by deed recorded in Erie County Clerk's Office in Liber 321 of Deeds at page 249; thence southerly along the east line of said Allen's lands 478.50 feet more or less to the southeast corner of said Allen's lands; thence westerly along the south line of said Allen's lands 178.65 feet to land appropriated by the People of the State of New York for the Aurora Expressway and designated as Map No. 796, Parcel No. 826; thence southerly along said appropriated lands, 254.20 feet to an angle; thence continuing southwesterly along said appropriated lands 1071.90 feet to a point; thence southerly along lands appropriated by deed recorded in Erie County Clerk's Office in Liber 7500 of Deeds at page 425 and designated as Map No. 866, Parcel No. 934, 198.90 feet to a point; thence southwesterly along said appropriated lands 483.52 feet to a point in the center line of the New York State Electric & Gas right of way recorded in Erie County Clerk's Office in Liber 3218 of Deeds at page 197, thence easterly along said center line 848.15 feet to a point; thence southerly and parallel with the west line of Lot No. 8, 1013.25 feet to a point in the north line of lands appropriated by the People of the State of New York by instrument recorded in Erie County Clerk's Office in liber 7550 of Deeds at page 153 and designated as Map No. 32, Parcel 40; thence southeasterly along said appropriated lands 264.31 feet to an angle; thence continuing southeasterly along said appropriated lands 136.13 feet to a point in the north line of Big Tree Road; thence easterly along said north line 234 feet to the point or place of beginning

JK Aurora
D-18-3-0

Together with all right, title and interest, if any, of the Grantor(s) in and to any streets and roads abutting the above described premises to the center lines thereof;

Together with the appurtenances, and also all the estate which the said Trust has in said premises, and also the estate therein which Trustees has/have power to convey or dispose of,

To Have and To Hold, the above granted premises unto the said Grantee(s), the distributees or successors and assigns of the Grantee(s) forever.

And the Grantor(s) covenant(s) that the Grantor(s) has/ have not done or suffered anything whereby the said premises have been encumbered in any way whatever, except as aforesaid. Subject to the trust fund provisions of section thirteen of the Lien Law.

In Witness Whereof, The said Grantor(s) have (has) set their (his), (her) hand(s) and seal(s) the day and year first above written.

In Presence of

Michele L. Socha [L.S.]
Michele L. Socha, Trustee of the Socha Trust Created
Under Agreement dated 8/3/05

David W. Socha [L.S.]
David W. Socha, Trustee of the Socha Trust Created
Under Agreement dated 8/3/05

State of California) On the 22nd day of February,
ss.)
County of Los Angeles) in the year 2017,

before me, the undersigned, personally appeared Michele L. Socha, Trustee of the Socha Trust Created Under Agreement dated 8/3/05 personally known to me or proved 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 she executed the same in her capacity, and that by her signatures on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Kerri Palitang
Notary Public

State of California) On the 22nd day of February,
ss.)
County of Los Angeles) in the year 2017,

before me, the undersigned, personally appeared David W. Socha, Trustee of the Socha Trust Created Under Agreement dated 8/3/05 personally known to me or proved 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 executed the same in his capacity, and that by his signatures on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Kerri Palitang
Notary Public

Page 2 of 3

INSTRUCTIONS: <http://www.orps.state.ny.us> or PHONE (518) 473-9791

REAL PROPERTY TRANSFER REPORT

FOR COUNTY USE ONLY

C1. SWIS Code

142489

C2. Date Deed Recorded

4/27/17

C3. Book

11312

C4. Page

4867



STATE OF NEW YORK
STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217 - PDF

RP-5217 Rev 1/29/99

PROPERTY INFORMATION

1. Property Location 1196 Big Tree Road

Aurora 14052

2. Buyer Name Cardea at Twin Elms, LLC

3. Tax Billing Address

4. Indicate the number of Assessment Roll parcels transferred on the deed 1 # of Parcels OR Part of a Parcel

5. Deed Property Size X OR 81.20

6. Seller Name Socha Trust Under Agreement dated 8/3/05
Michele L. Socha, Trustee David W. Socha, Trustee

7. Select the description which most accurately describes the use of the property at the time of sale: B. 2 or 3 Family Residential

SALE INFORMATION

11. Sale Contract Date 02/15/2016
12. Date of Sale/Transfer 4/27/17
13. Full Sale Price 975,000.00

15. Check one or more of these conditions as applicable to transfer:
A. Sale Between Relatives or Former Relatives
B. Sale between Related Companies or Partners in Business
C. One of the Buyers is also a Seller
D. Buyer or Seller is Government Agency or Lending Institution
E. Deed Type not Warranty or Bargain and Sale (Specify Below)
F. Sale of Fractional or Less than Fee Interest (Specify Below)
G. Significant Change in Property Between Taxable Status and Sale Dates
H. Sale of Business is Included In Sale Price
I. Other Unusual Factors Affecting Sale Price (Specify Below)
 J. None

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. Year of Assessment Roll from which information taken (YY) 16
17. Total Assessed Value 336,230
18. Property Class 281
19. School District Name Iroquois
20. Tax Map Identifier(s)/Roll Identifier(s) (If more than four, attach sheet with additional Identifier(s))
165.00-1-28.21

CERTIFICATION

I certify that all of the items of information entered on this 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 subject me to the provisions of the penal law relative to the making and filing of false instruments.

SELLER SIGNATURE

[Signature] DATE 4/27/17

BUYER SIGNATURE

[Signature] DATE

BUYER CONTACT INFORMATION

(Enter information for the buyer. Note: If buyer is LLC, society, association, corporation, joint stock company, estate or entity that is not an individual agent or fiduciary, then a name and contact information of an individual/responsible party who can answer questions regarding the transfer must be entered. Type or print clearly.)

Jennings Jennifer

1196 Big Tree Road

East Aurora NY 14052

BUYER'S ATTORNEY

DiFilippo Anthony

(716) 652-9560

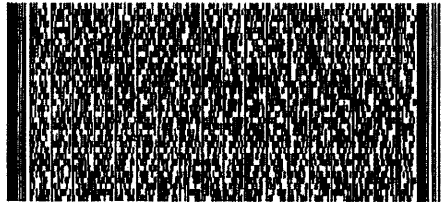


Exhibit F

EAF

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: Cardea Health Sign			
Project Location (describe, and attach a location map): 1196 East Main Street, Town of Aurora, New York			
Brief Description of Proposed Action: The Project Sponsor seeks to obtain an area variance for the size of a sign with the name of its medical practice near NYS Rt. 20A.			
Name of Applicant or Sponsor: Cardea Health Inegrative	Teleph	[REDACTED]	
	E-Mai	[REDACTED]	
Address: Cardea Health c/o Hopkins Sorgi & Romanowski PLLC, 26 Mississippi Street, Suite 400			
City/PO: Buffalo	State: New York	Zip Code: 14203	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		83.22 acres	
b. Total acreage to be physically disturbed?		less than 3 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		83.22 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other(Specify): Conservation, highway			
<input type="checkbox"/> Parkland			

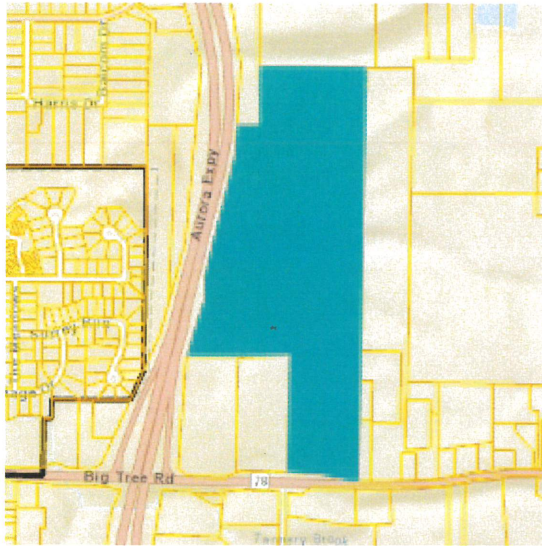
	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Cardea Health Integrative</u> Date: <u>1.23.2019</u> Signature: <u><i>P S.</i></u> Title: <u><i>Project Attorney</i></u>		

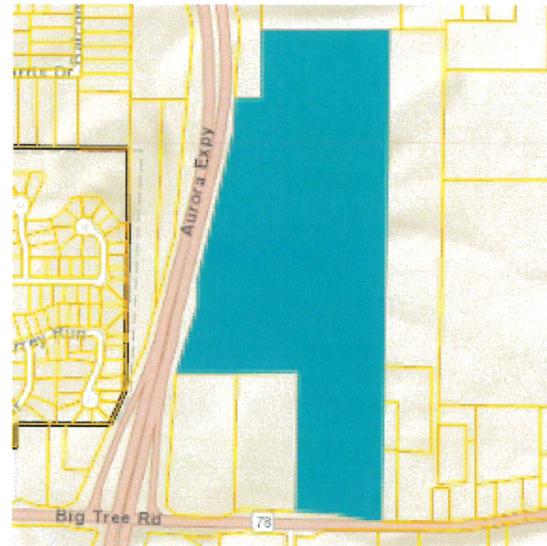
Erie County On-Line Mapping System

Parcel Detail Report

Report generated:
1/23/2019 9:46:08 AM



Parcel Overview Map



Parcel Detail Map

PIN: 142489165000001028210
SBL: 165.00-1-28.21
Address: 1196 BIG TREE RD
Owner 1: CARDEA AT TWIN ELMS LLC
Owner 2:
Mailing Address: 1196 BIG TREE RD
City/Zip: EAST AURORA NY 14052
Municipality: Aurora
Property Class: 281
Class Description: R - Multiple res
Front: 634.13
Depth: 0
Deed Roll: 1
Deed Book: 11312
Deed Page: 4867
Deed Date:

Acreage: 83.05127810228
Total Assessment: \$336,200
Land Assessment: \$52,400
County Taxes: \$336,200
Town Taxes: \$0
School Taxes: \$0
Village Taxes: \$0
School District: IROQUOIS CENTRAL SCHOOL DISTRICT #1
Year Built: 1876
Sqft Living Area: 5391
Condition: 0
Heating: 0
Basement: 0
Fireplace: 4
Beds: 5
Baths: 4.5



CASE NO. 1333

DATE OF HEARING 2/11/19

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 CRISTINA AND CRAIG POLSTON
Address 405 OAKWOOD
City EAST AURORA State NY ZIP 14052
Phone [REDACTED] Fax _____ Email _____
Interest in the property (owner/purchaser/developer) OWNER

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

Property Owner(s) Name(s) Same
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____ Email _____

III. PROPERTY INFORMATION

Property Address 1757 EMERY ROAD
SBL# 200.00-2-13.1
Property size in acres 2.87 Property Frontage in feet 421'
Zoning District RURAL RESIDENTIAL Surrounding Zoning RURAL
Current Use of Property RURAL RESIDENTIAL

IV. REQUEST DETAIL

(check all that apply)

Variance from Ordinance Section(s) # MIN. SIZE OF A DWELLING 116-8.4.C
 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)

C. Palston

Signature of Applicant/Petitioner

Cristina Palston

Print name of Applicant/Petitioner

State of New York; County of Erie

On the 23rd day of January in the year 2019 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.

Sheryl A. Miller

Notary Public

SHERYL A. MILLER
Reg. #01MI6128663
Notary Public, State of New York
Qualified In Erie County
Commission Expires June 13, 2021

(Notary stamp)

Office Use Only: Date received: 1/23/19 Receipt #: 607170

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)

REQUEST PERMISSION TO BUILD A 600 S.F. RESIDENCE.
MINIMUM SIZE ALLOWED FOR A NEW RESIDENCE IS 1,200 S.F.

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 Gleed 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:

....., identified as Tax Map (SBL)# 200.00-2-13.1
(address)

hereby authorizes Bammel Architects 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.

Cristina Polston
Owner (print)

1/23/19
Date

C Polston
Owner (signature)

STATE OF NEW YORK)
) SS
COUNTY OF ERIE)

On this 23rd day of January, 2019, before me, the undersigned, a notary public in and for said state,
personally appeared Christina Polston, 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.

Sheryla A. Miller
Notary Public
SHERYLA. MILLER
Reg. #01MI6128663
Notary Public, State of New York
Qualified In Erie County
Commission Expires June 13, 2021

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



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

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

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jharris@townofaurora.com

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building@townofaurora.com

ASSESSOR
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assessor@townofaurora.com
(716) 652-0011

DIR. OF RECREATION
Chris Musshafen
(716) 652-8866
chris@townofaurora.com

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Ronald P. Bennett

TOWN JUSTICE
Douglas W. Marky
Jeffrey P. Markello

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

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

Cristina & Craig Polston
405 Oakwood Ave.
East Aurora, NY 14052

1/24/2019

Re; Variance at 1757 Emery Rd.

Cristina and Craig,

The Building Department has reviewed your application to erect a residential structure of 600 Square Feet. We have denied your application because it fails to meet the requirements as stipulated by Aurora Town Code

116-8.4.C Required: Dwelling- not less than 1200 sq. ft.
Request: Dwelling of 600 sq. ft.
Variance: 600 sq. ft.

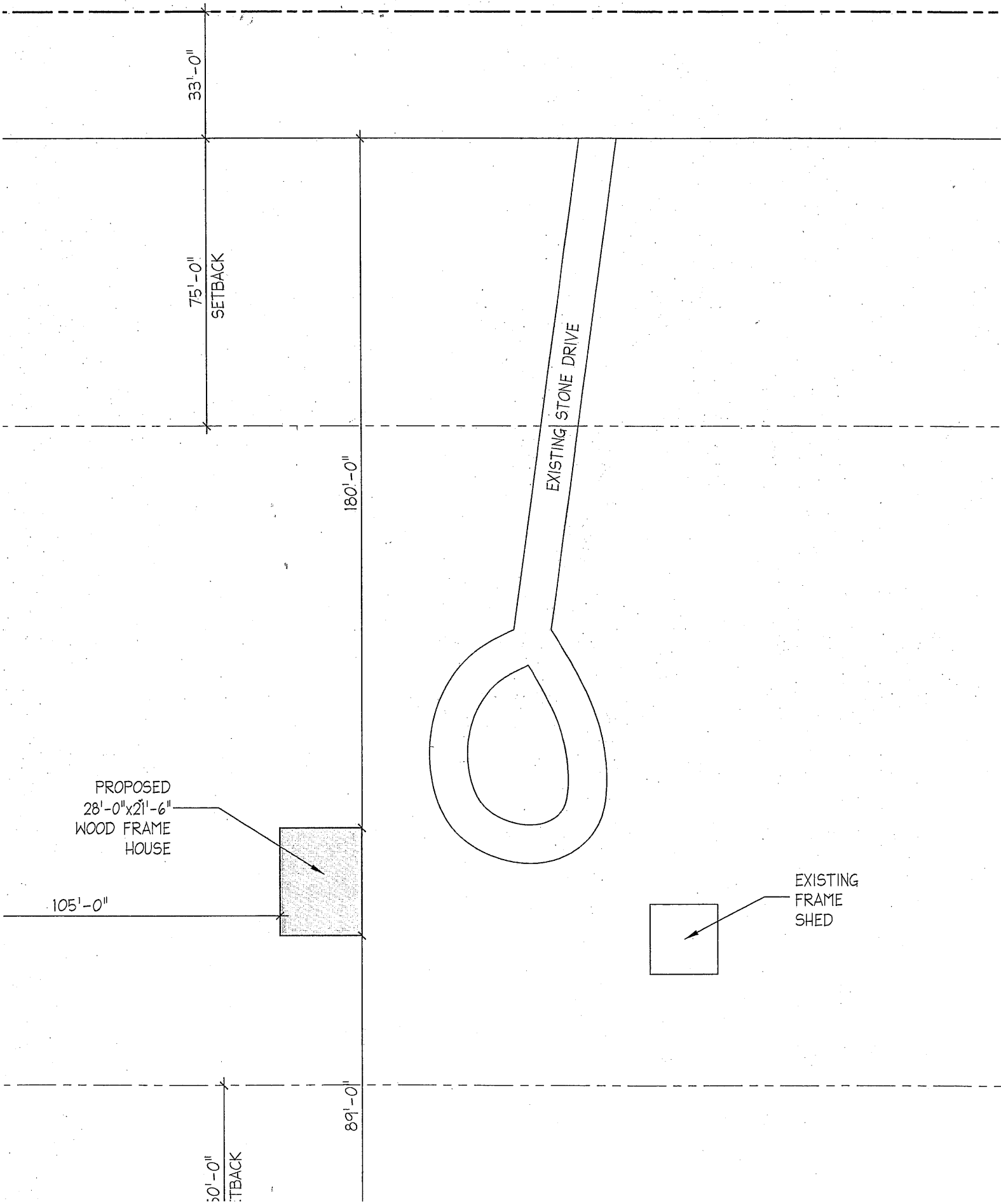
If you wish to pursue this matter further you must apply to the Town of Aurora Zoning Board of Appeals for an area variance. You must include your application, application fee and any information you need to support your need for a variance from the Town Code. If you have any questions contact us at 652-7591.

William R. Kramer

Code Enforcement Officer

EMERY ROAD

421.70'



Short Environmental Assessment Form

Part 1 - Project Information

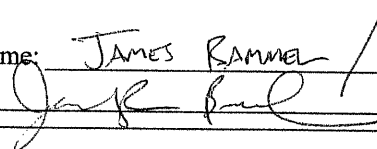
Instructions for Completing

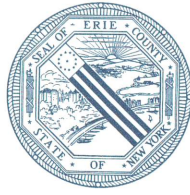
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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: POLSTON RESIDENCE			
Project Location (describe, and attach a location map): 1757 EMERY ROAD			
Brief Description of Proposed Action: CONSTRUCT A NEW 600 S.F. WOOD FRAME RESIDENCE ON AN EXISTING SITE. PREVIOUS HOUSE ON THE PROPERTY WAS DEMOLISHED.			
Name of Applicant or Sponsor: CRISTINA + CRAIG POLSTON		Telephone: 	
Address: 450 OAKWOOD		E-Mail: 	
City/PO: EAST AVONDA		State: NY	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.		NO <input checked="" type="checkbox"/>	YES <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:		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		3.193 acres	
b. Total acreage to be physically disturbed?		0.014 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		3.193 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 checked="" type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, 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?			
	<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: <u>SEPTIC</u>	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? 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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban				
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Is the project site located in the 100 year flood 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, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES 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"/>		

<p>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: _____ _____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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: _____ _____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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: _____ _____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p>		
<p>Applicant/sponsor name: <u>JAMES RAMMEL / RAMMEL ARCHITECTS</u> Date: <u>1-23-2019</u> Signature: <u></u></p>		



COUNTY OF ERIE

MARK C. POLONCARZ

COUNTY EXECUTIVE

February 4, 2019

Martha Librock, Town Clerk
300 Gleed Avenue
East Aurora, New York 14052

Re: Variance for 50% of minimum square footage required for proposed house

Location: **1757 Emery Road, Aurora, New York**
Review No.: **ZR-19-114**

Dear Ms. Librock:

Pursuant to New York General Municipal Law Section 239-m, the County of Erie (the "County") has reviewed the above-referenced project (the "Project") referred to us by the Town of Aurora (the "Town") on January 25, 2019. The County offers the following comments based upon its review of the Project:

- Due to the intention to use a septic system for sewage, and for completion of property transfer, this project must be referred to the Erie County Department of Health for review to:

Erie County Department of Health
ATTN: Jennifer Delaney
503 Kensington Avenue
Buffalo, NY 14214

This review pertains to the above-referenced site plan submitted to the Erie County Department of Environment and Planning. This letter should not be considered sufficient for any county approvals. The Town and/or developer must still obtain any other permits and regulatory approvals applicable to this Project.

Please feel free to contact me at 716-858-1916 if you have any questions.

Sincerely,

Mariely Ann Ortiz
Planner

Erie County | Environment & Planning
95 Franklin St., 1007 | Buffalo, NY 14202
P:(716) 858-8390 | F:(716) 858-7248
Mariely.Ortiz@erie.gov | <http://www.erie.gov>

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



TOWN CLERK
Martha L. Librock
(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

February 6, 2019

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chris@townofaurora.com

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TOWN JUSTICE
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Anthony DiFilippo IV

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

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

*This institution is an equal
opportunity provider and employer.*

Erie County Department of Health
Attn: Jennifer Delaney
503 Kensington Avenue
Buffalo, New York 14214

Re: Erie County Department of Environment & Planning
Referral: 1757 Emery Road, Aurora, NY
Project review

Dear Ms. Delaney:

Mariely Ann Ortiz of the Erie County Department of Environment and Planning reviewed Zoning Referral for a variance for 50% of minimum square footage required for a proposed house. In a letter dated February 4, 2019, Ms. Ortiz states that this project must be referred to the Erie County Department of Health for review.

Enclosed please find a copy of the Zoning Referral, Ms. Ortiz's February 4, 2019 letter and the set of supporting documents for this Zoning Board of Appeals case.

If you have any questions or need further documentation, please do not hesitate to contact me at (716) 652-3280 or townclerk@townofaurora.com.

Sincerely,

Martha L. Librock
Town Clerk

Enc.

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.: ZR-19-114
Received: 1/25/19

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** 2/21/2019 **Time** 7pm **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 1757 Emery 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) Square footage of proposed house is 50% smaller than allowed by Town Code

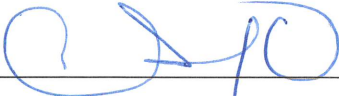
8. Other remarks: (ID#, SBL#, etc.) SBL# 200.00-2-13.1

9. Submitted by: Martha Librock, Town Clerk 1/25/2019
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 1/29/19. 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: 2/1/19