

You can make a difference.

- ✓ More dollars in your monthly budget
- ✓ Cleaner energy for a healthier planet
- ✓ \$50 Visa Gift Card as a welcome bonus



We're sure you'll feel good about your decision to enroll today.

But if you ever wish to discontinue for any reason, there is no annual contract or cancellation fee. So enroll today by calling or going online, and let the savings begin!



SolarFarmsNY.com



Call 1-800-632-9264

Agent ID:

1157

Please use this code when enrolling.

solarfarms NEW YORK

Lower your electric costs while helping the planet. Every little bit counts.



WS-1

solarfarms NEW YORK

It's a smart choice for NYSEG customers. And for the Earth.



Pay less each month

Shave dollars off your NYSEG electric bill the easy way. Simply enroll with Solar Farms New York, and **NYSEG will automatically discount your electricity costs** for the amount of solar electricity we provide to them to allocate toward your account. You receive a guaranteed 5% savings, on up to 100% of your electricity usage.



Help NY go green

So far 11,852 households have joined Solar Farms New York to keep our state clean and green. But we absolutely need you in order to achieve **New York's goal of 100% renewable electricity by the year 2040**. This is more important than money! (But of course, you'll save that, too.)



Reduce harmful carbon emissions

Feel better every time you flip a switch in your home, because the energy you use is offset by **100% clean solar power being fed into the NYSEG grid** from our community solar farms. You're literally helping the planet while saving money at the same time.



Get a \$50 thank you

As a special "thank you" for doing your part, Solar Farms New York would like to **give you a \$50 Visa Gift Card when you enroll**. There is no cost to enroll, and you can cancel anytime - so please call or visit us online today to begin saving and helping the Earth. Every little bit counts!

"One quick phone call, and our electric bill was lower. And it's better for the environment, too.

Who wouldn't want this?"

Enroll today and receive a \$50 Visa Gift Card



SolarFarmsNY.com

Call 1-800-632-9264

Be sure to reference the Agent ID on the back cover when you enroll!

WS-2 6H

Application # _____

Application for Temporary Use Permit

Town of Aurora Parks

Submit applications to:
Town of Aurora Recreation Department
300 Gleed Ave
East Aurora, NY 14052
Telephone (716) 652-4050 Fax: (716) 652-1123

All requests must be made no less than 30 days in advance of event/use.

1. Name of Organization: WNY Cyclocross Club
2. Individual Responsible for this request: John Rosen
3. Address: 2037 Grover rd
West Falls 14170
4. Telephone number: _____
5. Fax: _____
6. Email Address: _____ oden.net
7. Date(s) of event 8-15 and 10-17
8. Hours of use including set up/take down: Start 6 ampm End 3 am(pm)
9. Description of the event or use:
SEE ATTACHED PROPOSAL
10. Specific area(s) requested, map attached
 JP Nicely West Falls Park
 Warren Drive Park
 Majors Park
 Other: _____
11. Specific equipment to be brought in to park (porta johns, tents, etc.)
COURSE MARKING SIGNS + TAPE
12. Need: Water _____ Electric X
13. Estimated attendance: 120
14. Will food or drinks be served? No If yes, describe: _____

Action by Town Board:

The Town Board, upon review of the application request # _____ submitted by _____ (organization or individual) took the following action, with or without conditions (as applicable) and noted below:

Approved: _____ Date: _____
Supervisor Signature

Denied: _____ Date: _____
Supervisor Signature

Conditions:

_____ Police Department approval

_____ Highway approval

_____ Building Department approval

_____ Requesting organization shall attach a completed **Certificate of Insurance** with Minimum Limits to include public liability coverage with limits of \$1,000,000 each occurrence; property damage insurance with limits of \$1,000,000 each occurrence. Policy shall be endorsed to include the Town of Aurora as an additional named insured.

_____ Requesting organization shall attach a completed **Certificate of Insurance** with Minimum Limits to include public liability coverage with limits of \$1,000,000 each occurrence; property damage insurance with limits of \$1,000,000 each occurrence. Policy shall be endorsed to include the NYSOPRHP as an additional named insured.

_____ Requesting organization shall submit an **Indemnification Agreement** signed by authorized applicant or officer of company and duly notarized.

_____ Other

15. Will there be sound amplification or music or a band(s)? Yes If yes, describe:
PA SYSTEM FOR VOICE

16. Other services requested (describe): None
Police
Parks and Recreation Department

(Provide drawings describing location, size and text of all proposed signs for this event to the Town of Aurora Building Department, 300 Glead Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after same.)

I make this application and agree to abide by the **Guidelines for Use of Town of Aurora Parks.**


Signature of Applicant

4-1-21
Date

Official Use Only Below this Line-----

Event: _____

Attachments submitted:

- Indemnification Agreement
- Certificate of Insurance
- Map with area(s) requested to be used indicated
- Copy of application for sign permit, if applicable. (Upon application approval, copy of approved sign permit must be filed with the Town Clerk NO LATER THAN 5 days prior to scheduled event.)

Application Recommended or Not recommended
by Recreation Department

Event Contact:

John Roden
2037 Grover Road
West Falls, NY 14170

Event Information:

I would like to use the park for three different cyclocross events in late summer and fall as follows:

1) A junior focused skills clinic for about 30 riders on **Sunday, August 15** from 9 to 3. A separate insurance certificate will be purchased for this event. We will set up a course using grass and trails on Saturday, then run a series of shorter events on Sunday, similar to a track meet.

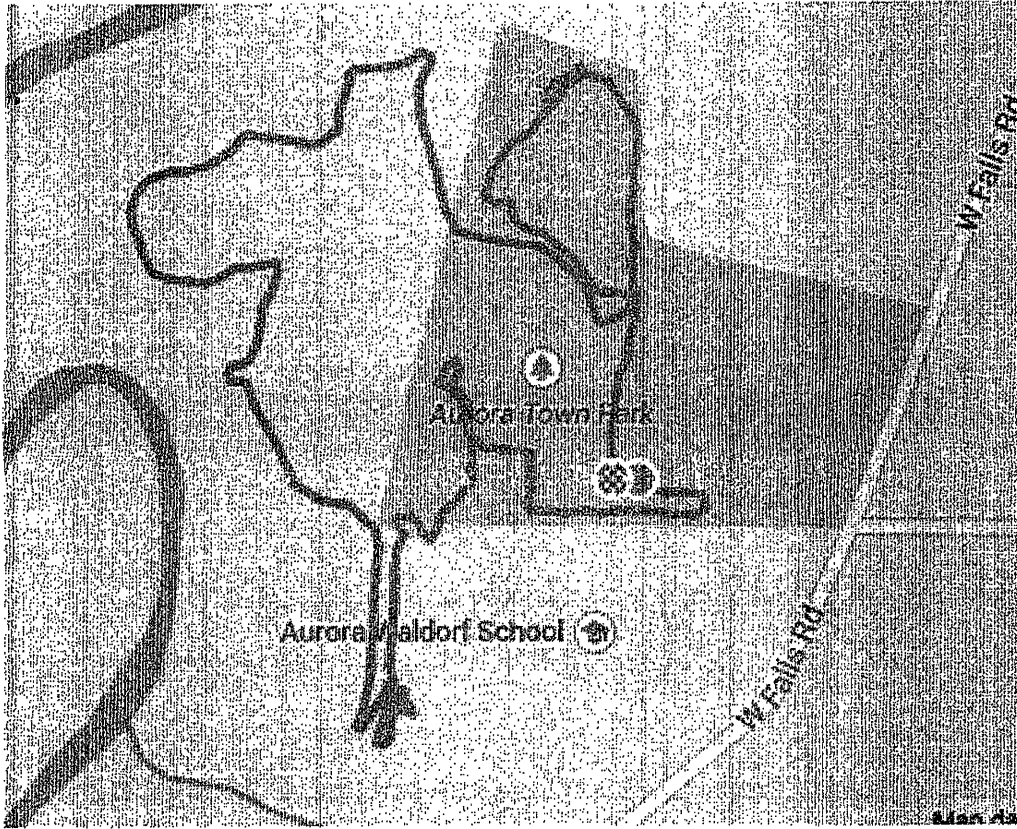
3) The "West Falls Park Cyclocross" event will be held on Sunday, October 17, 2021 at the JP Nicely park on Falls Road in **West Falls, New York.**

Course: I am interested in having a race starting and finishing at the building and using the grass along the treeline and the wide trails through the forest. If I can obtain permission from the adjacent school I would like to add some length using some of their property and park cars in their lot. I have approached Waldorf and have a verbal OK at present.

I would like access to the building and bathrooms on race day and will set up the course on Saturday. Depending on the weather I will set the course to avoid turf damage, especially in public areas.

I'll go out in fall and clean up some brush and blow the leaves off the day before the race. I remove all garbage when I am done and return the next day to ensure no bits were left in the woods.

For this year, our funding objective will be supporting the West Falls Fire Department ambulance fund.



COVID Safety Plan
West Falls Park Cycling Events for 2021
John Roden - Western NY Cyclocross Club



April 7, 2021

Overview: Small outdoor cycling events conducted off road appear to pose little risk for viral transmission. Riders are alone or in small groups during the event and potential congregate gathering situations can be mitigated through planning. Our primary concerns are eliminating indoor gathering as part of the registration process, eliminating gathering for posting of awards and discouraging ad-hoc gatherings of spectators during the race.

Steps to support these goals:

- We have used online registration for years and our riders are used to signing up during the week prior.
- Rather than staff an indoor table with a volunteer to distribute numbers and obtain waiver signatures, we will assign bibs, and send a start list to each participant and use self-service bib pickup with one-way flow.
- Bathroom access will be restricted to those using the facilities, and those waiting will congregate outdoors, with separate entrances for men and women.
- Riders will stage in a modified starting grid to allow for 6 foot spacing. Officials will require masks be worn during instructions and removed 30 seconds before start, if desired.
- Masking will be required while on site otherwise.
- Results will not be posted, but will be mailed electronically within 15 minutes of each heat finishing. Rider protests of errors in results will be handled via text to the head official.
- Award ceremonies will be socially distanced.
- No shared food will be provided to riders, volunteers will receive wrapped food from a local vendor.
- We are planning a relay, but will need to modify the format to ensure safe exchanges, or cancel it if infection rates are a concern.
- If we continue to have issues with infection rates or viral variants into the fall, we will cancel the event.
- This policy will be posted on the registration page and a reminder will be mailed the night before. Refunds will be offered no questions asked.

SUPERVISOR
JAMES J. BACH
(716) 652-7590
supervisor@townofaurora.com



TOWN CLERK
MARTHA L. LIBROCK
(716) 652-3280
townclerk@townofaurora.com

TOWN OF AURORA

575 Oakwood Ave., East Aurora, NY 14052
www.townofaurora.com

Indemnification Agreement

Town of Aurora Parks

To the fullest extent permitted by law, I/We shall indemnify and hold harmless the Town of Aurora and its employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of our work under this contract, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, including the loss of use resulting there from but only to the extent caused in whole or in part by negligent acts or omissions of our organization, anyone directly or indirectly employed by us or for anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to otherwise exist as to a party or person described in this paragraph.

A handwritten signature in black ink, appearing to be "J. Bach", written over a horizontal line.

Authorized Applicant or Officer

State of New York)
County of Erie)

Subscribed and sworn to before me this 7th day of April, 2021

A handwritten signature in black ink, appearing to be "Martha L. Librock", written over a horizontal line.
Notary Public

MARTHA L. LIBROCK
Notary Public, State of New York
No. 01LI5028312
Qualified in Erie County
My Commission Expires May 31, 2022

Qualified in Erie County, New York
My commission expires: 5/31/2022

WS-3

Application # _____

Application for Temporary Use Permit

Town of Aurora Parks

Submit applications to:
Town of Aurora Recreation Department
300 Gleed Ave
East Aurora, NY 14052
Telephone (716) 652-8866 Fax: (716) 652-5646

All requests must be made no less than 30 days in advance of event/use.

1. Name of Organization: East Aurora Lacrosse Assoc.
2. Individual Responsible for this request: Ara Sell
3. Address: _____
4. Telephone number: _____
5. Fax: _____
6. Email Address: asell14@roadrunner.com
7. Date(s) of event: ~~May 8th 2021~~ May 13th, 2021
8. Hours of use including set up/take down: Start 12 am/pm End 8 am/pm
9. Description of the event or use:
Fundraiser chicken BBQ - poss. beer truck
10. Specific area(s) requested, map attached
 JP Nicely West Falls Park
 Warren Drive Park
 Majors Park
 Community Pool Park
11. Specific equipment to be brought in to park (porta johns, tents, etc.) tents, BBQ equip.
12. Need: Water no Electric no
13. Estimated attendance: ? ~~100~~ no more than 50¹⁰⁰ people at a time
14. Will food or drinks be served? YES If yes, describe: BBQ chicken dinner
poss. beer truck

15. Will there be sound amplification or music or a band(s)? no If yes, describe:

16. Other services requested (describe): _____

_____ Police _____

_____ Parks and Recreation Department _____

(Provide drawings describing location, size and text of all proposed signs for this event to the Town of Aurora Building Department, 300 Gleed Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after same.)

I make this application and agree to abide by the **Guidelines for Use of Town of Aurora Parks.**

A. Sell
Signature of Applicant

3-23-21
Date

Official Use Only Below this Line-----

Event: _____

Attachments submitted:

_____ Indemnification Agreement

_____ Certificate of Insurance

_____ Map with area(s) requested to be used indicated

_____ Copy of application for sign permit, if applicable. (Upon application approval, copy of approved sign permit must be filed with the Town Clerk NO LATER THAN 5 days prior to scheduled event.)

Application Recommended or Not recommended
by Recreation Department



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Vanner Insurance Agency 90 John Muir Bldg A Amherst, NY 14228 John Munschauer	716-688-8888	CONTACT NAME: Brittany Campbell PHONE (A/C, No, Ext): 716-688-8888 E-MAIL ADDRESS: bcampbell@vannerinsurance.com	FAX (A/C, No): 716-688-9001
	INSURED East Aurora Lacrosse Association, Inc. 535 Jewett Holmwood Rd East Aurora, NY 14052		INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 18058	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2125912	06/30/2020	06/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			13203676	10/10/2020	10/10/2021	EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER <p style="text-align: right;">AUROR14</p> <p>Town of Aurora 575 Oakwood Avenue East Aurora, NY 14052</p>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

WS-4

**EALA - Warren Park
Preliminary Project Budget
Phase 1**

Project Summary:

Phase one will consist of a designated Wall Ball Area on the North East corner of the property. The wall will be approximately 30 ft in length by 10ft in height and will have a North/South orientation. The wall shall be constructed out of 12"x8"x16" concrete block, with concrete and rebar reinforcements every 3 ft. The wall shall be built centered on a 10 ft by 32 ft concrete pad (4" Thickness), with a 2ft x 4 ft x 30 ft trench poured footer down the middle to support the wall.

Budget Breakdown:

Materials:

Concrete Pad Construction:

Stone Base: (2" Recycled Concrete at 6")	\$275.00
Concrete (14CY @145/yd)	\$2,030.00
Rebar, Wood for Forms, Etc.	\$400.00

Block Wall Construction:

12" Block (315 Blocks @ 3.05/Block)	\$960.75
Mortar (30 - 60lb Bags @ 4.50/Bag)	\$135.00
Concrete For Reinforcement (50 - 60lb Bags @ 5.75/ Bag)	\$287.50

Labor:

No Cost All Volunteer Work	\$0.00
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Equipment:

No Cost - Use Celtic Machines	\$0.00
-------------------------------	--------

Misc.:

Permit for Town: (May not Need)	\$250.00
Engineering	\$250.00

Total Budget (Phase 1) \$4,588.25

Proposed Location of
30'x1'x10' Wall Ball Wall



EA LACROSSE

PROPOSED SIGN LOCATION



737 Warren Dr



TOWN OF AURORA
OPEN DEVELOPMENT AREA APPLICATION

WS-5
6G-1

To Be Completed By Applicant

PETITIONER: Name: KEITH D. MARQUIS
Address: 3739 SENECA STREET
WEST SENECA, N.Y. 14224
City State Zip
Phone: 716-998-5376 Fax:
E-Mail: KMARQUIS@MARQUISENGINEERING.COM

PROPERTY OWNER (if different from petitioner):

Name: _____
Address: _____ Ph. No. _____

PROJECT ADDRESS: 1875 BOIES ROAD 200.00-4-9.11
No. Street SBL No.

PROJECT DESCRIPTION: PROJECT CONSISTS OF BUILDING LOT
FOR SINGLE FAMILY RESIDENCE. LOT
SIZE IS 6.75 +/- ACRES

Signature of Applicant: [Signature]

State of New York) :SS:
County of Erie)

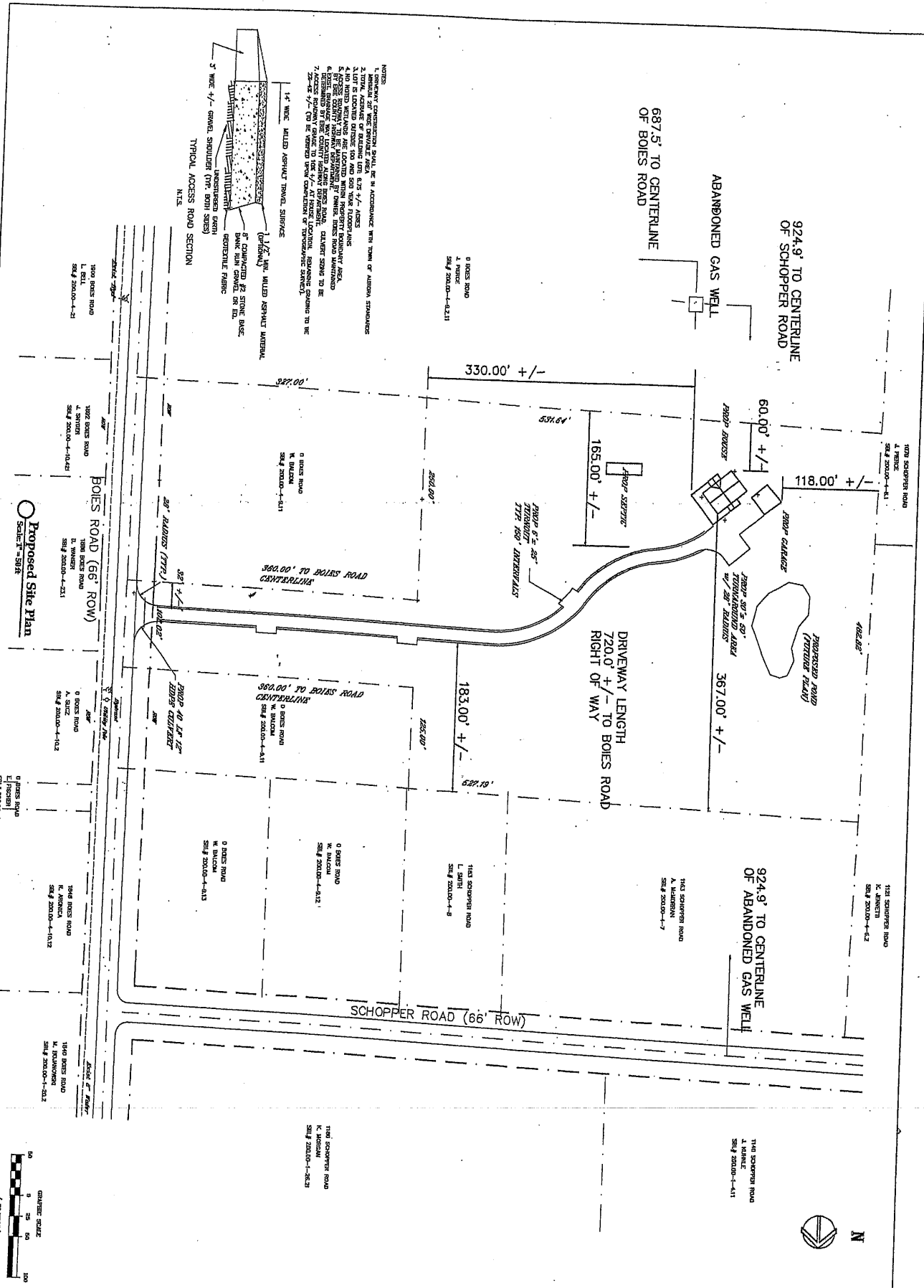
On the 30 day of March, in the year 2021, before me, the undersigned, a notary public in and for said state, personally appeared Keith Marquis, personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and they 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.

[Signature]
Notary Public

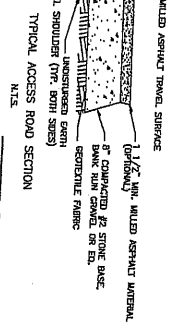
LISA C. STREICHER
Notary Public, State of New York
Qualified in Erie County
Reg. No. 01ST6153497
My Commission Expires 10/02/2022

OFFICE USE ONLY:
File #: _____ Number of Lots _____ Total Acreage _____ Zoning _____
Open Development Area Review Application Fee \$ _____
Materials Received by
Town Clerk & Fee Paid
Accepted by _____ Date _____

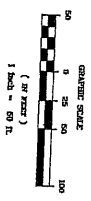
TOWN OF AURORA 5 SOUTH GROVE STREET, EAST AURORA, NY 14052
(716) 652-3280 FAX (716) 652-3507 www.townofaurora.com



- NOTES:
1. GENERAL CONSTRUCTION SHALL BE IN ACCORDANCE WITH TOWN OF AURORA STANDARDS
 2. TOTAL WIDTH OF ROAD SHALL BE 66' +/-
 3. LOT IS LOCATED OUTSIDE 100 AND 500 YEAR FLOODPLAIN
 4. ACCESS ROADWAY TO BE LOCATED WITHIN PROPERTY BOUNDARY AREA
 5. ACCESS ROADWAY TO BE LOCATED WITHIN PROPERTY BOUNDARY AREA
 6. BEST AVAILABLE AND AVAILABLE DATA SHALL BE USED TO DETERMINE THE LOCATION OF THE CENTERLINE OF BOIES ROAD
 7. ACCESS ROAD TO BE CONSTRUCTION OF 14\"/>



Proposed Site Plan
Scale: 1" = 50'



PROJECT NO.	1875 BOIES ROAD
TITLE	GENERAL SITE PLAN
DATE	3/15/2021
DRAWN BY	K. MARQUIS
CHECKED BY	K. MARQUIS
DATE	3/15/2021
SCALE	1" = 50'
PROJECT NO.	S-1

ME Marquis Engineering, P.C.
 3138 Seneca Street
 West Seneca, New York 14224
 Phone: (716) 877-6260 Fax: (716) 877-6201
 e-mail: info@marquisingeering.com

1875 BOIES ROAD
 KEITH D. MARQUIS - OWNER
 TOWN OF AURORA, NEW YORK



300 Glead Avenue, East Aurora, NY

TOWN OF AURORA
OPEN DEVELOPMENT AREA APPLICATION

WS 6
GG-2

PETITIONER: Name: Robert & Joan Erickson
Address: 535 Jewett Holmwood Rd.
East Aurora NY 14052
City State Zip

Phone: 71 Fax: E-Mail: @ol.com

PROPERTY OWNER (if different from petitioner):

Name: same
Address: Ph. No.

PROJECT ADDRESS: 535 Jewett Holmwood Rd. Part of Lot 46, Township 9,
No. Street SBL No. Range 6

PROJECT DESCRIPTION: Division of our current 6.55 acre lot into 2 parcels.
Build a single family, timber frame home on the
flagged lot. (~ 1,800 sq ft 2-story with attached garage.)
My wife and I will occupy the new home, our son & family
will occupy the existing home at 535 Jewett Holmwood.

Signature of Applicant: [Signature] 4-1-21

State of New York)SS:
County of Erie)

On the _ day of _____, in the year _____, before me, the undersigned, a notary public in and for
said state, personally appeared _____, 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 they 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.

Notary Public

OFFICE USE ONLY:
File #: Number of Lots 1 Total Acreage Zoning Rept# 304741
Open Development Area Review Application Fee \$ 100.00
Materials Received by Town Clerk & Fee Paid
Accepted by [Signature] Date 4/5/2021

April 6, 2021

Re: 535 Jewett Holmwood Road - ODA
Setback variance request

Aurora Town Board Members,

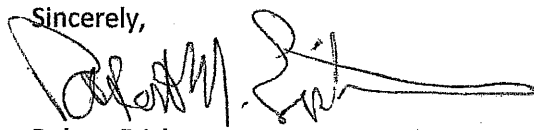
Regarding my Open Development Area Application for property at 535 Jewett Holmwood Road, East Aurora, NY, I am hereby requesting a variance from the requirement of a 200' setback from the dividing property line.

This request is based on the advice of Andy Kenyon, P.L.S., from Nussbaumer & Clarke, Inc. who completed the Open Development Area Survey. Per his assessment, the area approximately 100' from the dividing line is significantly drier and will present less problems with drainage than further back on the property.

Given the layout of the property and orientation of the current residence, I believe that the location of the second home at 100' from the dividing line will not have a negative impact on the value/privacy of either home.

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Erickson', with a long horizontal flourish extending to the right.

Robert Erickson



LEGEND

- 1. 1/4" = 100' (Horizontal Scale)
- 2. 1/4" = 100' (Vertical Scale)
- 3. 1/4" = 100' (Diagonal Scale)
- 4. 1/4" = 100' (Curved Scale)
- 5. 1/4" = 100' (Circular Scale)
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SCALE IN FEET

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APPROVED BY RESOLUTION OF THE BOARD OF THE TOWN OF ANDOVER, NEW YORK, ON THIS 15th DAY OF JUNE, 2020.

ATTEST:

SECRETARY

DATE OF SURVEY: 2/20/20

OPEN DEVELOPMENT AREA SURVEY

555 JEWETT - HOLMWOOD ROAD

Town of Andover

County of Hamilton, State of New York

Scale: 1" = 50'

Project No.: 2020-003

PROFESSIONAL ENGINEER

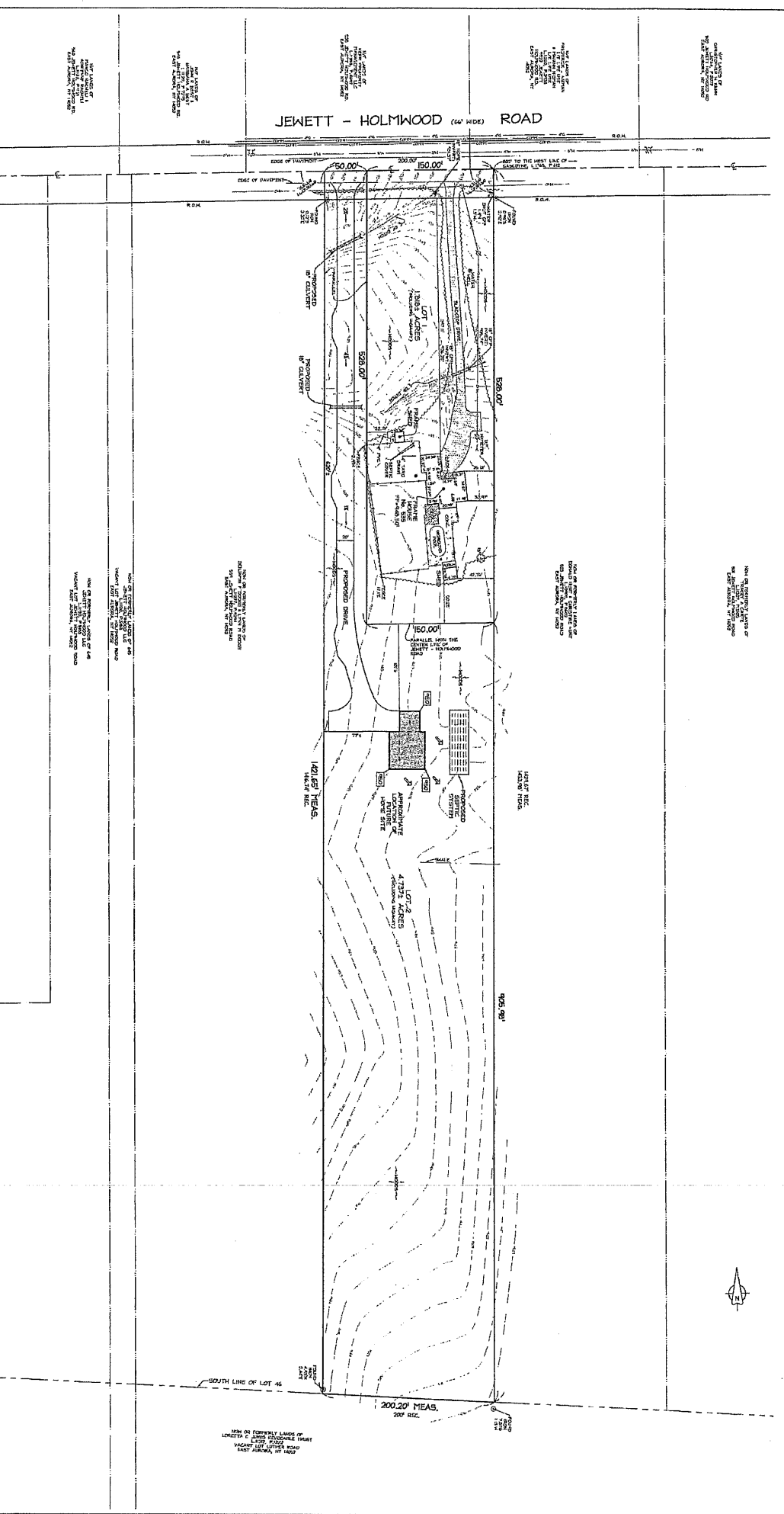
555 JEWETT - HOLMWOOD ROAD

TOWN OF ANDOVER, NEW YORK

DATE OF SURVEY: 2/20/20

Scale: 1" = 50'

Project No.: 2020-003





Town of Aurora Town Board
300 Gleed Avenue, East Aurora, New York 1405

Special Use Permit Application Form

WS-7

6G-3

I. PROJECT INFORMATION (Applicant/Petitioner):

Business/Project Name: Barn Build with residence
Business/Project Address: 1158 Davis Rd West Falls NY 14170
Applicant Name: Gary Dellavere
Mailing Address: 1158 Davis Rd
City West Falls State NY ZIP 14170
Phone 716 x _____ Email gdellavere@gmail.com
Interest in the property (ex. owner/purchaser/developer) owner

II. PROPERTY OWNER INFORMATION (If different than Applicant AND the Owner does not sign below, please submit and original, notarized "Owner Authorization" form - attached):

Property Owner(s) Name(s) Beverly Schenkel
If a corporate, please name a responsible party/designated officer: _____
Address 1158 Davis Rd
City West Falls State NY ZIP 14170
Phone 2 Fax _____ Email b.schenkel@att.net

III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address _____
SBL# 186.00-4-419
Describe Special Use requested (use additional pages if needed): Pole barn 40x80 with rear 20x40 foot Section 2 story for residence
Property size in acres 1 acre Property Frontage in feet 209.56
Zoning District B2 Surrounding Zoning B2
Current Use of Property Commercial Residence
Size of existing building(s): 3500 roughly sf Size of proposed building(s) 4000 sf
Present/Prior tenant/use: Commercial Resident
Parking spaces: Existing: lot Proposed additional spaces: lot Total #: _____

Proposed water service: public private (well) n/a Is this existing Y/N
 Proposed sanitary sewer: public private (septic) n/a Is this existing Y/N

Hours of operation (if applicable):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	By Appt.
Hours								

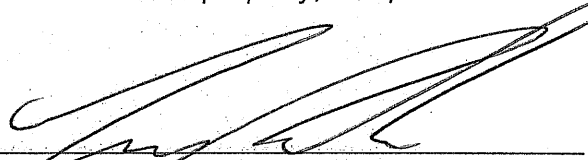
Peak hours: _____

Number of employees (if applicable): Full-time _____ Part-time _____ Seasonal _____

Upon approval of this application, the applicant intends to apply for: (Check all that apply)

- a. Building Permit
- b. Sign Permit

IV. SIGNATURE (*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. 4*)



 Signature of Applicant/Petitioner

Beny Dellanave

 Print name of Applicant/Petitioner

State of New York; County of Erie

On the _____ day of _____ in the year _____ 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)

Office Use Only: Date received: 4/1/2021 Receipt #: 364740

Application reviewed by: _____



TOWN OF AURORA
SITE PLAN REVIEW APPLICATION

Date submitted: _____

Applicant name: Gary Dellaneve

Applicant address: 1158 Davis Road West Falls NY 14170

Property owner: Beverly Schoenthal

Owner's address 1158 Davis Road West Falls NY 14170

Property address: 1158 Davis Road West Falls NY 14170

SBL # (s) 186.00-4-50.1

Prior owner _____

Is site adjacent to or within 500 feet of an 'R' District? NO

=====

Proposed Project: barn / residence

Commercial Multi family Number of dwelling units 1

Zone: B2 Total property Acreage: 1 Acreage covered by bldg 3200 sq ft

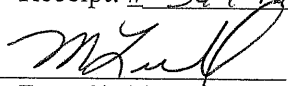
Square footage of building: 3200 Cubic footage of building: _____

Aggregate square footage of other buildings on property: _____

FEE SCHEDULE

- Up to 5000 cu ft (20 x 25 x 10) - \$50 plus (+) \$100 per acre or fraction of acre.
- Up to 10,000 cu ft - \$75 plus (+) \$100 per acre or fraction of acre.
- Over 10,000 cu ft - \$75 plus (+) \$5 per 1,000 cu ft over 10,000 cu ft plus (+) \$100 per acre or fraction of acre.

Fee: \$ 100⁰⁰
Receipt: # 304740

Received by 
Town Clerk/Deputy Clerk

Base fee for cu ft \$ _____
Each 1,000 cu ft over 10,000 \$ _____
Acres \$ _____

SEQR action: Type I (Long EAF) Type II (Long EAF) Unlisted (Short EAF)

April 8, 2021

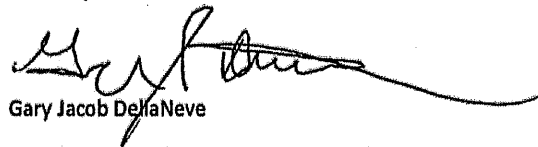
Ms. Martha Librock
Aurora Town Building Department
300 Glead Avenue
East Aurora, NY 14052

Re: 1158 Davis Road
West Falls, NY 14170

Dear Ms. Martha Librock:

In reference to the new building on 1158 Davis Road, West Falls, NY 14170. The rear apartment of the said new building will be used my living space. The storage of the new facility will be used to store construction equipment, stock construction materials, and storage of business vehicles. On premises there will not be any additional commercial activity the main purpose of the new building is used for storage and living space.

Sincerely

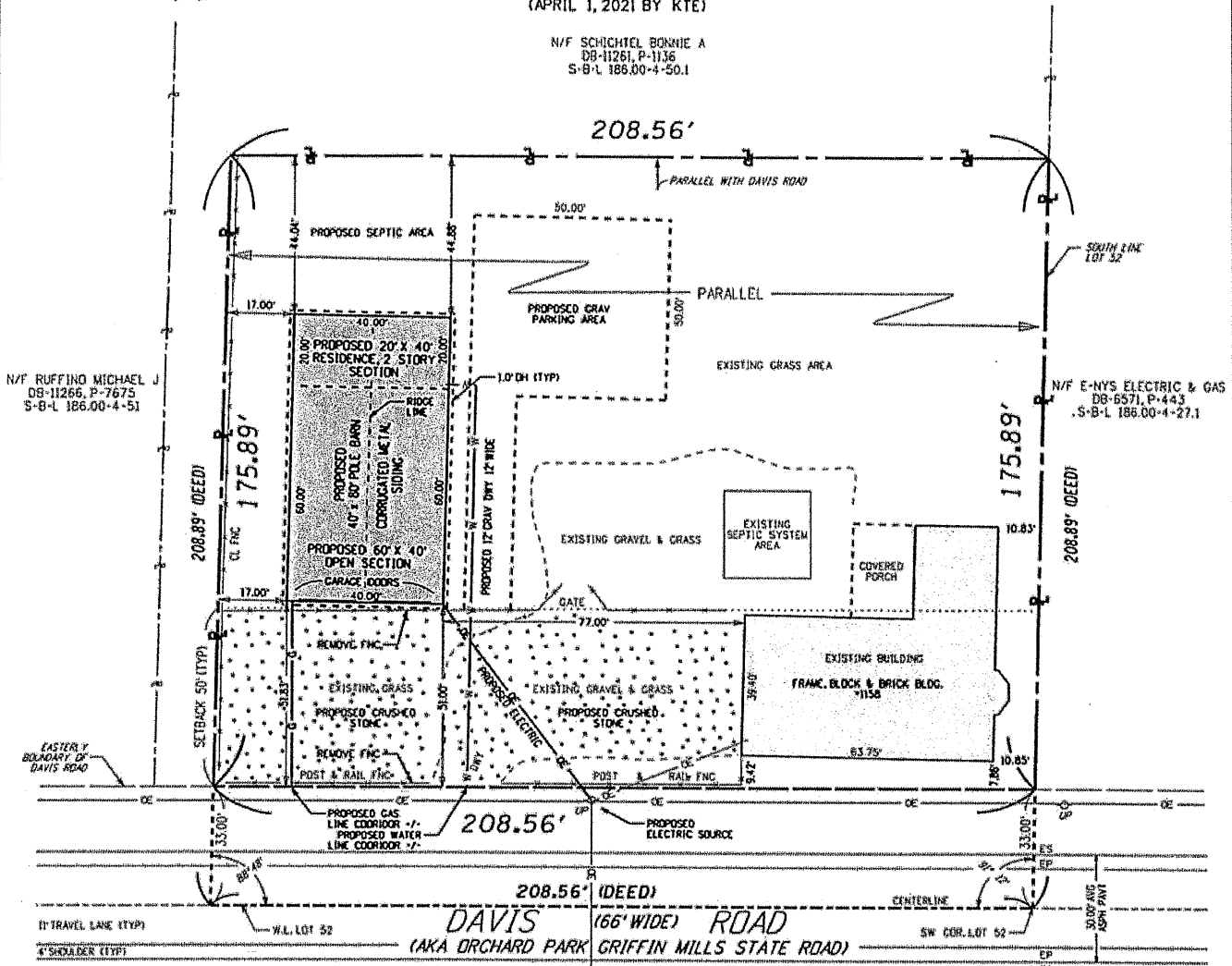


Gary Jacob DeLaNeve

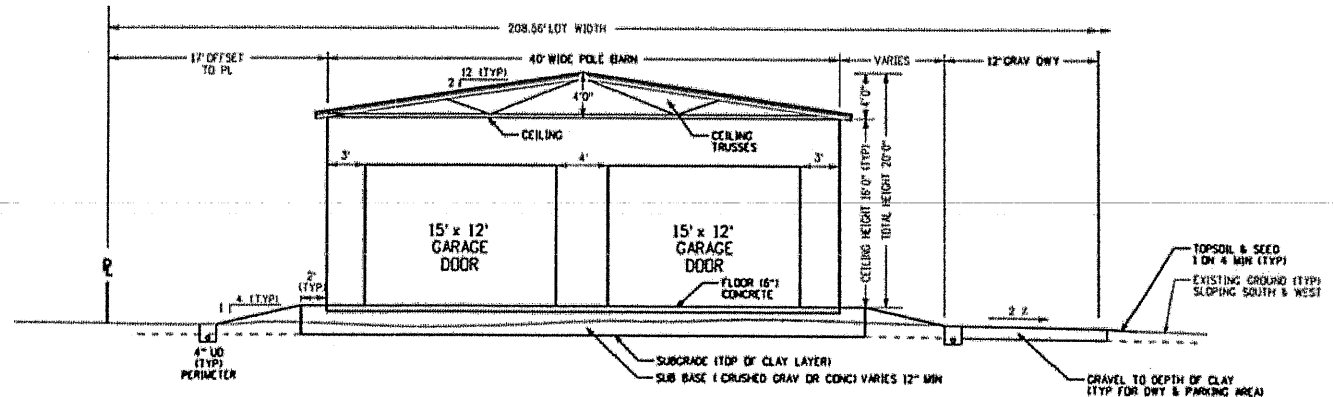
SITE PLAN FOR S-B-L 186.00-4-49 DAVIS ROAD FOR MR JAKE DELLANEVE

(APRIL 1, 2021 BY KTE)

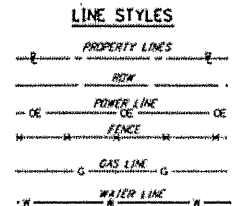
N/F SCHICHEL BONNIE A
DB-11261, P-1136
S-B-L 186.00-4-50.1



SITE PLAN
SCALE 1" = 30'



FRONT VIEW
SCALE 1" = 10'
(UTILITIES NOT SHOWN)



NOTES:

- 1) Lot dimensions taken from 1988 Survey by Milard & McKay 11/4/1988. Some features are approximate due to changes since date of survey.
- 2) Proposed Building will be parallel with the old lines.
- 3) No utility exploration was conducted.
- 4) See Existing Survey for further lot information.

LEGEND & ABBREVIATIONS

DN	DITCH
N/F	NEW OR FORMERLY
PL	PROPERTY LINE
TYP	TYPICAL
DB	DEED BOOK
PAGE	PAGE
S-B-L	TAXMAP SUBLOT
GA	GARAGE
ASPH	ASPHALT
GRAV	GRAVEL
PAV	PAVEMENT
EP	EDGE OF PAVEMENT
ES	EDGE OF SHOULDER



WS-8

GE

TOWN OF AURORA
Aurora Municipal Center
575 Oakwood Avenue, East Aurora, NY 14052

Authorize a TE9 speed study for Davis Road from Route 20A south to Route 240.

Background:

Currently the speed limit is 50mph from 20A to Jewett Holmwood Road; 55 mph from Jewett Holmwood to Route 240. From that point south to West Falls is 45mph and then 35mph though West Falls. We're looking for a consistent speed limit of 45mph from 20A to West Falls.