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

### Special Use Permit Application Form

#### I. PROJECT INFORMATION (Applicant/Petitioner):

Business/Project Name: Alpine Storage LLC  
 Business/Project Address: 196 Ellicott Road West Falls, NY 14170  
 Applicant Name: Richard Mund  
 Mailing Address: P.O. Box 535  
 City West Falls State NY ZIP 14170  
 Phone 716-863-0979 Fax \_\_\_\_\_ Email Alpinestorageunits@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) Richard + Nadine Mund  
 If a corporate, please name a responsible party/designated officer: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 196 Ellicott Road West Falls, NY 14170  
 SBL# 186.00-1-42.2  
 Describe Special Use requested (use additional pages if needed):  
Self Storage Building  
 Property size in acres 2 Property Frontage in feet 350'  
 Zoning District C3 Surrounding Zoning C3  
 Current Use of Property Self Storage Facility  
 Size of existing building(s): 9850 sf Size of proposed building(s) 4800 sf  
 Present/Prior tenant/use: Self Storage  
 Parking spaces: Existing: NA Proposed additional spaces: NA 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 )

*Richard J. Mond*

Signature of Applicant/Petitioner

Richard J. Mond

Print name of Applicant/Petitioner

State of New York; County of Erie

On the 16 day of August in the year 2023 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.

*Morgan A Eaton*

Notary Public

(Notary stamp)

**Morgan A Eaton**  
 Notary Public, State of New York  
 Registration No. 01EA6365129  
 Qualified in Erie County  
 My Commission Expires October 2, 2025

Office Use Only: Date received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_



## 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>Alpine Storage LLC Construct New Storage building</i>			
Project Location (describe, and attach a location map): <i>Construct 40' x 120' Self Storage Unit 196 Ellicott Road W. Falls</i>			
Brief Description of Proposed Action: <i>Construct 40' x 120' Self Storage Building</i>			
Name of Applicant or Sponsor: <i>Richard Mond</i>		Telephone: <i>716-863-0979</i>	
		E-Mail: <i>AlpineStorageUnits@gmail.com</i>	
Address: <i>7048 Center St.</i>			
City/PO: <i>W. Falls</i>		State: <i>NY</i>	Zip Code: <i>14170</i>
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 type="checkbox"/>
			YES <input checked="" 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 type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<u>2</u> acres	
b. Total acreage to be physically disturbed?		<u>.4</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>2</u> 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 checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
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
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
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: <u>Richard Mund</u>	Date: <u>8/15/23</u>	
Signature: <u>[Handwritten Signature]</u>		