



CASE NO. 1440-REVIEW

DATE OF HEARING 8/15/2024

Town of Aurora Zoning Board of Appeals
575 Oakwood Avenue, East Aurora, New York 14052

Zoning Board of Appeals Application Form

I. TYPE OF REQUEST

___ AREA VARIANCE x ^{Chickens} SPECIAL USE PERMIT ___ USE VARIANCE ___ INTERPRETATION

II. APPLICANT/PETITIONER

Applicant's Name Shelby Balcom
Address 500 Center St.
City E. Aurora State N.Y. ZIP 14052
Phone 716- Email gab @gmail.com
Interest in the (purchaser/developer) ten.

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

Property Owner(s) Name(s) Lynne Scepkowski
Address 2650 Farnier Ln.
City E. Aurora State N.Y. ZIP 14052
Phone: Fax: Email Lyn utlook.com

III. PROPERTY INFORMATION

Property Address 500 Center St.
SBL# 175.16-2-12
Property size in acres 157 Ac Property Frontage in feet 100'
Zoning District R1 Surrounding Zoning R1/RR/A
Current Use of Property Residential

IV. REQUEST DETAIL

(check all that apply)

___ Variance from Ordinance Section(s) # _____
X 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)

Shelby Balcom
Signature of Applicant/Petitioner

Shelby Balcom
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 25 day of JUNE in the year 2024 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.

Linda M Mank
Notary Public

(Notary stamp)

LINDA M MANK
NOTARY PUBLIC STATE OF NEW YORK
ERIE COUNTY
LIC. #01MA6048262
COMM. EXP. 9-25-26

Office Use Only: Date received: _____ Receipt #: _____

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)

Keep 6 chickens

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
575 Oakwood 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:

500 Center St....., identified as Tax Map (SBL)# 175.16-2-12
(address)

hereby authorizes Shelby Balcom..... 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.

Lynne Scapkowski
Owner (print)

6/25/24
Date

Lynne Scapkowski
Owner (signature)

STATE OF NEW YORK)
 SS
COUNTY OF ERIE)

On this 25 day of JUNE, 2024, before me, the undersigned, a notary public in and for said state, personally appeared LYNNE SCAPKOWSKI, 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.

Linda M Mank
Notary Public

LINDA M MANK
NOTARY PUBLIC STATE OF NEW YORK
ERIE COUNTY
LIC. #01MA6048262
COMM. EXP. 9-25-26

SUPERVISOR
Charles D. Snyder
(716) 652-7590
csnyder@townofaurora.com



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

TOWN OF AURORA

Aurora Municipal Center
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

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

May 14, 2024

Lynne Scepkowski
2650 Farrier Ln
East Aurora, NY 14052

Dear Ms. Scepkowski:

On June 15, 2023, the Zoning Board of Appeals approved a review of a Special permit for 6 chickens (no rooster) at 500 Center St. The Board also indicated the case was to be reviewed in one year.

You are hereby recalled for a review of your Case No. 1440 at the June Zoning Board of Appeals meeting. Please complete the enclosed form and return it to this office no later than May 28, 2024. No fee is required as it is merely a review of an existing case.

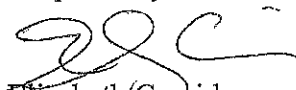
Your presence is required at the Zoning Board of Appeals meeting to answer any questions from the Board. If you, or an authorized agent, are unable to attend the meeting date noted above, please let us know.

If there is no change to your original application, please make that note. If you would like to request any changes to the special permit, please make that request in the "letter of intent" section of the application.

At a later date, you will be notified what time your case will be presented to the Board.

Please call the office at 652-7591 if you wish to discontinue this special permit.
Our office hours are Monday – Friday from 8:30am-4:30pm.

Respectfully,


Elizabeth Cassidy
Code Enforcement Officer
Town of Aurora and
Village of East Aurora
Office: 716-652-7591
Cell: 716-695-5194
Email: ecassidy@townofaurora.com

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				
<i>Keep chickens</i>				
Name of Action or Project:				
Project Location (describe, and attach a location map): <i>900 Center St</i>				
Brief Description of Proposed Action: <i>to keep up to 6 chickens</i>				
Name of Applicant or Sponsor: <i>Shelby Balcom 500 Center St.</i> <i>Kyrrie Scepkowski 2650 Fairview</i>		Teleph:		
Address:		E-Mail: <i>W</i>	<i>620</i>	
City/PO: <i>E. Aurora</i>	State: <i>NY</i>	Zip Code: <i>14052</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 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: <i>chicken permit</i>			NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? <i>.57</i> acres				
b. Total acreage to be physically disturbed? <i>0</i> acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <i>.57</i> acres				
4. Check all land uses that occur on, are adjoining or near the proposed action:				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)				
<input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):				
<input type="checkbox"/> Parkland				

		NO	YES	N/A
5. Is the proposed action,	a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If the proposed action will exceed requirements, describe design features and technologies: _____ <i>N/A</i> _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If No, describe method for providing potable water: _____ <i>N/A</i> _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If No, describe method for providing wastewater treatment: _____ <i>N/A</i> _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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?	<input checked="" type="checkbox"/>	<input 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?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____				

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline Forest Agricultural/grasslands Early mid-successional

Wetland Urban 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,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
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"/>

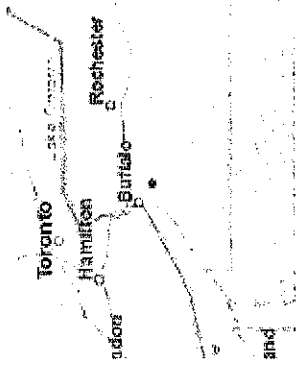
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: Shelby Balcom, Lynae Sceptkowski Date: 6/24/25

Signature: Shelby Balcom Title: _____



Erie County On-Line Mapping Application



Legend

- Parcels



0 0.04 0.1 Miles

WGS 1984 Web Mercator Auxiliary Sphere
THIS MAP IS NOT TO BE USED FOR NAVIGATION

ERIE COUNTY
DEPARTMENT OF ENVIRONMENT & PLANNING
OFFICE OF GIS

This map is a user generated static output from an Internet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.

1: 2,257

