

TOWN OF AURORA
SITE PLAN REVIEW APPLICATION

Date submitted: 8/15/23

Applicant name: Alpine Storage LLC

Applicant Phone/Email: _____ AlpineStorageUnits@gmail.com

Applicant address: P.O. Box 535 West Falls NY 14170

Property owner: Richard Muzd

Owner's address 7048 Center St West Falls, NY 14170

Property address: 196 Ellcott Road West Falls NY 14170

SBL # (s) 186-00-1-42.2

Prior owner Bruce E. Naebe

Is site adjacent to or within 500 feet of an 'R' District? _____

=====

Proposed Project: 40' x 120' Self Storage Facility

Commercial Multi family _____ Number of dwelling units _____

Zone: C3 Total property Acreage: 1.9 Acreage covered by bldg , 11

Square footage of building: 4800 Cubic footage of building: _____

Aggregate square footage of other buildings on property: 9850

Fees, based on number of improved acres*

**Additional professional services, including but not limited to traffic study and SEQRA review, utilized by the Town during the review process shall be borne by the applicant*

0-1 Acres: \$250 1.01-5Acres: \$500 5.01-10 Acres: \$1,000 >10 Acres: \$1,500

Fee: \$ 500.00 250⁰⁰ el
Receipt: # _____

Received by _____
Town Clerk/Deputy Clerk

SEQOR action: ___ Type I (Long EAF) ___ Type II (Long EAF) X Unlisted (Short EAF)
el

~~\$100~~



Town of Aurora Town Board
300 Gleed 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 7 ax _____ Email Alpinstorageunits@gmail.com
 Interest in: 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 1 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~~ 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: _____



TOWN OF AURORA
OPEN DEVELOPMENT AREA APPLICATION

To Be Completed By Applicant

PETITIONER: Name: Richard Mund
Address: 7048 Centex St.
City: W. Falls NY 14170
Phone: Fax:
E-Mail: @gmail.com

PROPERTY OWNER (if different from petitioner):

Name: Alpine Storage LLC
Address: PO Box 535 West Falls NY 14170 Ph. No. 716-863-0475

PROJECT ADDRESS: 196 Ellicott Rd
No. Street SBL No.

PROJECT DESCRIPTION: Erect additional Self Storage Building

Signature of Applicant: [Handwritten Signature]

State of New York)SS:
County of Erie)

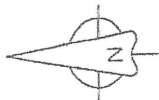
On the 30 day of March, in the year 2024, before me, the undersigned, a notary public in and for said state, personally appeared Richard J. Mund, personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged 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.

[Handwritten Signature: Laurie H. Monin]
Notary Public

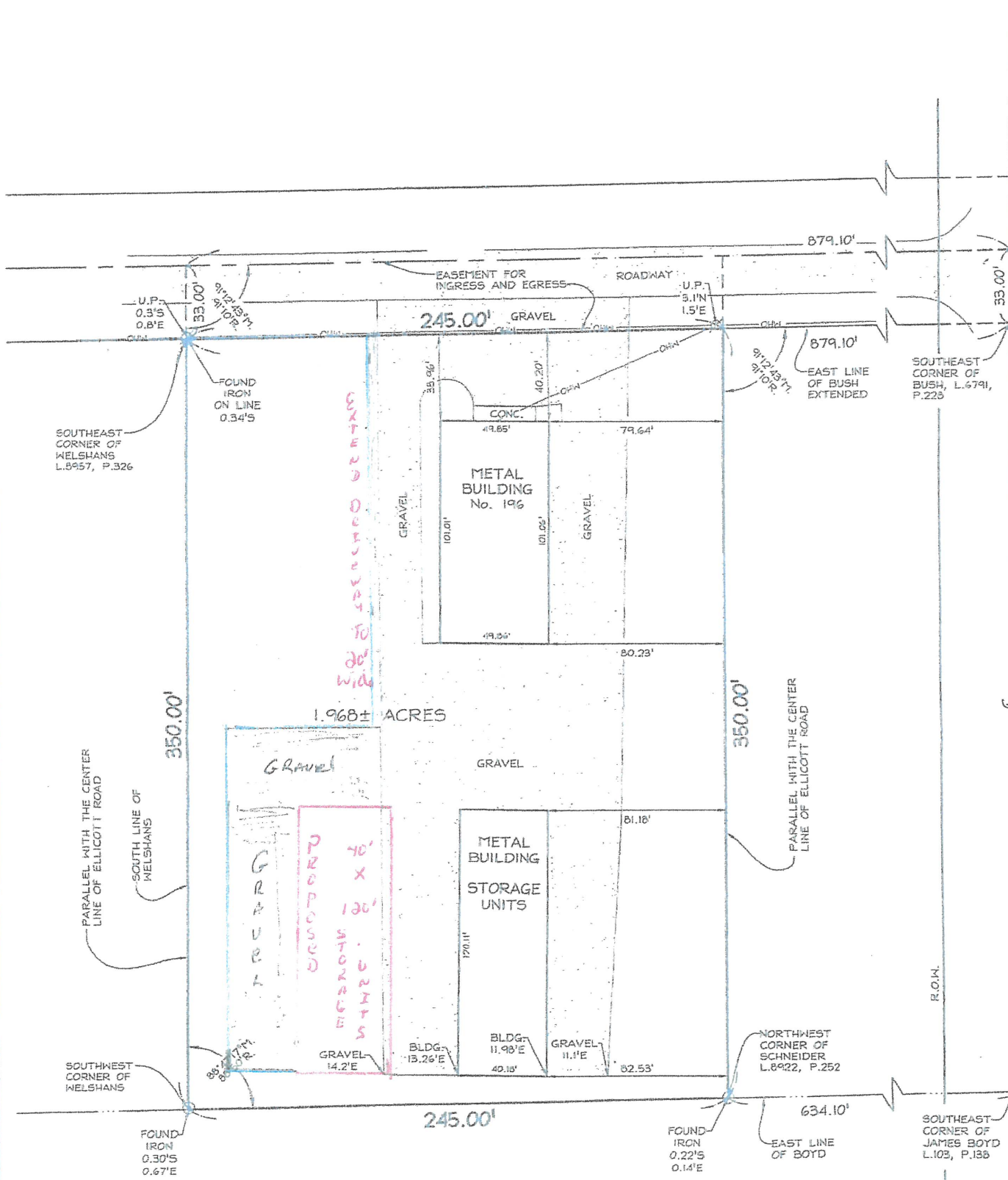
Laurie H. Monin
Notary Public, State of New York
Registration No. 01MO6304887
Qualified in Erie County
Commission Expires June 02, 2026

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



Revised Survey per
PB COMMENTS.
Revised 8/13/24 DM



196 ELLICOTT ROAD
(66' WIDE)
(ORCHARD PARK - GRIFFIN MILLS ROAD)

ALPINE STORAGE LLC

196



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>New Storage Buidim</i>				
Project Location (describe, and attach a location map): <i>Alpine Storage</i>				
<i>196 Ellicott Road W. Falls NY</i>				
Brief Description of Proposed Action: <i>Build new 40' x 120' Self Storage Facility</i>				
Name of Applicant or Sponsor: <i>Richard Mund</i>		Telephone: _____		
		E-Mail: _____		
Address: <i>7048 Center St.</i>				
City/PO: <i>West 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 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?		<i>1.968</i> acres		
b. Total acreage to be physically disturbed?		<i>.5</i> acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>1.968</i> 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Richard Munch</u>		Date: <u>3/30/24</u>
Signature: <u><i>Richard Munch</i></u>		