



CASE NO. 1482

DATE OF HEARING 10/17/2024

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 SPECIAL USE PERMIT USE VARIANCE INTERPRETATION

II. APPLICANT/PETITIONER

Applicant's Name Kelly O'Connor
Address 12 West Falls Road
City West Falls State NY ZIP 14170
Phone 71 Fax — Email Kelly 1.com
Interest in (applicant/purchaser/developer) owner

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

Property Owner(s) Name(s) Kelly O'Connor - David Arzola Castillo
Address Same as above
City _____ State _____ ZIP _____
Phone _____ Fax _____ Email _____

III. PROPERTY INFORMATION

Property Address 12 West Falls Road
SBL# 186-04-1-7.2
Property size in acres 0.902 Property Frontage in feet 164 x 196
Zoning District R1 Surrounding Zoning R1
Current Use of Property Residential

IV. REQUEST DETAIL

(check all that apply)

Variance from Ordinance Section(s) # 116-69 - Extension of Use
 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)

[Signature]
Signature of Applicant/Petitioner

Kelly O'Connor
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 12 day of Spt. 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.

[Signature]
Notary Public

DOROTHY BAILEY
(Notary ~~Stamp~~) BA0023544
Notary Public, State of New York
Qualified in Erie County
Commission Expires April 15, 2028

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

Application reviewed by: [Signature]

ECDP ZR-1 form sent to EC: 9/18/24 (2) 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: Fy Setback 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)

We are interested in saving the integrity of our barn, located on our property at 12 West Falls Road in W Falls. The barn requires structural renovations and repairs to maintain it. The repair work will include replacing damaged beams, reinforcing the foundation - including adding a storm drain behind the barn to limit further damage - replacing siding and replacing the deck on the upper floor. The existing area/footprint is unchanged, nor is the building height. Worth noting is the barn currently has a second floor and window at the top which will continue to function w/ improved safety

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)

Richard Miga

From: Kelly O'Connor <kellyo@townofaurora.com>
Sent: Thursday, September 12, 2024, 2:17 PM
To: Richard Miga; David Aronson
Subject: Re: O'Connor Barn Code

1 >
1st Falls Road

Afternoon,

Below is the statement of intent:

The intent of this barn remodel is to enhance and update the existing primary structure without the inclusion or creation of an accessory dwelling unit (ADU). We understand that ADUs are not permitted in our zoning district and are fully committed to adhering to all applicable zoning regulations in the course of this remodel.

Thanks for adding this addendum to our application.

Regards, Kelly O'Connor

On Thu, Sep 12, 2024, 2:17 PM Richard Miga <rmiga@townofaurora.com> wrote:

Afternoon,

I have processed the application (pending the mean height dimension), but can you provide me a statement that the intent of the remodel is not to have an accessory dwelling unit (ADU)? Please keep in mind an ADU in your zoning district is not allowed so this statement will ensure to the board understands the intent of the remodel. You may respond to this email or send a separate document outlining the remodel intent.

Any questions, please let me know.

**SITE PLAN OR ZONING REFERRAL TO COUNTY OF ERIE, N.Y.
AND REPLY TO MUNICIPALITY**

Submit this form with full statement of proposed action (as described in GML 239-m(c)) at www.Erie.gov/IRonline, OR mail a hard copy (retain a copy for your files) to: Erie County Division of Planning, 95 Franklin Street, Room 1053, Buffalo, N.Y., 14202

DO NOT WRITE IN THIS SPACE

Case No.: _____

Postmark/Delivery Date: _____

The proposed action described herein is referred in accordance with the provisions of NYS General Municipal Law §239 1 - m
A Municipal Referral Map is available to help determine whether an applicable action is subject to referral.

Description of Proposed Action

1. Name of Municipality: Town of Aurora

§239-m(4)(b) provides that the county shall have 30 days after receipt of a full statement of the proposed action to reply.

If the county fails to reply within such period, the referring body may take final action.

However, any county reply received after 30 days but 2 or more days prior to final action by the referring body shall be subject to §239-m(5)

The referring body shall file a report of its final action with the county within 30 days per §239-m(6).

2. Hearing Schedule: **Date** 10/17/2024 **Time** 7pm **Location** 575 Oakwood Ave., E. Aurora, NY 14052

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 Address: 12 West Falls Rd., PO W. Falls

5a. S.B.L. of Property: 186.04-1-7.2

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: Proposed accessory building higher/taller and closer to rear lot line a
(specify the action, such as the scope of variances or site plans) than allowed by Town code.

8. Other remarks: Non-conforming building needs ZBA approval to remodel.

9. Submitted by: Martha L. Librock Email: townclerk@townofaurora.com

10. Return Address: 575 Oakwood Ave., E. Aurora, NY 14052

Reply to Municipality by Erie County Division of Planning

Receipt of the above-described proposed action is acknowledged on _____, 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. Comment on proposed action is attached hereto.
3. The proposed action is subject to review; Recommendation on Proposed Action is attached hereto.
4. No Recommendation; proposed action has been reviewed and determined to be of local concern.

By the Division of Planning: _____ Date: _____

TOWN OF AURORA

575 OAKWOOD AVENUE, EAST AURORA, NY 14052
BUILDING DEPARTMENT
(716) 652-7591

MEMO

TO: Zoning Board of Appeals

FROM: Richard Miga, Assistant Code Enforcement Officer

DATE: September 12, 2024

The Building Department has accepted a Zoning Application for 12 West Falls Road, by owner Kelly O'Connor for the proposed repair and remodel of an existing non-conforming accessory structure (barn). The proposed scope in the application includes the repairs to structural framing and foundation, remodel of interior and construction of dormers on the north and south sides. The proposed scope of work does not increase the existing building footprint or height.

Zoning code 116-69 allows for nonconforming use of buildings to be enlarged, extended, or remodeled upon approval from the Zoning Board of Appeals specifying the conditions of such enlargement, extension, or remodeling. With the review proposed scope of the repair and remodel, the board shall also review the two nonconforming conditions as stated in the denial letter.

This is a Type 2 action for purposes of SEQR.

If you have any questions, please contact me at 652-7591.
Richard Miga

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



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

TOWN OF AURORA

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

September 12, 2024

TOWN COUNCIL MEMBERS

Luke Wochensky
lwochensky@townofaurora.com

James F. Granville
jgranville@townofaurora.com

Joseph M. McCann
jmccann@townofaurora.com

Raymond M. Wrazen
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highway@townofaurora.com

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(716) 652-8866
chris@townofaurora.com

TOWN ATTORNEY
Brigid M. Maloney

TOWN JUSTICE
Jeffrey P. Markello
Anthony DiFilippo IV

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

FAX: (716) 652-3507

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

Kelly O'Connor
12 West Falls Road
West Falls, NY 14170

Kelly:

The Building Department has reviewed your request to *remodel and alter an existing nonconforming an accessory structure at 12 West Falls Road (SBL 186-04-1-7.2)*. The request has been denied because the proposed remodel is affecting a nonconforming accessory building/structure (barn) for your R1 zoning district.

Section 116.69

Required: A nonconforming use of buildings or land occupied on the effective date of this chapter may be enlarged, extended, or remodeled upon obtaining approval from the Zoning Board of Appeals specifying the conditions of such enlargement, extension or remodeling.

Section: 116-8.1B(2)

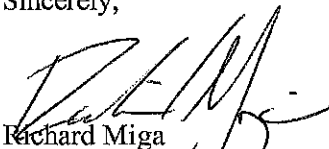
*Required: For accessory buildings/structures: One story, not to exceed 15 feet.
Requested: Remodel of an existing two-story accessory building/structure (barn) with a mean height of 23.25'
Variance: 8.25' and 2-1/2 stories*

Section: 116-8.1G(2)

*Required: Accessory building/structure: A distance equal to the mean height of the proposed accessory building/structure, but not less than 10 feet.
Requested: Remodel of an accessory building/structure (barn) with a rear yard setback of 3.43'
Variance: 19.82' (based on mean height of existing accessory building/structure of 23.25')*

This letter serves as notice that we have received the application and fee for the Zoning Board of Appeals. You will receive notification from the Town Clerk with the date and time of the next available hearing. If you have any questions, please contact our office at 652-7591.

Sincerely,


Richard Miga
Assistant Code Enforcement Officer

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: Barn Renovation project			
Project Location (describe, and attach a location map): 12 West Falls Road			
Brief Description of Proposed Action: To save the integrity of the historic barn on the property at 12 West Fall Road			
Name of Applicant or Sponsor: Kelly O'Lonnor		Telephone: _____	
Address: 12 west Falls Road		E-Mail: Kel o'lonnor	
City/PO: W. Falls		State: NY	Zip Code: 14170
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"/>
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: TOA Building permit			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? 0.902 acres			
b. Total acreage to be physically disturbed? 300 ft acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 0.89 acres			
4. Check all land uses that occur on, are adjoining or 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 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?			NO	YES
		<input type="checkbox"/>	<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?			NO	YES
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?			NO	YES
	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?			NO	YES
If the proposed action will exceed requirements, describe design features and technologies: NA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply?			NO	YES
If No, describe method for providing potable water: NA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities?			NO	YES
If No, describe method for providing wastewater treatment: NA		<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"/>	NO	YES
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"/>	NO	YES
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,

a. Will storm water discharges flow to adjacent properties?

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

NO	YES
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, briefly describe: to the ditch

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: Kelly O'Connor Date: 9/12/2024

Signature: Kelly O'Connor Title: _____

Erie County On-Line Mapping Application

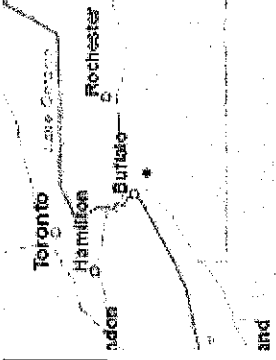


0 0.04 0.1 Miles

WGSS_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.



Legend

Parcels

1: 2,257

