



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: _____
Business/Project Address: 180 Ellicott Rd, West Falls, NY 14170
Applicant Name: Daniel S. Orfeo
Mailing Address: P.O. Box 440
City West Falls State Ny ZIP 14170
Phone 716-860-9899 Fax — Email Buffalocci@yahoo.com
Interest in the property (ex: owner/purchaser/developer) owner

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

Property Owner(s) Name(s) Daniel S. Orfeo
If a corporate, please name a responsible party/designated officer: _____
Address 1829 Davis Rd.
City West Falls State Ny ZIP 14170
Phone 716-860-9899 Fax — Email Buffalocci@yahoo.com

III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 180 Ellicott Rd, West Falls, NY 14170
SBL# 186.00-1-58
Describe Special Use requested (use additional pages if needed): Office for West Falls Transportation Inc.

Property size in acres 1.367 Property Frontage in feet 349.72
Zoning District I Surrounding Zoning I, A,
Current Use of Property Vacant Land
Size of existing building(s): None sf Size of proposed building(s) _____ sf
Present/Prior tenant/use: _____
Parking spaces: Existing: 0 Proposed additional spaces: 2 Total #: 2

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): NIA

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

Peak hours: N/A

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]
 Signature of Applicant/Petitioner

Daniel S Orfeo
 Print name of Applicant/Petitioner

State of New York; County of Erie

On the 12th day of September in the year 2017 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

SHERYL A. MILLER
 Reg. #01MI6128663
 Notary Public, State of New York
 Qualified in Erie County
 Commission Expires June 13, 2021

(Notary stamp)

Office Use Only: Date received: 9/15/17 Receipt #: 228938

Application reviewed by: *[Signature]*