

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: Five Star Equipment Inc.
 Business/Project Address: 284 Elliott Rd
 Applicant Name: Five Star Equipment - Bill McDonald
 Mailing Address: 284 Elliott Rd.
 City Orchard Park State NY ZIP 14127
 Phone 662-2191 Fax _____ Email mcDonald@fivestarequipment.com
 Interest in the property (ex: owner/purchaser/developer) Existing 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) 66805 Realty Co Inc (Part of Five Star)
 If a corporate, please name a responsible party/designated officer: Bill McDonald
 Address 1300 Dunham Dr.
 City Dunmore State PA ZIP 18512
 Phone 662-2191 Fax _____ Email _____

III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 284 Elliott Rd.
 SBL# 186.00-1-27.2
 Describe Special Use requested (use additional pages if needed): The existing Five Star Equipment proposes to construct a new facility on their site and demolish the old facility.
 Property size in acres 9.2 Property Frontage in feet 567.75
 Zoning District Industrial Surrounding Zoning Industrial
 Current Use of Property Five Star Equipment - Use remains the same
 Size of existing building(s): 55,000 sf Size of proposed building(s) 22,500 sf
 Present/Prior tenant/use: Five Star Equipment
 Parking spaces: Existing: N/A Proposed additional spaces: 19 Total #: 19 - customer/employee

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

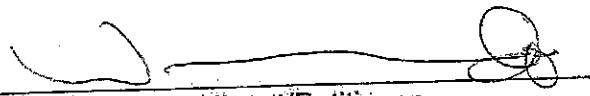
Hours of operation (if applicable):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	By Appt.
Hours	7:30-5	7:30-5	7:30-5	7:30-5	7:30-5	7:30-5	closed	

Peak hours: _____
 Number of employees (if applicable): Full-time 10 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 of Applicant/Petitioner
William H McDonald

 Print name of Applicant/Petitioner

State of New York; County of Erie

On the 23 day of Aug. 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.



 Notary Public

SHERYLL O'CONNOR
 Notary Public - State of New York
 No. 01-OC5034266
 Qualified in Erie County
 My Commission Exp. 10/11/2020

(Notary stamp)

Office Use Only: Date received: 8/23/17 Receipt #: 228911

Application reviewed by: _____