



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: MPG Properties, LLC Office
Business/Project Address: 1089 Davis Road, West Falls, 14170
Applicant Name: Michael Gish
Mailing Address: 156 Stoneridge Ct.
City East Aurora State NY ZIP 14052
Phone Fax Email
Interest in the property (owner/seller/purchaser/developer) Tena

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) 4200 California Road, LLC
If a corporate, please name a responsible party/designated officer: Jill Gish
Address 490 Center Road
City West Seneca State NY ZIP 14224
Phone Email

III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 1089 Davis Road, West Falls, 14170
SBL# 142489-186-000-0005-039-100
Describe Special Use requested (use additional pages if needed): Office and operation of a construction business.

Property size in acres 2.4 Property Frontage in feet 205'
Zoning District B2 Surrounding Zoning B2
Current Use of Property Vacant for 15 yrs
Size of existing building(s): 5349 sf Size of proposed building(s) N/A sf
Present/Prior tenant/use: Restaurant
Parking spaces: Existing: 50 Proposed additional spaces: 0 Total #: 50

Proposed water service: X public _____ private (well) _____ n/a Is this existing Y/N
 Proposed sanitary sewer: _____ public X 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 | 7am-5pm | 7am-5pm | 7am-5pm | 7am-5pm | 7am-5pm | Closed | Closed | |

Peak hours: 830 am
 Number of employees (if applicable): Full-time 2 Part-time 1 Seasonal 2

Upon approval of this application, the applicant intends to apply for: (Check all that apply)

- a. Building Permit _____
- b. Sign Permit X

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)

Michael Gish
 Signature of Applicant/Petitioner

Michael Gish
 Print name of Applicant/Petitioner

State of New York; County of Erie

On the 14th day of June in the year 2019 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

THERESA M. BUCKLEY
 Notary Public, State of New York
 Qualified in Erie County
 Commission Expires Sept. 3, 2019

(Notary stamp)

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

Application reviewed by: _____
 THERESA M. BUCKLEY
 Notary Public, State of New York
 Qualified in Erie County
 Commission Expires Sept. 3, 2019