



CASE NO. 1311
DATE OF HEARING 10/19/17

Town of Aurora Zoning Board of Appeals
300 Gleed 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 James E. Kelly
Address 6 WOODCREST DRIVE
City ORCHARD PARK State NY ZIP 14127
Phone _____ Fax _____ Email _____
Interest in the property (ex: owner/purchaser/developer) OWNER

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

Property Owner(s) Name(s) _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____ Email _____

III. PROPERTY INFORMATION


Property Address 6 WOODCREST DRIVE
SBL# 174.17-3-9
Property size in acres 5.9 Property Frontage in feet 404.74
Zoning District Aurora Surrounding Zoning _____
Current Use of Property Family Residence

IV. REQUEST DETAIL

(check all that apply)

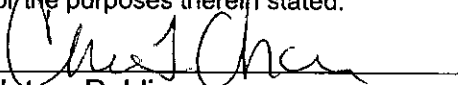
Variance from Ordinance Section(s) # _____
 Special Use Permit for: _____
 Use Variance for: _____
 Interpretation of _____

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 of Applicant/Petitioner
James E. Kelly
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 18 day of Sept. 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

(Notary stamp)

CORINNA L. CHAVANNE
Notary Public, State of New York
Qualified in Erie County
Commission Expires Nov. 3, 2017

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

Application reviewed by: _____

ECDP ZR-1 form sent to EC: _____ 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: _____ 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)

I would like to have a two (2) car carport built on my property due to the fact that I need more covered parking for my vehicles.

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 N/A 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: _____

N/A

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: _____

N/A

4) Is your need for a use variance a result of you own actions (is your difficulty self-created)? Please explain: _____

N/A

(Attach additional pages if needed)

Town of Aurora
300 Glead Avenue
East Aurora, NY 14052
www.townofaurora.com

Zoning Board of Appeals
Application
Owner Authorization

The undersigned, who is the owner of the premises know as:

6 WOODCREST DRIVE....., identified as Tax Map (SBL)# 174.17-3-9
(address)

hereby authorizes Dennis Stupski to bring an application for area variance
() special use permit () use variance () interpretation before the Town of Aurora Zoning Board of
Appeals for review and potential approval. The undersigned further permits the Town or its authorized
representative(s) access to the property to review existing site conditions during the review process.

James E. Kelly
Owner (print)

9-18-2017
Date

[Signature]
Owner (signature)

STATE OF NEW YORK)
) SS
COUNTY OF ERIE)

On this 18 day of Sept., 2017, before me, the undersigned, a notary public in and for said state,
personally appeared James E Kelly, 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 that 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.

[Signature]
Notary Public

CORINNA L. CHAVANNE
Notary Public, State of New York
Qualified in Erie County
My Commission Expires Nov. 3, 2017



August 18, 2017


Town of Aurora Zoning Board of Appeals
300 Gleed Avenue
East Aurora, NY 14052

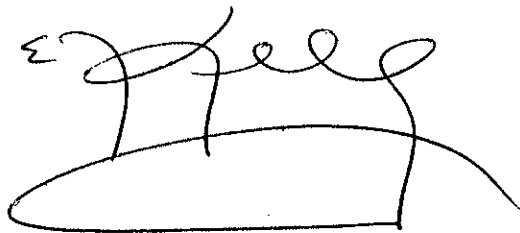
Dear Town of Aurora Zoning Board,

Re: Letter of Intent

I am seeking an Area Variance for my property located at 6 Woodcrest Drive, Orchard Park NY 14127 for the sole reason of having a two (2) car carport built on my property. I would like to have more covered parking for my vehicles.

Best Regards,


James E. Kelly

A large, stylized handwritten signature, likely of the same person as the typed name below.

SUPERVISOR
James J. Bach
(716) 652-7590
jbach@townofaurora.com

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

TOWN OF AURORA
Southside Municipal Center
300 Glead Avenue, East Aurora, NY 14052
www.townofaurora.com

TOWN COUNCIL MEMBERS

Susan A. Friess
sfriess@townofaurora.com

Jeffrey T. Harris
jharris@townofaurora.com

Jolene M. Jeffe
jjeffe@townofaurora.com

Charles D. Snyder
csnyder@townofaurora.com

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(716) 652-4050
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building@townofaurora.com

ASSESSOR
Richard L. Dean
assessor@townofaurora.com
(716) 652-0011

DIR. OF RECREATION
Christopher Musshafen
(716) 652-8866
chris@townofaurora.com

TOWN ATTORNEY
Ronald P. Bennett

TOWN JUSTICE
Jeffrey P. Markello
Anthony DiFilippo IV

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

FAX: (716) 652-3507
NYS Relay Number:
1(800) 662-1220

James E Kelly
6 Woodcrest Dr.
Orchard Park, NY 14127

9/20/2017

Re: Accessory building in front yard

Jim,

The Building Dept. has reviewed your application for an accessory building at 6 Woodcrest Dr.. We have denied your application because the proposed building does not meet the zoning regulations for accessory buildings as specified in the section 116-18 of the Town Code. We therefore request that you apply to the Town Zoning Board of Appeals for an area variance if you wish to continue with this project.

116-18A1

Required: No accessory building in the front yard

Requested: An accessory building in the front yard

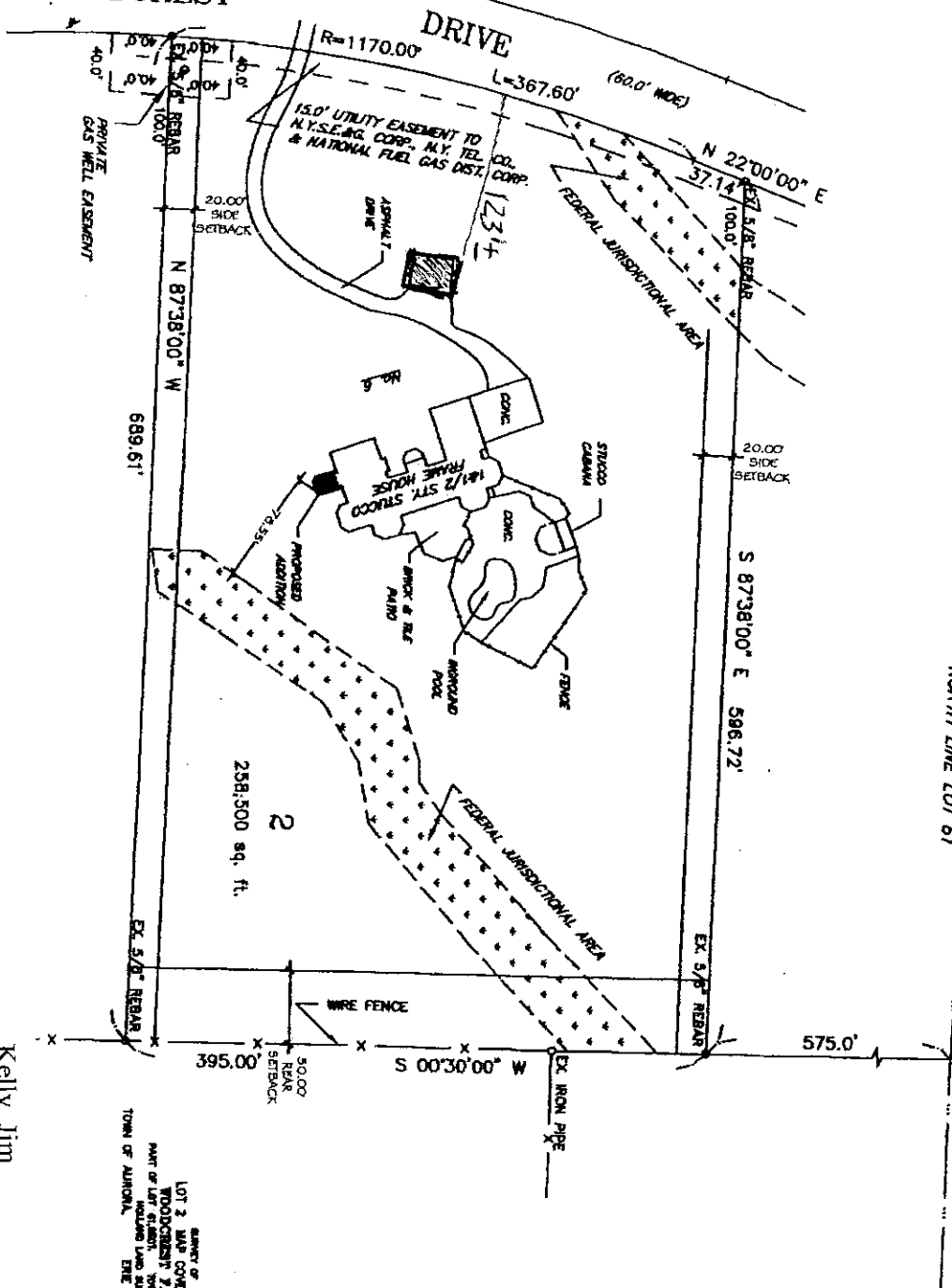
Variance required: An accessory building in the front yard

If you wish to pursue this matter further you must apply to the Town of Aurora Zoning Board of Appeals for an Area Variance. You must include your application, application fee, and any information you need to support your need for a variance from the Town Code. If you have any questions contact us at 652-7591.

William R. Kramer

Code Enforcement Officer

WOODCREST DRIVE



NOTE: PRIVATELY OWNED FEDERAL JURISDICTIONAL AREAS - NO CHANGE IN THE GRADE OF NOTED AREA SHALL BE MADE. ANY PART OF NOTED AREA SHALL BE MADE. NOT SHALL ANY PART OF NOTED AREA BE GRADED OR EXCAVATED WITHOUT PERMIT FROM APPROVAL FROM THE DISTRICT OFFICE OF U.S. ARMY CORPS OF ENGINEERS.



Kelly, Jim
 D/A Processing No. 2012-00509
 Erie County, New York
 Quad: Colden
 Sheet 1 of 2

LOT 2 MAP CORN 2017
 WOODCREST DRIVE
 PART OF LOT 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
 TOWN OF ALMONA, ERIE COUNTY, NEW YORK

KELLY RESIDENCE

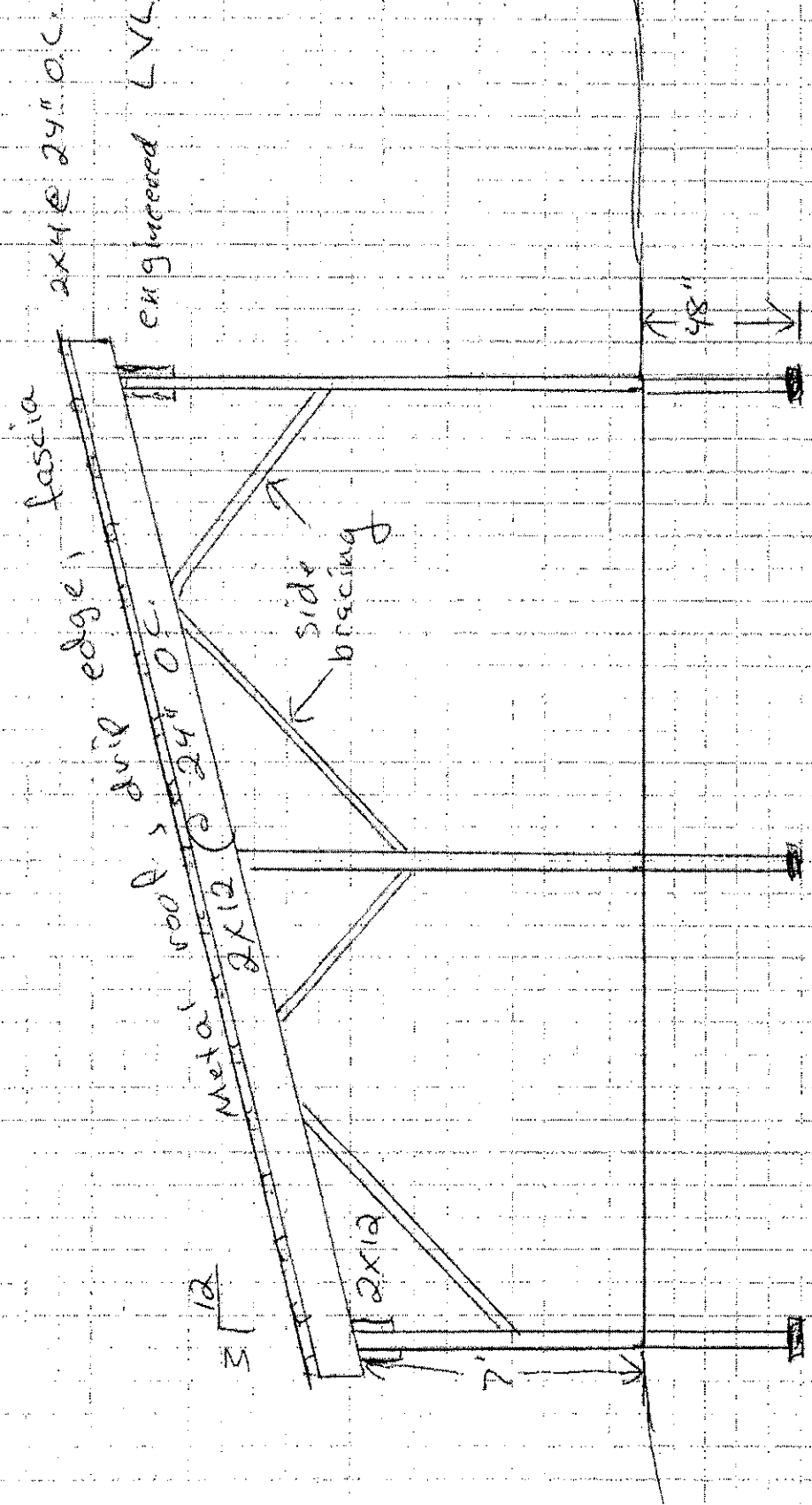
SITE PLAN

6 WOODCREST DRIVE
 ORCHARD PARK, NEW YORK 14127



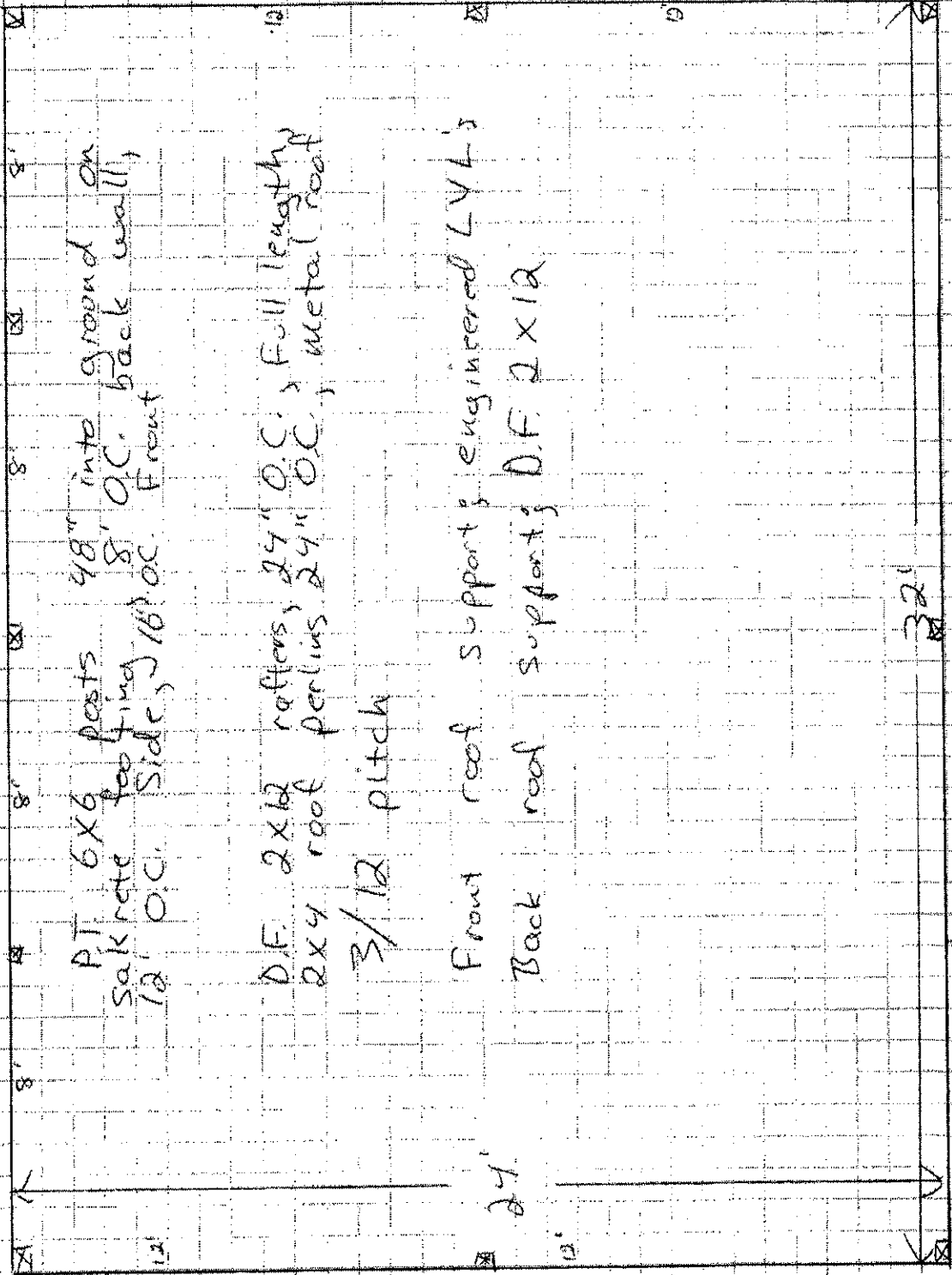
S-1

J.K. Can Port Side View



2.4- Car Port

Back





**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>GREG BOBERG CONSTRUCTION DBA: SAME 9906 BURNS HILL RD WEST VALLEY, NY 14171 PHONE: 716-699-2345 FEIN: XXXXX0587</p>	<p align="center">Business Applying For: Building Permit</p> <p>From: TOWN OF ORCHARD PARK NY</p> <p>The location of where work will be performed is 6 WOODCREST, AURORA, NY .</p> <p>Estimated dates necessary to complete work associated with the building permit are from August 17, 2017 to December 31, 2017. The estimated dollar amount of project is \$0 - \$10,000</p>
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Workers' Compensation Exemption Statement:

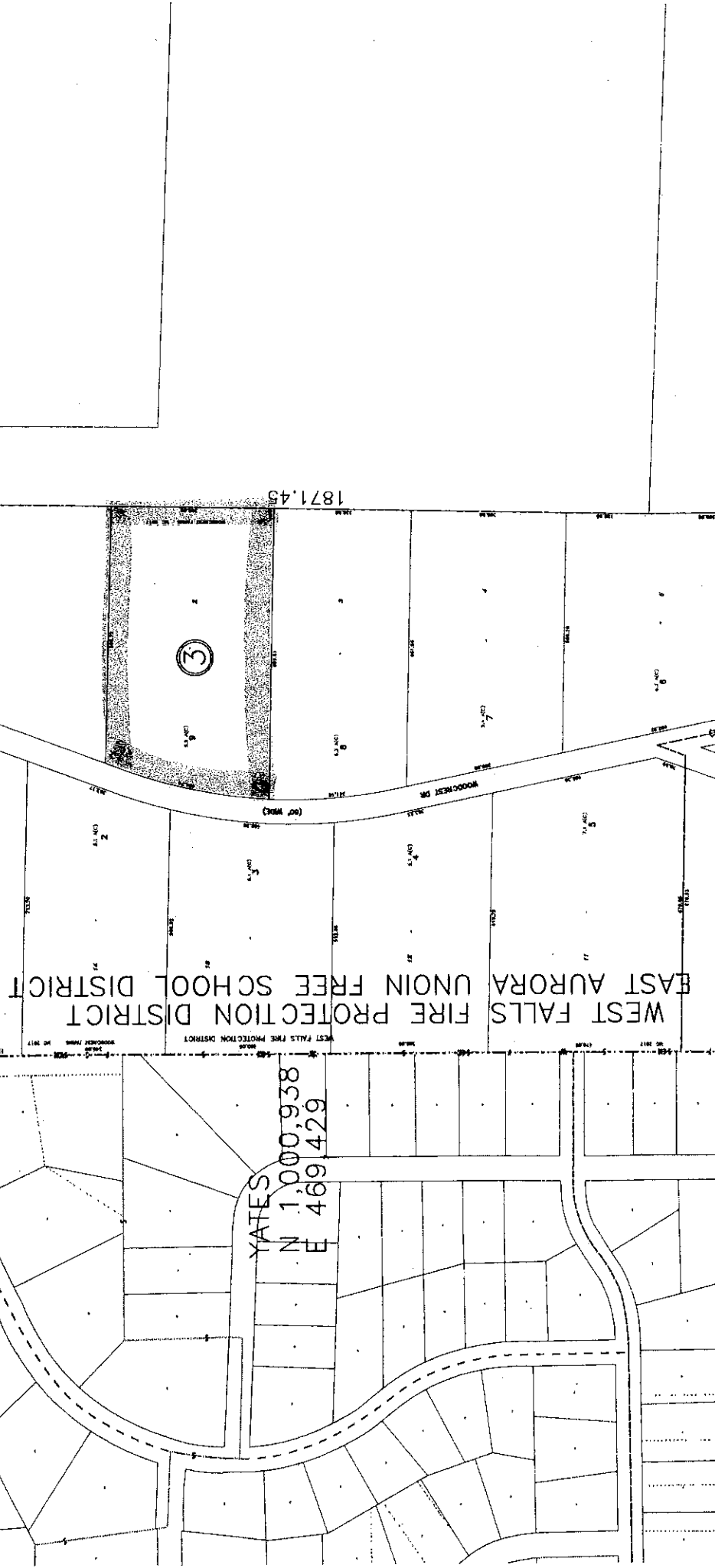
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, GREGORY E. BOBERG, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: _____	Date: _____
<p align="center">Exemption Certificate Number 2017-050951</p>		<p align="center">Received July 18, 2017 NYS Workers' Compensation Board</p>



WEST FALLS FIRE PROTECTION DISTRICT
 EAST AURORA UNION FREE SCHOOL DISTRICT

YATES
 N 1,000.938
 E 469.429

HOLLYWOOD SU
 2.5 A(C)
 31
 MO 1622
 356.67
 366.21
 300.08

ORCHARD PARK CENTRAL SCHOOL DISTRICT
 HOLLYWOOD SUBDIVISION

189

1871.45

526.43

NOTES
 THIS MAP WAS PREPARED FOR THE PURPOSE OF PROVIDING A VISUAL REPRESENTATION OF THE PROPOSED IMPROVEMENTS.
 IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 ANY CHANGES TO THE PLAN SHALL BE MADE IN WRITING AND SIGNATURE OF THE ENGINEER.

REVISION TABLE

NO.	DATE	BY	REVISION
1			APPROVED FOR CONSTRUCTION

SPECIAL DISTRICTS

PROPERTY LINE OWNERS:
 WEST FALLS FIRE PROTECTION DISTRICT
 EAST AURORA UNION FREE SCHOOL DISTRICT

LEGEND

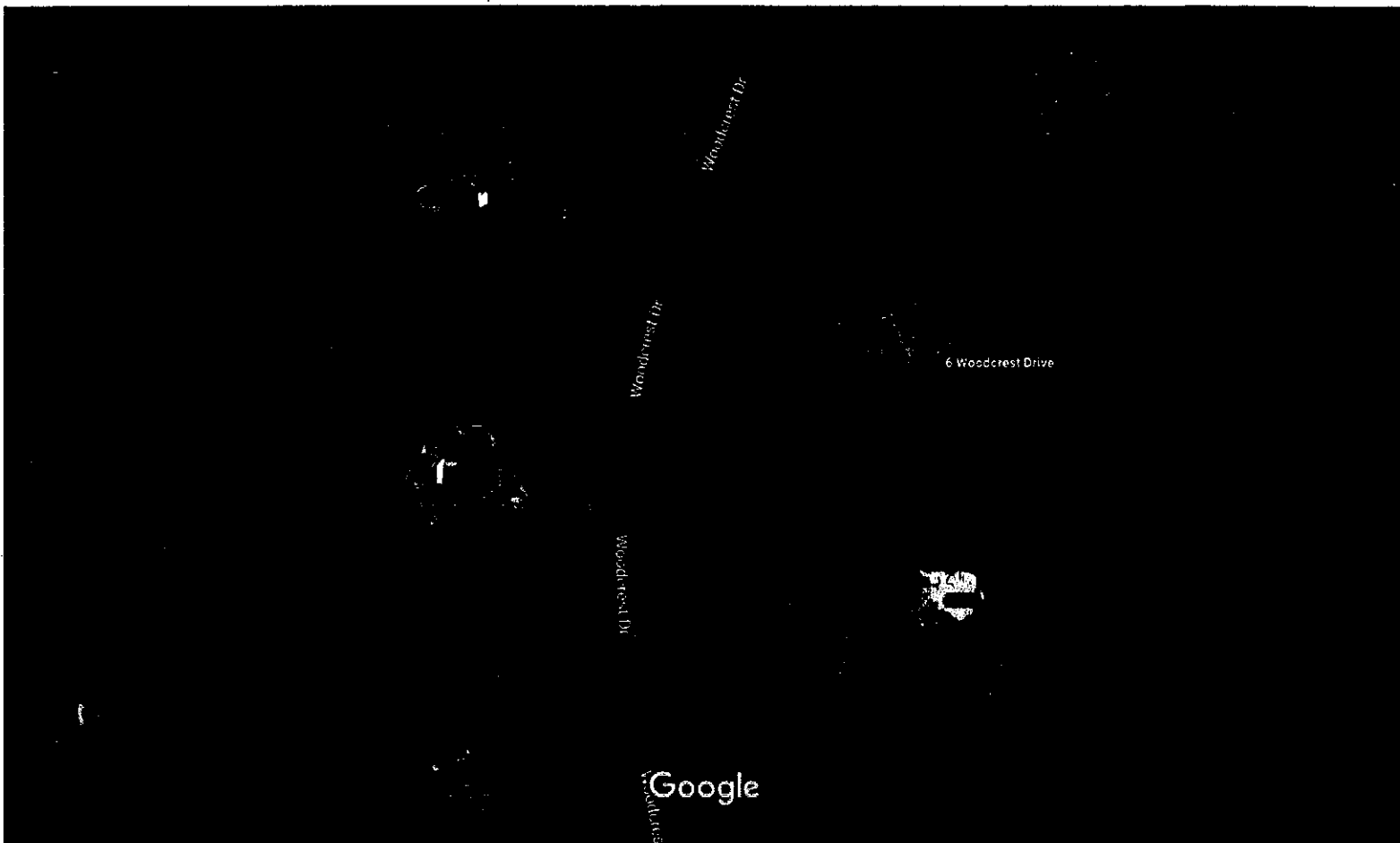
PROPERTY LINE
 DISTRICT BOUNDARY
 EASEMENT
 FLOOD DAMAGE SUSCEPTIBLE AREA
 FLOOD HAZARD ZONE
 RAILROAD CORRIDOR
 ADJACENT TO A RAILROAD RIGHT-OF-WAY

TOWN OF AURORA
 ERIC COUNTY, NEW YORK
 ENGINEER'S SCALE
 1" = 50'

SHEET INDEX

74.13	74.13 (74.00)
74.14	74.14
74.15	74.15

Google Maps 6 Woodcrest Dr



Imagery ©2017 DigitalGlobe, New York GIS, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2017 Google United States 100 ft



○ LOCATION OF
THE CARPORT

6 Woodcrest Dr
Orchard Park, NY 14127

Short Environmental Assessment Form

Part 1 - Project Information

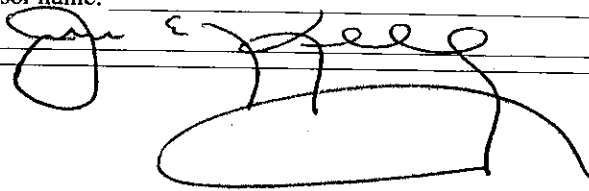
Instructions for Completing

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			
<u>Carport</u>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
AS you enter my property the carport will be on the left side where there is already blacktop. Approx. 50 yards in once you enter.			
Brief Description of Proposed Action:			
I would like to have a carport built on my property. The carport will be for 2 vehicles, 24'x32' in size. There will be 4 posts and a roof. It's location will be difficult to see from the Road.			
Name of Applicant or Sponsor:		Telephone:	
<u>James Kelly</u>			
Address:		E-Mail:	
<u>6 Woodcrest Drive</u>			
City/PO:		State:	Zip Code:
<u>ORCHARD PARK</u>		<u>NY</u>	<u>14127</u>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
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.			YES
			<input type="checkbox"/>
			<input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action? <u>5.90</u> acres			
b. Total acreage to be physically disturbed? <u>24' x 32'</u> acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input 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			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	N/A	NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	N/A	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>NO water</u>	NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: <u>NO water</u>	NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
		<input checked="" 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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> 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 plain?	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? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p>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: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>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: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>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: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p>		
<p>Applicant/sponsor name: _____</p>	<p>Date: <u>9/18/17</u></p>	
<p>Signature: </p>		