



CASE NO. 1361  
DATE OF HEARING 6/25/20

Town of Aurora Zoning Board of Appeals  
300 Glead 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 Heidi Meissner  
Address 1467 Underhill Rd  
City East Aurora State New York ZIP 14052  
Phone [redacted] Fax [redacted] Email lassi@meissner.com  
Interest in [redacted] (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 1467 Underhill Rd  
SBL# 201.01-1-22  
Property size in acres 1.2 Property Frontage in feet 175  
Zoning District R1 Surrounding Zoning \_\_\_\_\_  
Current Use of Property Residential

#### IV. REQUEST DETAIL

(check all that apply)

Variance from Ordinance Section(s) # 116-8.4 E(1)  
 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 )

Heidi Meissner  
Signature of Applicant/Petitioner

Heidi Meissner  
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 20 day of May in the year 2020 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

(Notary stamp)

JACOB J AMES  
NOTARY PUBLIC STATE OF NEW YORK  
ERIE COUNTY  
LIC. #01AM6400777  
COMM. EXP. 11/25/2023

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Office Use Only:      Date received: 5/29/2020      Receipt #: 122049

Application reviewed by: [Signature]

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 improve the aesthetics of our house by adding a covered front porch and extending the front of the garage to tie everything in. The variance is needed due to the house being built within 74'10" of the street right-of-way in contrary to code 116-8.1 E(1). The addition to the garage and the proposed front porch will lessen this distance more so. The overall distance would be roughly 2 feet less due to a pre existing 8ft front deck.

**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)

SUPERVISOR  
James J. Bach  
(716) 652-7590  
[jbach@townofaurora.com](mailto:jbach@townofaurora.com)



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

**TOWN OF AURORA**  
**Southside Municipal Center**  
300 Glead Avenue, East Aurora, NY 14052  
[www.townofaurora.com](http://www.townofaurora.com)

TOWN COUNCIL MEMBERS

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ASSESSOR  
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(716) 652-0011

DIR. OF RECREATION  
Christopher Musshafen  
(716) 652-8866  
[chris@townofaurora.com](mailto: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](mailto:historian@townofaurora.com)

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

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

May 28, 2020

Heidi Meissner  
1467 Underhill Rd.  
East Aurora NY 14052

Heidi,

The Building Department has reviewed your application for an addition to the front of your residence at 1467 Underhill Rd. We have denied your application because you fail to meet the zoning requirements for the front yard setback in an RR zoning district. 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.


116-8.4E(1)

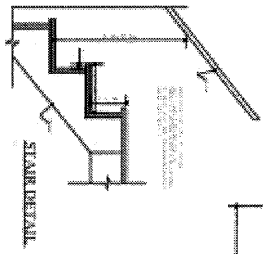
Required: A minimum of 75 feet setback from the street right of way.

Requested: A 64.09 foot setback.

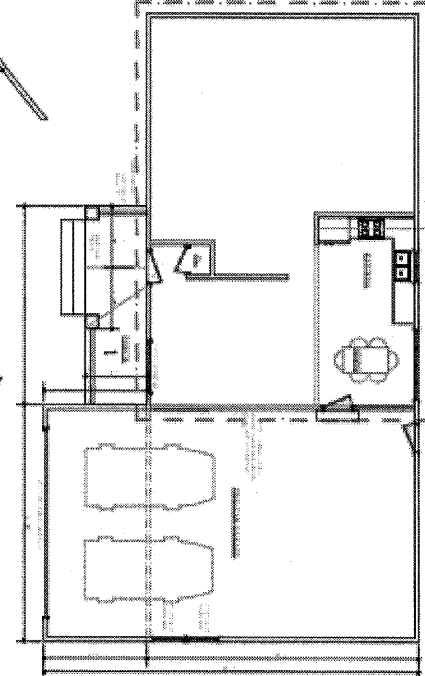
Variance: 10.91 feet.

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 needed to support your request for a variance from the Town Code. If you have any questions contact the Building Department at 652-7591.

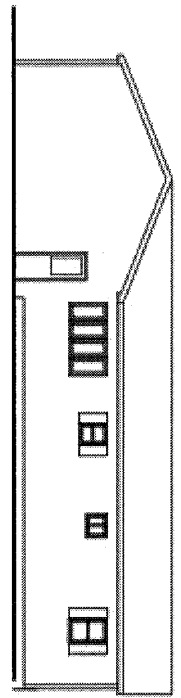
William R Kramer  
  
Code Enforcement Officer



MAIN FLOOR PLAN

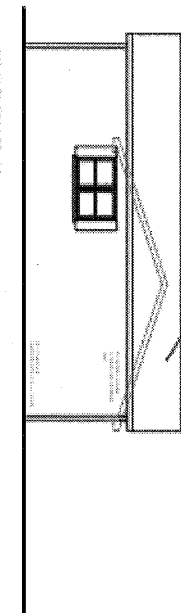


REAR ELEVATION

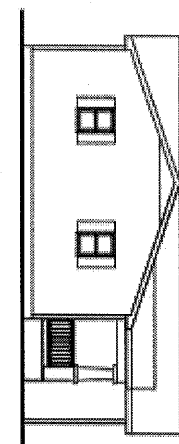


PRELIMINARY - FOR BIDDING

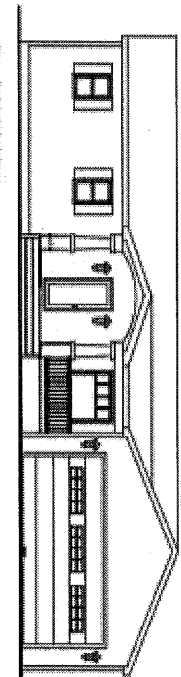
SIDE ELEVATION



SIDE ELEVATION



FRONT ELEVATION



A-2	<p>DATE: 10/15/2011</p> <p>PROJECT: THE MEISSNER RESIDENCE - RENOVATION &amp; ADDITION</p> <p>1400 COPENHAGEN ROAD, SUITE 100, NEW YORK, NY 10017</p>	<p>THE MEISSNER RESIDENCE - RENOVATION &amp; ADDITION</p> <p>1400 COPENHAGEN ROAD, SUITE 100, NEW YORK, NY 10017</p>	<p><b>THE MEISSNER RESIDENCE - RENOVATION &amp; ADDITION</b></p> <p>1400 COPENHAGEN ROAD, SUITE 100, NEW YORK, NY 10017</p>
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PROJECT ID NUMBER

617.20  
APPENDIX C


SEQR

STATE ENVIRONMENTAL QUALITY REVIEW

### SHORT ENVIRONMENTAL ASSESSMENT FORM

for UNLISTED ACTIONS Only

#### PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR Heidi Meissner	2. PROJECT NAME
3. PROJECT LOCATION: Town of Aurora Municipality	Erie County
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map 1467 Underhill Rd East Aurora NY 14052	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification / alteration	
6. DESCRIBE PROJECT BRIEFLY: To update and improve the aesthetics of the household by adding a covered porch and extending the front of the garage to tie into everything.	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If no, describe briefly: The household is closer than 75ft to the street right of way and the addition will lessen this distance in contrary to code 116-8.1 E (1)	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list agency name and permit / approval:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list agency name and permit / approval:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant / Sponsor Name Heidi Meissner	Date: 5/19/2020
Signature 	

**If the action is a Coastal Area, and you are a state agency,  
complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.  
 Yes  No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  
 Yes  No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? (If yes, explain briefly:  
 Yes  No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain:  
 Yes  No

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

\_\_\_\_\_  
 Name of Lead Agency

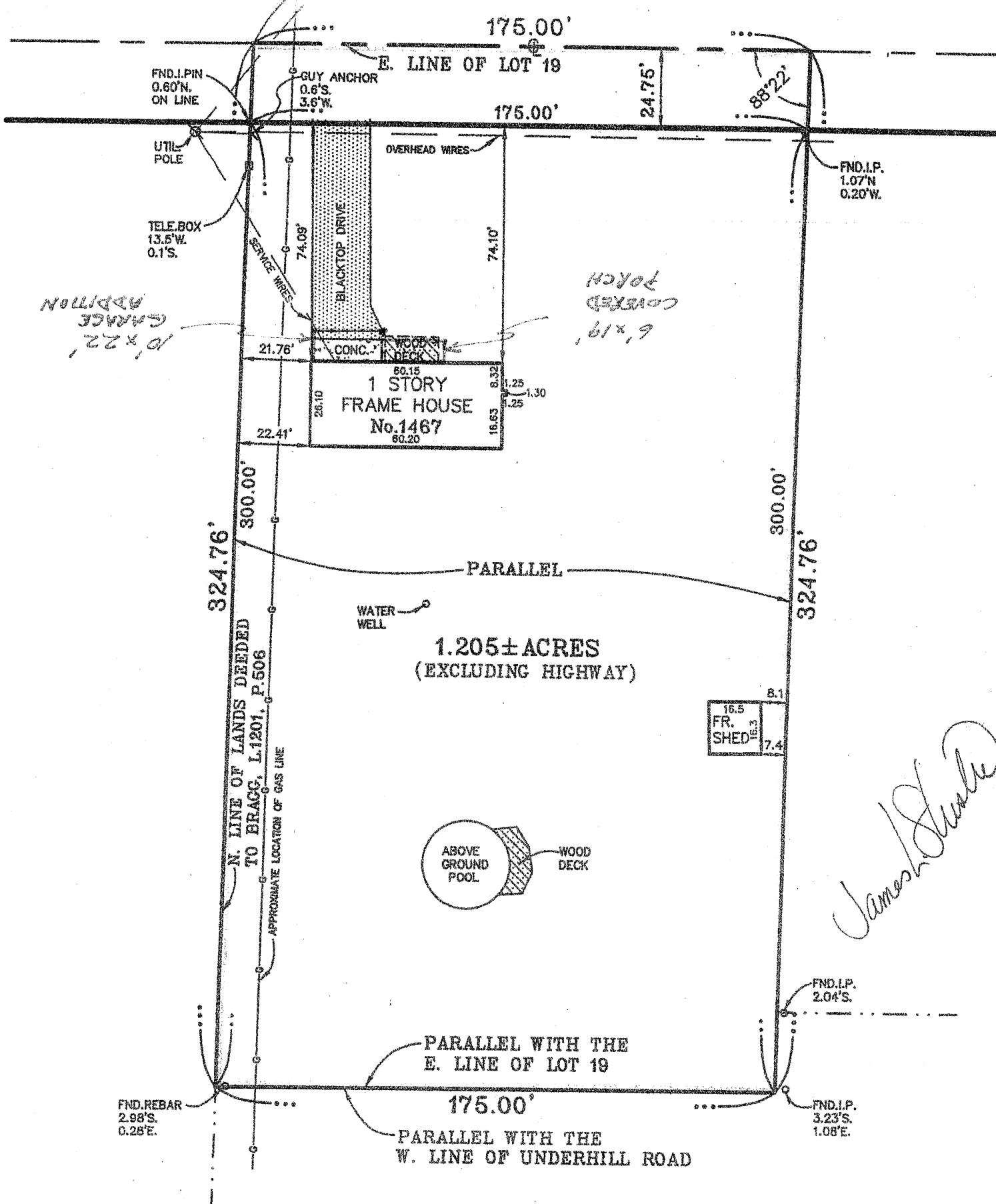
\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
 Title of Responsible Officer

\_\_\_\_\_  
 Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
 Signature of Preparer (If different from responsible officer)



*James L. Shisler*

PART OF LOT 19, TOWNSHIP 9, RANGE 6, HOLLAND LAND COMPANY'S SURVEY  
TOWN OF AURORA, COUNTY OF ERIE, STATE OF NEW YORK

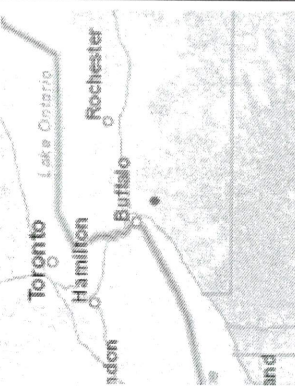
RESURVEY		
DATE	JOB	DESCRIPTION

**JAMES L. SHISLER, L.S., P.C.**  
PROFESSIONAL LAND SURVEYORS  
WWW.SHISLERSURVEYORS.COM



Case 1361

# Erie County On-Line Mapping Application



**Legend**

- Parcels
- Streets and Highways
  - Interstate
  - Primary State Road
  - Secondary State Road
  - County Road
  - Local Road

1: 4,514



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.

ERIE COUNTY  
DEPARTMENT OF ENVIRONMENT & PLANNING  
OFFICE OF GIS

0 0.07 0.1 Miles

WGS 1984 Web Mercator Auxiliary Sphere  
THIS MAP IS NOT TO BE USED FOR NAVIGATION