



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: The Blueberry Treehouse Farm  
 Business/Project Address: 1897 Davis Rd. West Falls, NY 14170  
 Applicant Name: Jyl Rivera  
 Mailing Address: 1897 Davis Rd.  
 City West Falls State NY ZIP 14170  
 Phone [REDACTED] 0-833-8733 Email [REDACTED] .COM  
 Interest in the property (ex: owner/purchaser/developer) 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) \_\_\_\_\_  
 If a corporate, please name a responsible party/designated officer: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 1897 Davis Rd. West Falls, NY 14170  
 SBL# 199.03-1-9.21

Describe Special Use requested (use additional pages if needed): As an existing established u-pick blueberry farm we would like to offer alcoholic beverages (beer, wine & cider) during our prime blueberry season and possible future events. We would also like to extend our visitor season from 2 to 6 month

Property size in acres 5.4 Property Frontage in feet\* 0 as a way to increase revenue.  
 Zoning District B2 Surrounding Zoning B2 \*PER TAX MAP 16.09' FRONT

Current Use of Property Organic u-pick blueberry Farm

Size of existing building(s): 0 sf Size of proposed building(s) 0 sf

Present/Prior tenant/use: u-pick blueberry farm

Parking spaces: Existing: 80 Proposed additional spaces: \_\_\_\_\_ Total #: \_\_\_\_\_

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 | 12-9   | 12-9    | 12-9      | 12-9     | 12-9   | 12-9     | 12-4   |          |

Peak hours: 12-5

Number of employees (if applicable): Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal 2

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

- a. Building Permit N/A
- b. Sign Permit N/A

**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)

Jyl Rivera  
 Signature of Applicant/Petitioner

Jyl Rivera  
 Print name of Applicant/Petitioner

State of New York; County of Erie

On the 2 day of June 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.

Martha Librock  
 Notary Public

MARTHA L. LIBROCK  
 Notary Public, State of New York  
 (Notary stamp) No. 01LI5028312  
 Qualified in Erie County  
 My Commission Expires May 31, 2022

Office Use Only: Date received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_

# 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.

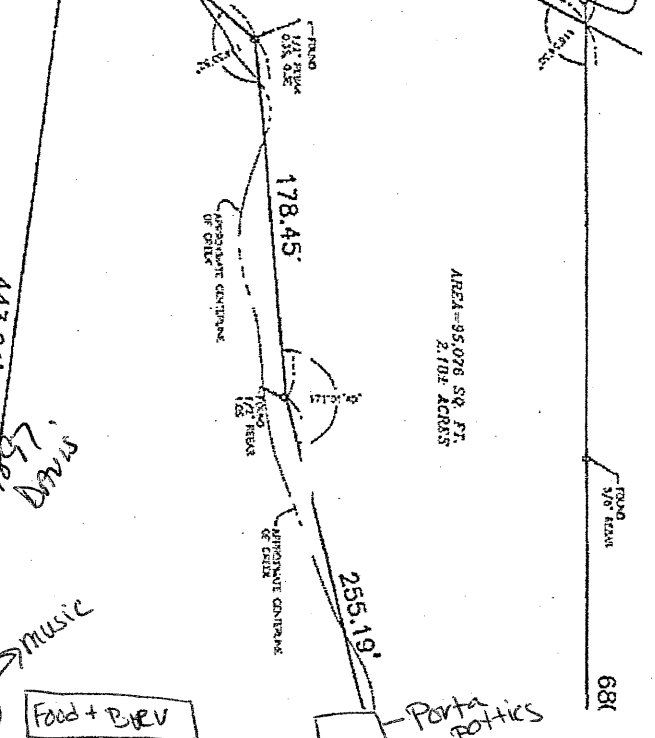
| <b>Part 1 – Project and Sponsor Information</b>   |  |                     |   |
|---|--|---------------------|---|
| Name of Action or Project:<br><i>To acquire a beer &amp; wine license</i>   |  |                     |   |
| Project Location (describe, and attach a location map):<br><i>1897 Davis Rd. West Falls, NY 14170</i>   |  |                     |   |
| Brief Description of Proposed Action:<br><i>As an existing established u-pick blueberry farm we would like to offer alcoholic beverages (beer, wine &amp; cider) during our prime blueberry season and possible future events. We would also like to offer alcoholic beverages to extend our visitor traffic season from 2 months to 6 months as a way to increase revenue.</i>   |  |                     |   |
| Name of Applicant or Sponsor:<br><i>Jyl Rivera</i>  |  | Telephone:          |   |
| Address:<br><i>1897 Davis Rd.</i>   |  | E-Mail: <i>Jy</i>   |   |
| City/PO:<br><i>West Falls</i>   |  | State:<br><i>NY</i> | Zip Code:<br><i>14170</i>                                       |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?<br>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.  |  |                     | NO<br><input checked="" type="checkbox"/>                       |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency?<br>If Yes, list agency(s) name and permit or approval:<br><i>State Liquor Authority - Beer &amp; Wine License, Town of Aurora - Special Use Permit</i>  |  |                     | YES<br><input checked="" type="checkbox"/>                      |
| 3. a. Total acreage of the site of the proposed action?<br>b. Total acreage to be physically disturbed?<br>c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?   |  |                     | acres<br><i>5.4</i><br>acres<br><i>0</i><br>acres<br><i>6.7</i> |
| 4. Check all land uses that occur on, are adjoining or near the proposed action:<br><input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)<br><input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):<br><input type="checkbox"/> Parkland |  |                     |   |

| 5. Is the proposed action,  | NO                                  | YES                                 | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| a. A permitted use under the zoning regulations?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?   | NO                                  | YES                                 |                          |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?<br>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?<br>b. Are public transportation services available at or near the site of the proposed action?<br>c. Are any pedestrian accommodations or bicycle routes available on or near the 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?<br>If the proposed action will exceed requirements, describe design features and technologies:<br>_____<br>_____   | NO                                  | YES                                 |                          |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| 10. Will the proposed action connect to an existing public/private water supply?<br>If No, describe method for providing potable water: <u>Bottled water</u>  | NO                                  | YES                                 |                          |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 11. Will the proposed action connect to existing wastewater utilities?<br>If No, describe method for providing wastewater treatment: <u>Portable bathrooms</u><br><u>are offered</u>  | NO                                  | YES                                 |                          |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?<br><br>b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | NO                                  | YES                                 |                          |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|   | <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?<br>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?<br>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____<br>_____<br>_____   | NO                                  | YES                                 |                          |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |

|   |                                     |                          |
|---|-------------------------------------|--------------------------|
| <p>14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:</p> <p><input type="checkbox"/> Shoreline   <input checked="" type="checkbox"/> Forest   <input checked="" type="checkbox"/> Agricultural/grasslands   <input type="checkbox"/> Early mid-successional</p> <p><input type="checkbox"/> Wetland   <input type="checkbox"/> Urban   <input type="checkbox"/> Suburban</p> |                                     |                          |
| <p>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?</p>   | NO                                  | YES                      |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>16. Is the project site located in the 100-year flood plan?</p>  | NO                                  | YES                      |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>17. Will the proposed action create storm water discharge, either from point or non-point sources?</p> <p>If Yes,</p> <p>a. Will storm water discharges flow to adjacent properties?</p> <p>b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?</p> <p>If Yes, briefly describe:</p> <p>_____</p> <p>_____</p>   | NO                                  | YES                      |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | <input type="checkbox"/>            | <input type="checkbox"/> |
| <p>18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?</p> <p>If Yes, explain the purpose and size of the impoundment: _____</p> <p>_____</p>   | NO                                  | YES                      |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <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?</p> <p>If Yes, describe: _____</p> <p>_____</p>   | NO                                  | YES                      |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p>   | NO                                  | YES                      |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p><b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor/name: <u>Jyl Rivera</u> Date: <u>6/1/2020</u></p> <p>Signature: <u><i>Jyl Rivera</i></u> Title: <u>owner</u></p>  |                                     |                          |



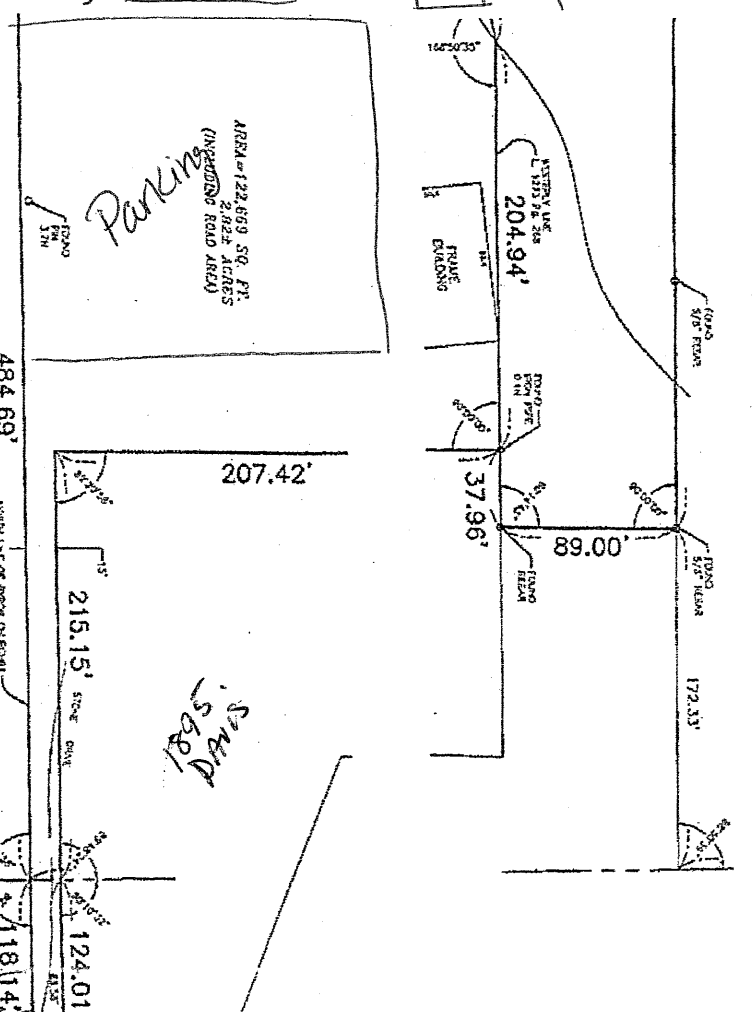
TIMORE & OHIO RAILROAD  
 265.74' 275.84' 270.6' REC.  
 (L. 256, Pg. 135)  
 (L. 7267 REC.)



AREA = 95,076 SQ. FT.  
 2.176 ACRES

443.64'

Food + Bev  
 Music  
 Porta Potties



AREA = 122,669 SQ. FT.  
 (INCL. ROAD AREA)

484.69'

207.42'

215.15'

124.01'

118.14'

37.96'

89.00'

172.33'

BEFORE ME, the undersigned authority, on this day personally appeared SIMS DAVIS, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

**BOUNDARY**  
 PART OF LOTS 49 & 57, TOWNSHIP  
 OF THE HOLLAND LAND COMP  
 TOWNSHIP OF AURORA, VILLAGE OF WEST PALM, COU  
**Folt-Albert Associate**  
 REAL ESTATE BROKERS  
 11111 WEST PALM BLVD  
 WEST PALM BEACH, FL 33411  
 PHONE: (561) 833-3333  
 FAX: (561) 833-3333  
 LICENSE NO. 10191

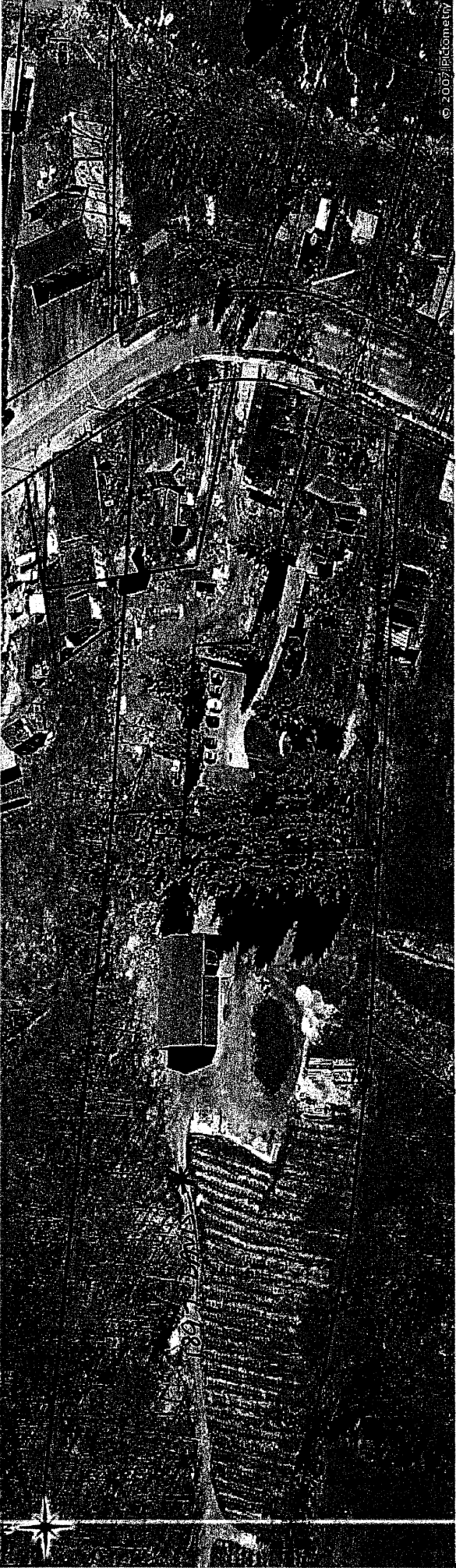
THIS SURVEY WAS ESTABLISHED BY SURVEYOR GENERAL JOHN W. COVINO, JR.

MEASUREMENT LINE OF POLE WALKERS





# Blueberry Farm



## SITE PLAN OR ZONING REFERRAL TO COUNTY OF ERIE, NY AND REPLY TO MUNICIPALITY

Note: Please complete in triplicate. Send original and one copy (with attachments) to Erie County Division of Planning, Room 1053, 95 Franklin Street, Buffalo, N.Y. 14202. Retain last copy for your files.

DO NOT WRITE IN THIS SPACE

Case No.: ZR-20-233

Received: 6/3/20

The proposed action described herein is referred in accordance with the provisions of the General Municipal Law, which provides that if no reply is received in 30 days after receipt of full information including a SEQR EAF if applicable, the municipal agency may take final action without considering such reply. If, however, reply is received at any time prior to municipal Action, such reply must be considered.

### Description of Proposed Action

**1. Name of Municipality:** Town of Aurora

**2. Hearing Schedule:**      **Date** 6/22/2020      **Time** 7pm      **Location** 300 Glead Ave., E. Aurora

**3. Action is before:**       Legislative Body       Board of Appeals       Planning Board

**4. Action consists of:**       New Ordinance       Rezone/Map Change       Ordinance Amendment

Site Plan       Variance       Special Use Permit       Other

**5. Location of Property:**       Entire Municipality       Specific as follows      1897 Davis Road, PO W. Falls, Town of Aurora

**6. Referral required as Site is within 500' of:**       State or County Property/Institution       Municipal Boundary       Farm Operation located in an Agricultural District

Expressway       County Road       State Highway       Proposed State or County Road, Property, Building/Institution, Drainageway

**7. Proposed change or use: (be specific)**      Seasonal event center serving wine,beer,cider; with live and recorded music.

**8. Other remarks: (ID#, SBL#, etc.)**      SBL#199.03-1-9.21

**9. Submitted by:**      Martha Librock, Town Clerk      6/3/2020

300 Glead Avenue, E. Aurora, NY 14052

### Reply to Municipality by Erie County Division of Planning

Receipt of the above-described proposed action is acknowledged on 6/3/20. The Division herewith submits its review and reply under the provisions of applicable state and local law, based on the information submitted with this referral.

1.  The proposed action is not subject to review under the law.
2.  Form ZR-3, Comment on Proposed Action is attached hereto.
3.  The proposed action is subject to review; the Division makes the recommendation shown on Form ZR-4, Recommendation on Proposed Action, which is attached hereto.
4.  No recommendation; proposed action has been reviewed and determined to be of local concern

By the Division of Planning: *Sarah E. Gatti*      Date: 6/3/20