



4/6/22

Special Use Permit Application Form 3/14/22

I. PROJECT INFORMATION (Applicant/Petitioner):

Business/Project Name: EAST AURORA STORAGE  
Business/Project Address: 426 OLEAN ROAD  
Applicant Name: JOSHUA BEST  
Mailing Address: PO BOX 665  
City EAST AURORA State NY ZIP 14052  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
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) BEST BROTHERS DEVELOPMENT, LLC  
If a corporate, please name a responsible party/designated officer: JOSHUA BEST  
Address 420 WILLARD SHIRE ROAD  
City EA State NY ZIP 14052  
Phone 4 Fax 11 Email 11

III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 426 OLEAN ROAD  
SBL# \_\_\_\_\_  
Describe Special Use requested (use additional pages if needed): NEW 2,400 SF STORAGE BUILDING TO EXISTING STORAGE FACILITY  
Property size in acres 1.4 Property Frontage in feet 125  
Zoning District B2 Surrounding Zoning B2  
Current Use of Property STORAGE  
Size of existing building(s): 22,000 sf Size of proposed building(s) 2,400 sf  
Present/Prior tenant/use: STORAGE  
Parking spaces: Existing: 0 Proposed additional spaces: 0 Total #: 0

Proposed water service: \_\_\_\_\_ public \_\_\_\_\_ private (well) X n/a Is this existing Y/N  
 Proposed sanitary sewer: \_\_\_\_\_ public \_\_\_\_\_ private (septic) X n/a Is this existing Y/N

Hours of operation (if applicable):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	By Appt.
Hours		10-2		10-2			10-2	ANY DAY

Peak hours: \_\_\_\_\_

Number of employees (if applicable): Full-time \_\_\_\_\_ Part-time 1 Seasonal \_\_\_\_\_

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

- a. Building Permit X
- 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)

Joshua Best  
 Signature of Applicant/Petitioner

JOSHUA BEST  
 Print name of Applicant/Petitioner

State of New York; County of Erie

On the 9 day of February in the year 2022 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.

Morgan A Eaton  
 Notary Public

Morgan A Eaton  
 Notary Public, State of New York  
 Registration No. 01EA6365129  
 Qualified in Erie County  
 My Commission Expires October 2, 2025

(Notary stamp)

Office Use Only: Date received: 2/9/22 Receipt #: 385620

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

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

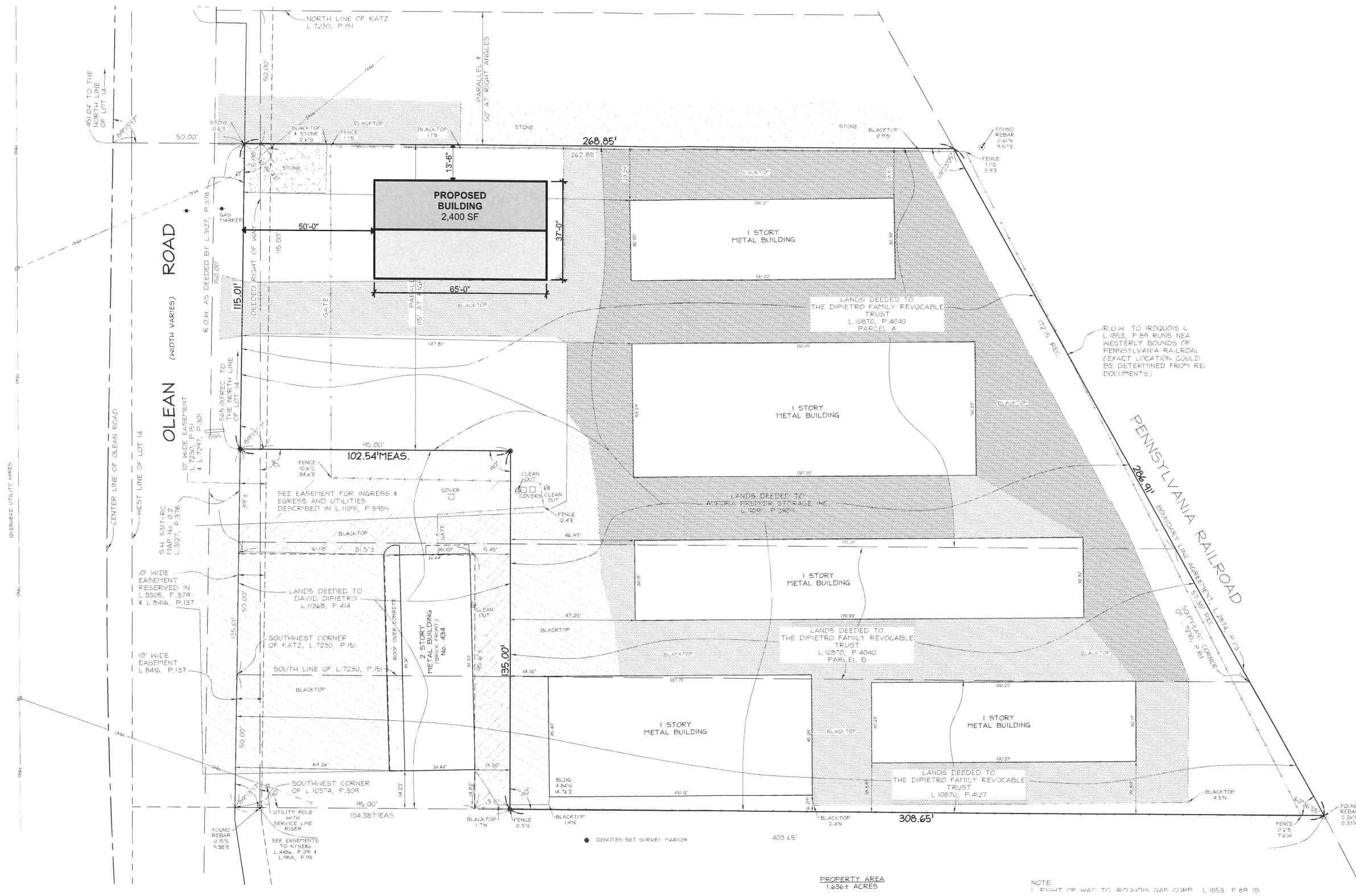
**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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.

Part 1 – Project and Sponsor Information			
Name of Action or Project: <u>EAST AURORA STORAGE</u>			
Project Location (describe, and attach a location map): <u>426 OLEAN ROAD, EAST AURORA, NY</u>			
Brief Description of Proposed Action: <u>NEW 2,400 SF STORAGE BUILDING</u>			
Name of Applicant or Sponsor: <u>JOSHUA BEST</u>		Telephone: _____	
		E-Mail: _____	
Address: <u>718 JEWETT HOLMWOOD ROAD</u>			
City/PO: <u>EAST AURORA</u>		State: <u>NY</u>	Zip Code: <u>14052</u>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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 <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>.05</u> acres	
b. Total acreage to be physically disturbed?		<u>.05</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>1.6</u> acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input 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,	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 <input type="checkbox"/>	YES <input checked="" 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input 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 <input type="checkbox"/>	YES <input checked="" 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 REQ'D</u> _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: <u>NO WASTE REQ'D</u> _____	NO <input checked="" type="checkbox"/>	YES <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?  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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input 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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

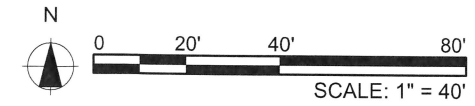
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input 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 plan?	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,	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DOWNSPOUTS WILL TIE INTO EXISTING STORM DRAIN SYSTEM		
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)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>JOSHUA BEST</u> Date: <u>2/9/22</u>		
Signature: <u>Joshua Best</u> Title: <u>OWNER</u>		



PROPERTY AREA  
1.636± ACRES

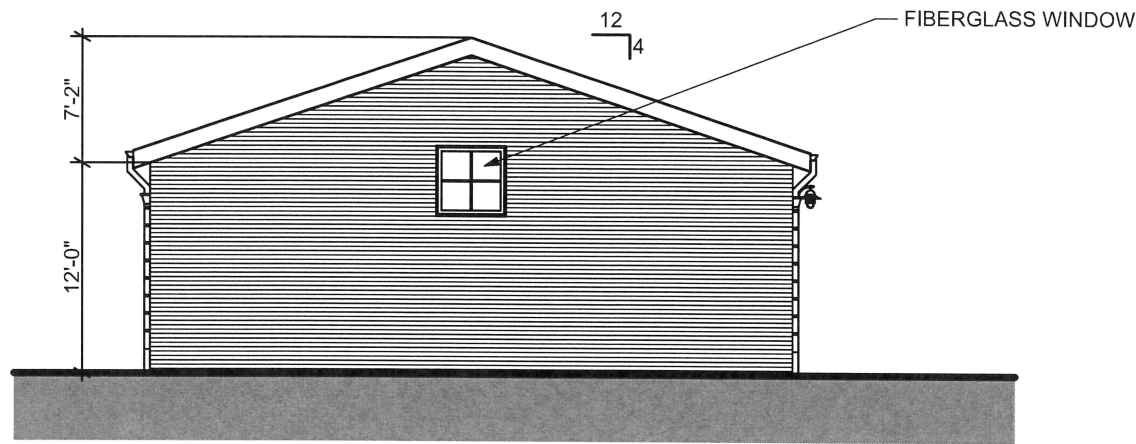
NOTE:  
1' RIGHT OF WAY TO IROQUOIS GAS CORP. L. 1853, F. 69 15

**PROPOSED STORAGE BUILDING**  
**EAST AURORA STORAGE**  
 426 OLEAN ROAD  
 EAST AURORA, NY 14052

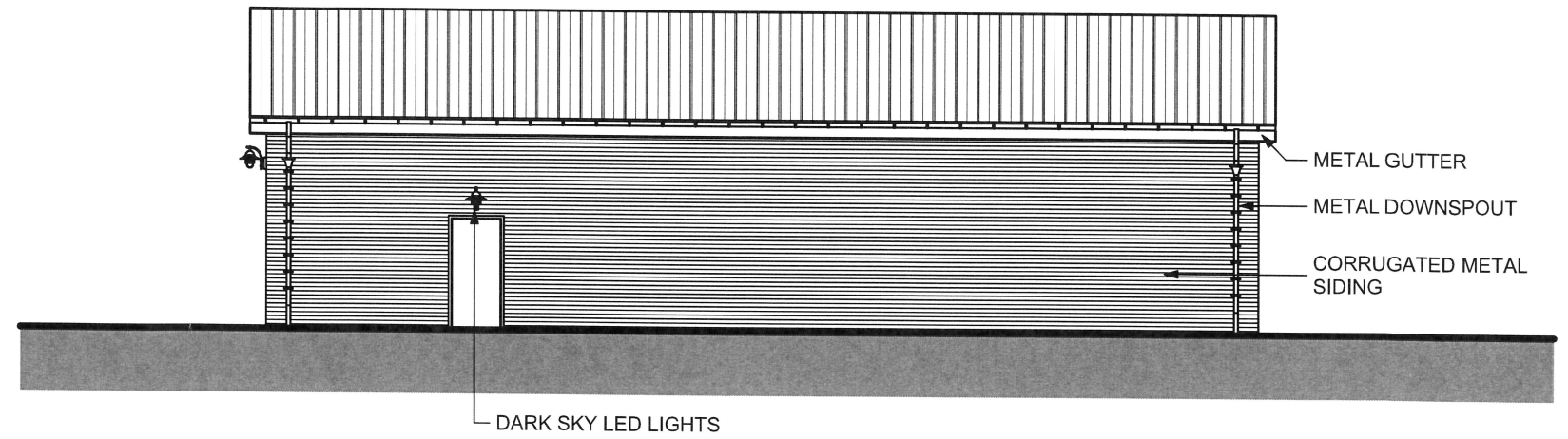


**SITE PLAN**  
03/14/2022

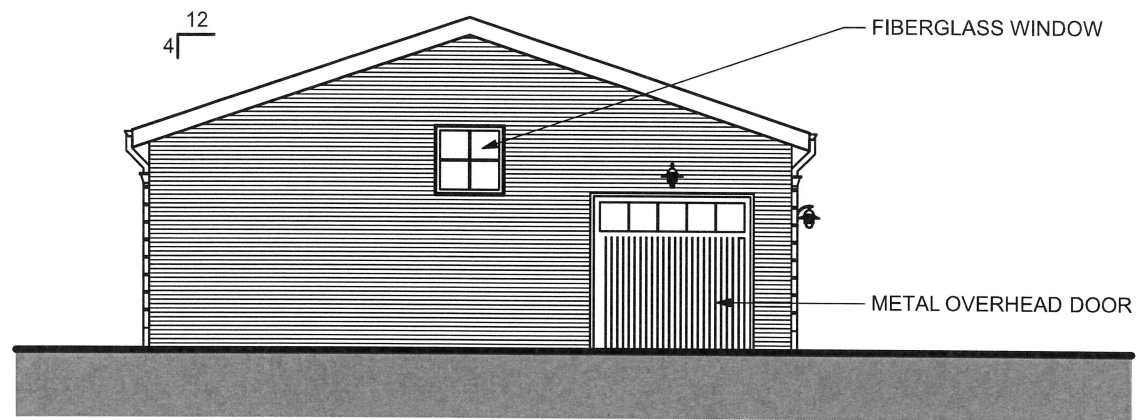




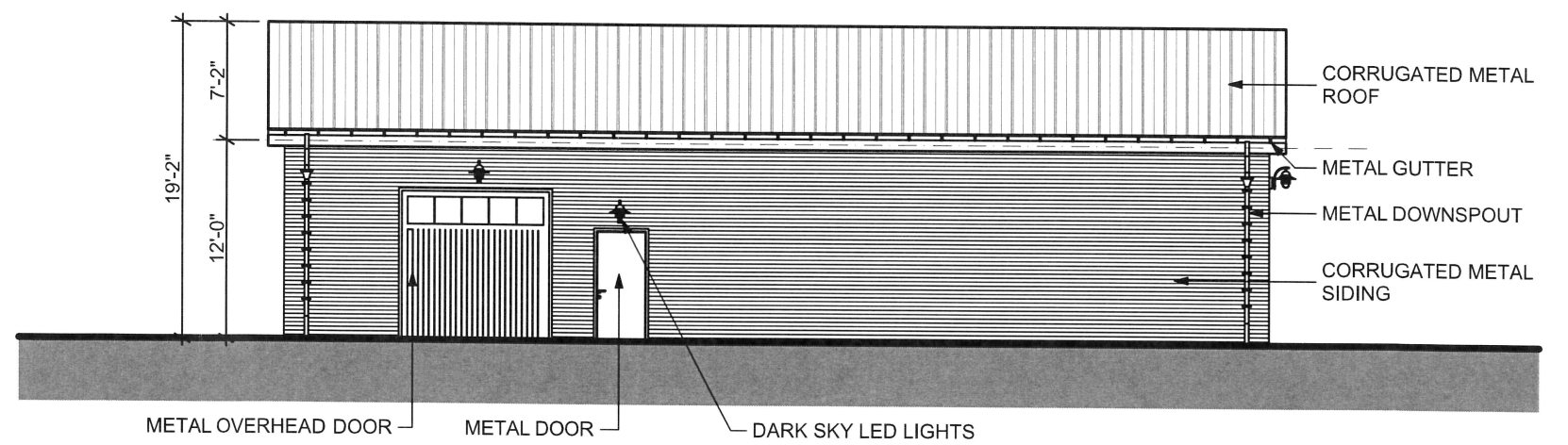
WEST ELEVATION



NORTH ELEVATION



EAST ELEVATION



SOUTH ELEVATION



**PROPOSED STORAGE BUILDING**

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 EAST AURORA, NY 14052

**EXTERIOR ELEVATIONS**

03/14/2022