



CASE NO. 1459

DATE OF HEARING 1/18/2024

Town of Aurora Zoning Board of Appeals
575 Oakwood 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 Kellie Geles
Address 86 Cook Road
City East Aurora State NY ZIP 14052
Phone 716-233-1111 Fax - Email vani@kelliegeles.com
Interest in as purchaser/developer

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

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

III. PROPERTY INFORMATION

Property Address 86 Cook Road East Aurora NY 14052
SBL# 176.00-2-23
Property size in acres 2.7313 Property Frontage in feet 235'
Zoning District RR/A Surrounding Zoning RR/A
Current Use of Property Residential

IV. REQUEST DETAIL

(check all that apply)
 Variance from Ordinance Section(s) # _____
 Special Use Permit for: Kenel Permit - 116-19
 Use Variance for: _____
 Interpretation of _____

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)

Applying for kennel permit to have 4 dogs on property.

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)

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)

Kellie Gelas
Signature of Applicant/Petitioner

Kellie Gelas
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 29th day of November in the year 2023 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.

Sheryla A. Miller
Notary Public
SHERYLA. MILLER
Reg. #01MI6128663
Notary Public, State of New York
Qualified In Erie County
Commission Expires June 13, 2025
(Notary stamp)

Office Use Only: Date received: 11/29/23 \$100 cash Receipt #: 891040 (dk)

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 _____

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



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

TOWN OF AURORA

Aurora Municipal Center
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

TOWN COUNCIL MEMBERS

Charles D. Snyder
csnyder@townofaurora.com

Luke Wochensky
lwochensky@townofaurora.com

James F. Granville
jgranville@townofaurora.com

Joseph M. McCann
jmccann@townofaurora.com

SUPT. OF HIGHWAYS
David M. Gunner
(716) 652-4050
highway@townofaurora.com

CODE ENFORCEMENT
OFFICER
Elizabeth Cassidy
(716) 652-7591
building@townofaurora.com

ASSESSOR
Stephen R. Pigeon
assessor@townofaurora.com
(716) 652-0011

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

TOWN ATTORNEY
Brigid M. Maloney

TOWN JUSTICE
Jeffrey P. Markello
Anthony DiFilippo IV

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

FAX: (716) 652-3507

Kellie Geles
86 Cook Rd
East Aurora, NY 14052

November 9, 2023

Kellie:

The Building Department has reviewed your request to keep a fourth dog at your property at 86 Cook Rd. The request has been denied because it fails to meet the code requirements for dogs in the Town.

Section 116-19 -B)

Required: No more than three dogs over the age of four months shall be kept, harbored, or maintained in any R, A or C District. The Zoning Board of Appeals may grant temporary or permanent permission to keep more than three dogs on such conditions it may require.

Requested: Permission to have a 4th dog

Variance: Permission for a 4th dog (SPECIM USE PERMIT)

This letter serves as notice that we have received the application and fee for the Zoning Board of Appeals. You will receive notification from the Town Clerk with the date and time of the next available hearing. If you have any questions, please contact our office at 652-7591.

Sincerely,



Elizabeth Cassidy
Code Enforcement Officer

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: <i>Kennel Permit</i>			
Project Location (describe, and attach a location map): <i>86 Cook Road East Aurora NY 14052.</i>			
Brief Description of Proposed Action: <i>Applying for kennel permit for to have more than 3 dogs on property.</i>			
Name of Applicant or Sponsor: <i>Kellie Geles</i>	Telephone: <i>716 25</i>	E-Mail: <i>V. yanoo.com</i>	
Address: <i>86 Cook Rd.</i>			
City/PO: <i>East Aurora</i>	State: <i>NY</i>	Zip Code: <i>14052.</i>	
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 checked="" type="checkbox"/>	YES <input 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 checked="" type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? <i>2.7</i> acres			
b. Total acreage to be physically disturbed? <i>0</i> acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <i>2.7</i> 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 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? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? 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 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	YES	
	<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	
	<input checked="" 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: _____ _____	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: _____ _____	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? 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"/>	
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"/>	
	<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 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
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 checked="" type="checkbox"/>	<input type="checkbox"/>

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"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Kellie Geles</u> Date: <u>11/29/23</u>		
Signature: <u>Kellie Geles</u> Title: <u>11/29/2023</u>		

Town of Aurora

ORIGINAL DOG LICENSE - Owner's Copy

Issuing Municipality: East Aurora 03 / County: Erie 14 / Phone: (716) 652-7115

License No: 1403 0006636

Dog's Name: Bear

Dog Sex: MALE, NEUTERED (01)

Birth/Markings: 2016

Dog Breed: Pug (070)

Dog Color: Black (A), None (0)

Issue Date: 11/29/2023

Expire Date: 11/30/2024

Town Fee: \$11.00

NY Surcharge: \$1.00

Total Fee: \$12.00

Return to: _____ With _____

Check Payable to: _____

Aurora Town Clerk

575 Oakwood Avenue

East Aurora, NY 14052

Proof of Current Rabies Immunization Required

Veterinarian: AURORA PET HOSPITAL

Date Vaccination: 09/08/23 / Expire: 09/08/26 3 Year

GELES, KELLI

86 COOK RD

East Aurora, NY 14052

Clerk's Signature: *K. Geles*

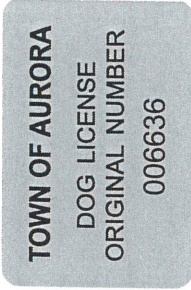
Date: 11/29/23

OWNER'S INSTRUCTIONS

1. Check license for accuracy and completeness. Enter any corrections in ink and sign Clerk's copy.
2. REQUIRED DOCUMENTS - Proof of rabies vaccination is required by public health law #2145 and must extend into the new licensing period.
 Proof of spaying or neutering unless already on file where application is made.
 Proof of fee exemption for "guide dog", "hearing dog", "police work dog", "war dog" or "service dog."
3. Make check payable to Aurora Town Clerk. Enclose a self addressed stamped envelope. A validated license will be returned to you.

LICENSE CHANGE AND TRANSFER REPORT Type of Information Change: (Check One)

- Replacement Tag Needed \$3.00
- Dog - Deceased (Return ID tag)
- Dog is Lost or Stolen
- Change of Address (Owner of Record)
- Transfer of Ownership
- Date of Change: _____
- New Owner's Name: _____
- Mailing Address: _____
- City, State & Zip: _____
- Phone Number: _____
- County: _____



TRANSFER OF OWNERSHIP

INSTRUCTIONS FOR OWNER OF RECORD: (Owner whose name is printed on face of this license): Complete this form and then give the form to the new owner.

INSTRUCTIONS FOR NEW OWNER: Present this portion of the license to the clerk of the town, city or the incorporated village, in which the dog is to be harbored, and purchase new dog license in your name.

Signature: _____ Date _____
(Owner of Record)

Town of Aurora

ORIGINAL DOG LICENSE - Owner's Copy

Issuing Municipality: East Aurora 03 / County: Erie 14

License No: 1403 0006637
Dog's Name: Yoli
Dog Sex: FEMALE, SPAYED (02)
Birth/Markings: 2012
Dog Breed: Pug (070)
Dog Color: Tan/beige (H), Black (A)

Issue Date: 11/29/2023 (71)
Expire Date: 11/30/2024 Mir
Town Fee: \$11.00
NY Surcharge: \$1.00
Total Fee: \$12.00

Check Payable to:
Aurora Town Clerk
575 Oakwood Avenue
East Aurora, NY 14052

GELES, KELLI
86 COOK RD
East Aurora, NY 14052

Proof of Current Rabies Immunization Required
Veterinarian: AURORA PET HOSPITAL
Date Vaccination: 07/21/23 / Expire: 07/21/26 3 Year

Clerk's Signature: [Signature] Date: 11/29/23

OWNER'S INSTRUCTIONS

1. Check license for accuracy and completeness. Enter any corrections in ink and sign Clerk's copy.
2. REQUIRED DOCUMENTS - Proof of rabies vaccination is required by public health law #2145 and must extend into the new licensing period.
Proof of spaying or neutering unless already on file where application is made.
Proof of fee exemption for "guide dog", "hearing dog", "police work dog", "war dog" or "service dog."
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LICENSE CHANGE AND TRANSFER REPORT Type of Information Change: (Check One)

- Replacement Tag Needed \$3.00
 - Dog - Deceased (Return ID tag)
 - Dog is Lost or Stolen
 - Change of Address (Owner of Record)
 - Transfer of Ownership
- Date of Change: _____
- New Owner's Name: _____
Mailing Address: _____
City, State & Zip: _____
Phone Number: _____
County: _____



TRANSFER OF OWNERSHIP

INSTRUCTIONS FOR OWNER OF RECORD: (Owner whose name is printed on face of this license): Complete this form and then give the form to the new owner.

INSTRUCTIONS FOR NEW OWNER: Present this portion of the license to the clerk of the town, city or the incorporated village, in which the dog is to be harbored, and purchase new dog license in your name.

Signature: _____ Date _____
(Owner of Record)

Town of Aurora
ORIGINAL DOG LICENSE - Owner's Copy

Printed: 11/29/23 - 8:56 am

Issuing Municipality: East Aurora 03 / County: Erie 14 /

License No.: 1403 0006635
Dog's Name: Lola
Dog Sex: FEMALE, SPAYED (02)
Birth/Markings: 2014
Dog Breed: Pug (070)
Dog Color: Tan(beige) (H), None (0)

Issue Date: 11/29/2023 (716)
Expire Date: 11/30/2024
Town Fee: \$11.00
NY Surcharge: \$1.00
Total Fee: \$12.00

Entire Form With

Payable to:

Aurora Town Clerk
57
Aurora Avenue
NY 14052



GELES, KELLI
86 COOK RD
East Aurora, NY 14052

Clerk's Signature: Michele Date: 11/29/23

OWNER'S INSTRUCTIONS

1. Check license for accuracy and completeness. Enter any corrections in ink and sign Clerk's copy.
2. REQUIRED DOCUMENTS - Proof of rabies vaccination is required by public health law #2145 and must extend into the new licensing period.
Proof of spaying or neutering unless already on file where application is made.
Proof of fee exemption for "guide dog", "hearing dog", "police work dog", "war dog" or "service dog."
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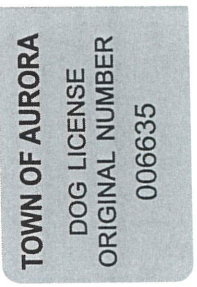
LICENSE CHANGE AND TRANSFER REPORT

Type of Information Change: (Check One)

Replacement Tag Needed \$3.00
 Dog - Deceased (Return ID tag)
 Dog is Lost or Stolen
 Change of Address (Owner of Record)
 Transfer of Ownership

Date of Change: _____

New Owner's Name: _____
Mailing Address: _____
City, State & Zip: _____
Phone Number: _____
County: _____

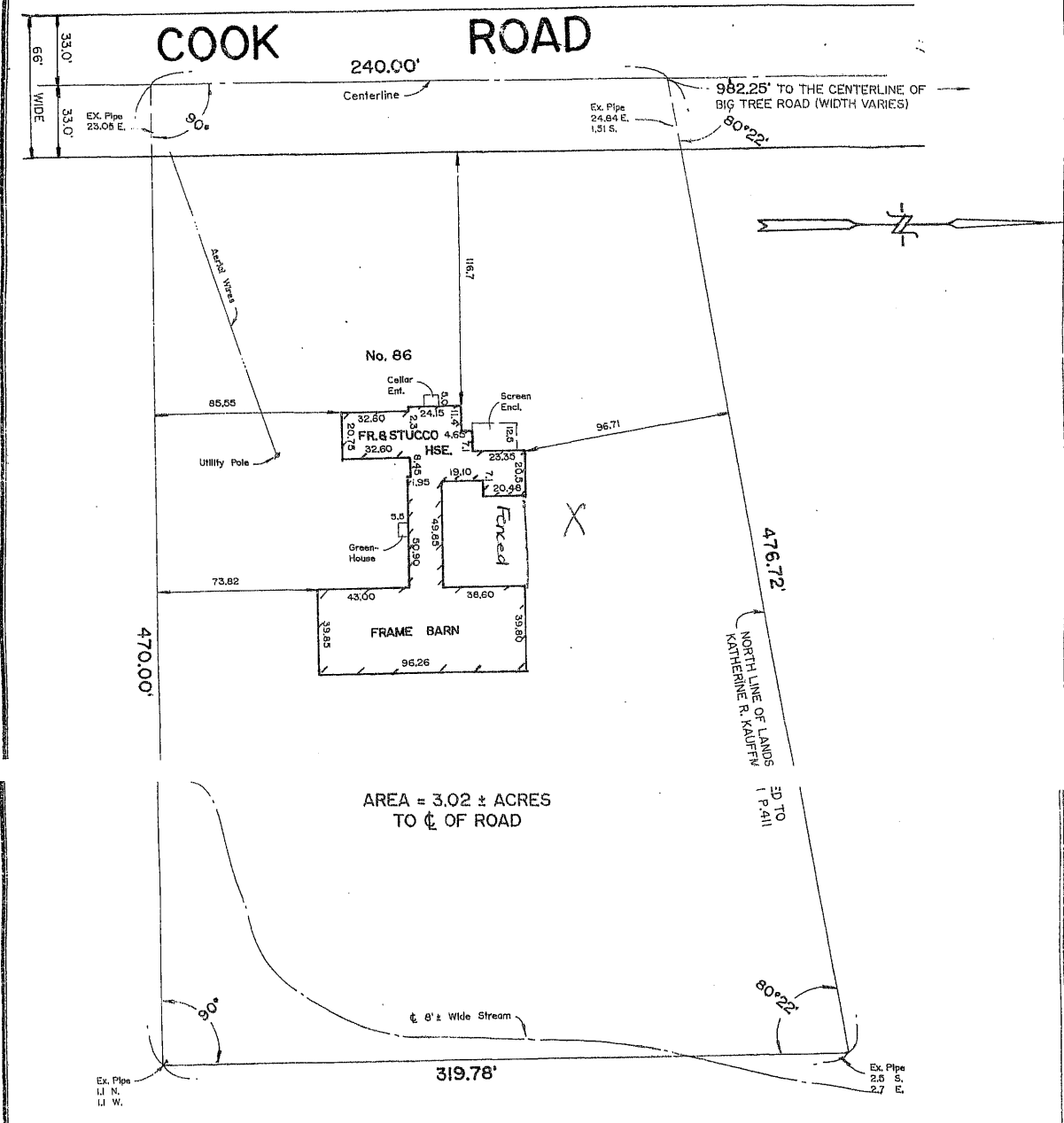


TRANSFER OF OWNERSHIP

INSTRUCTIONS FOR OWNER OF RECORD: (Owner whose name is printed on face of this license). Complete this form and then give the form to the new owner.
INSTRUCTIONS FOR NEW OWNER: Present this portion of the license to the clerk of the town, city or the incorporated village, in which the dog is to be harbored, and purchase new dog license in your name.

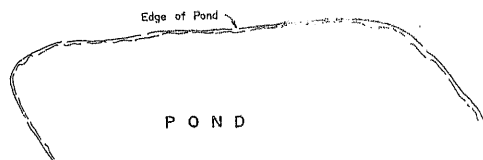
Signature: _____ Date _____
(Owner of Record)

THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT FULL ABSTRACT OF TITLE AND IS SUBJECT TO ANY STATE OF FACTS THAT MAY BE REVEALED BY AN EXAMINATION OF SAME.



AREA = 3.02 ± ACRES
TO C OF ROAD

SUBJECT TO PERMANENT WATER RIGHTS
IN AND TO THE POND



PART OF LOT 7, TOWNSHIP 9, RANGE 6
TOWN OF AURORA
ERIE COUNTY, NEW YORK

Ray L. Sonnenberger
Land Surveyor
N.Y.S. Lic. No. 036193
60 Niagara Street
Buffalo, New York

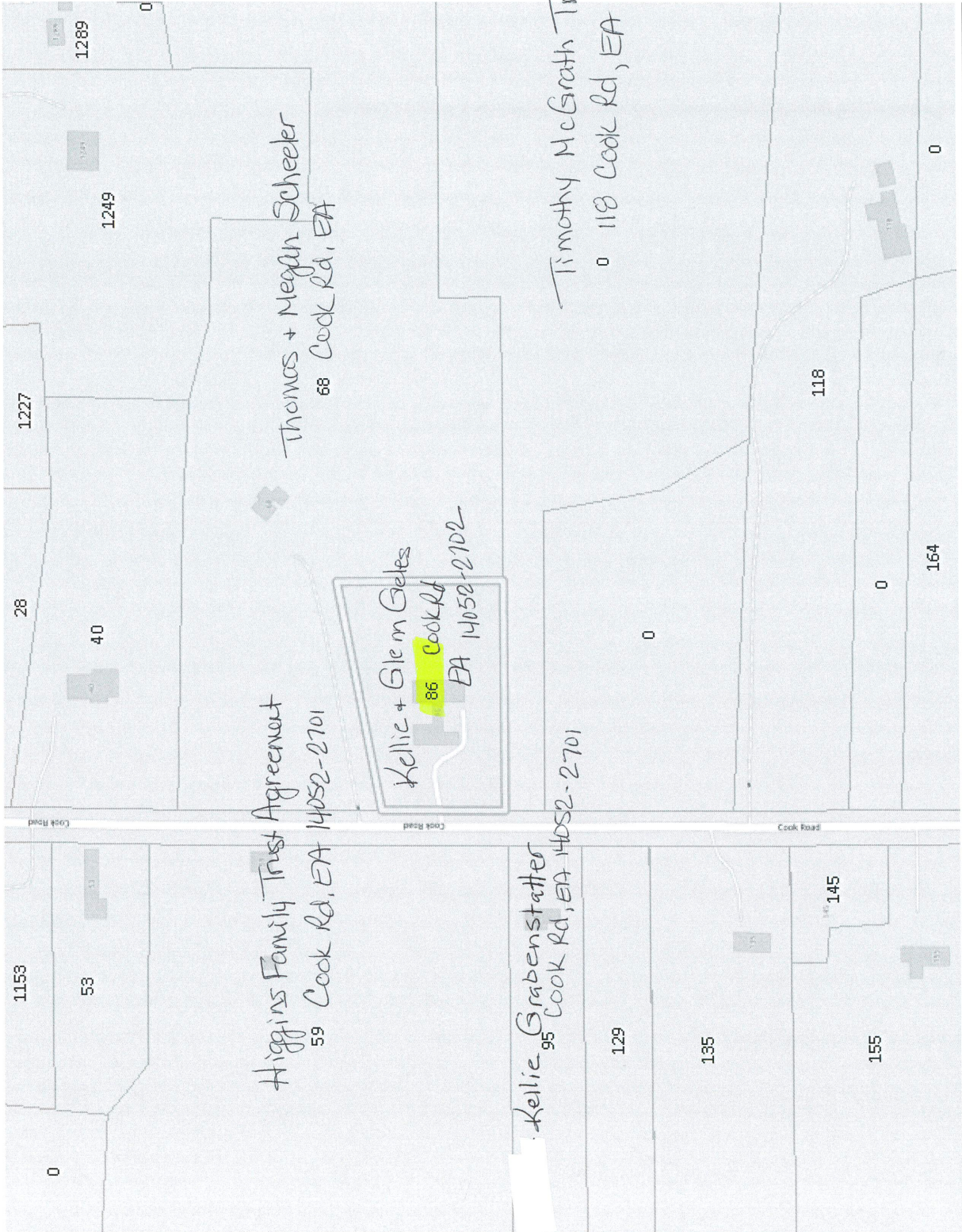
Phone: 716-854-0159 Fax: 716-854-1462

Scale 1" = 50' Date NOV. 3, 2006

Sheet 67621 No. 06-574

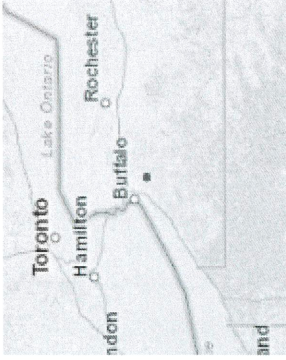


Erie County On-Line Mapping Application



Legend

□ Parcels



0 0.07 0.1 Miles

WGS_1984_Web_Mercator_Auxiliary_Sphere
THIS MAP IS NOT TO BE USED FOR NAVIGATION

ERIE COUNTY
DEPARTMENT OF ENVIRONMENT & PLANNING
OFFICE OF GIS

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.

1: 4,514

