



TOWN OF AURORA
OPEN DEVELOPMENT AREA APPLICATION

4A

To Be Completed By Applicant

PETITIONER: Name: CHRISTOPHER J. HOGAN & MARY L. HOGAN
Address: 8325 COLE RD.
COLDEN, NY 14033
City State Zip
Phone: 716-941-3772 Fax: -
E-Mail: CHOGAN@RFOAKHILL.COM

PROPERTY OWNER (if different from petitioner):

Name: _____
Address: _____ Ph. No. _____

PROJECT ADDRESS: 835 WILLARDSHIRE 163.00-3-3122
No. Street SBL No.

PROJECT DESCRIPTION: 3600 SF 3 BEDROOM SINGLE
FAMILY RESIDENCE

Signature of Applicant: [Handwritten Signature]

State of New York) SS:
County of Erie)

On the 23rd day of February, in the year 2015, before me, the undersigned, a notary public in and for said state, personally appeared Christopher J. Hogan 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 they 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.

Doreen Carol Meade
Notary Public

DOREEN CAROL MEADE
Notary Public, State of New York
No. 01ME4860185
Qualified in Erie County
My Commission Expires June 2, 2018

OFFICE USE ONLY:

File #: _____ Number of Lots _____ Total Acreage _____ Zoning _____
Open Development Area Review Application Fee \$ 100.00 Receipt # 687320
Materials Received by Budact DTC Date 2/25/15
Town Clerk & Fee Paid Accepted by _____

TOWN OF AURORA 5 SOUTH GROVE STREET, EAST AURORA, NY 14052
(716) 652-3280 FAX (716)652-3507 www.townofaurora.com

Short Environmental Assessment Form

Part 1 - Project Information

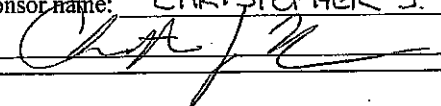
Instructions for Completing

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: New Single Family residence			
Project Location (describe, and attach a location map): 835 Willardshire Road, East Aurora, Erie County, NY 14052 Tax Parcel ID 163.00-3-31.22			
Brief Description of Proposed Action: Construction of a 3,600 square foot 3 bedroom single family residence on a previously approved ODA subdivision. Located within all required setbacks as shown on attached survey & site plan.			
Name of Applicant or Sponsor: Christopher J. Hogan & Mary L. Hogan		Telephone: 716-941-3772	
		E-Mail: chogan@rpoakhill.com	
Address: 8325 Cole Road			
City/PO: Colden		State: NY	Zip Code: 14033
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 governmental 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?		_____ 5 acres	
b. Total acreage to be physically disturbed?		_____ 0.5 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ 5 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 type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" 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?	NO	YES	N/A	
	<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? 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?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	b. Are public transportation service(s) available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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"/>		
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 type="checkbox"/>	<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: _____ Water will be supplied by private well located on the property _____	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: _____ Onsite septic system design per NYSDOH 75-A construed under permit issued by Erie County Department of Health _____	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?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
b. Is the proposed action located in an archeological sensitive area?	<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?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES		
	<input 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"/> NO <input checked="" type="checkbox"/> YES New structure is incorporated into existing topography and drains naturally with no change to existing runoff. Refer to site plan for topography. _____				

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: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>CHRISTOPHER J. HOGAN</u>		Date: <u>2/23/15</u>
Signature: <u></u>		

