WS-1/6A

Town of Aurora 300 Gleed Avenue East Aurora, New York 14052

ATTN: Martha Librock, Town Clerk

RE: Five Star Equipment Site Plan

280 Ellicott Road SBL: 186.00-1-27.2

Martha,

Included with this letter is a revised site plan, floor plan and front elevation for the proposed new John Deere Equipment dealership on Ellicott Road. The Town previously approved the project for a facility, which was 22,484 SF in floor area.

Subsequent to the approval, and following an in depth review process of the floor plan proposed, and in particular, the garage area of the structure, additional floor space is needed for equipment needed at each of the service bays. This would increase the length of that portion of the north end of the proposed facility by approximately 13 feet.

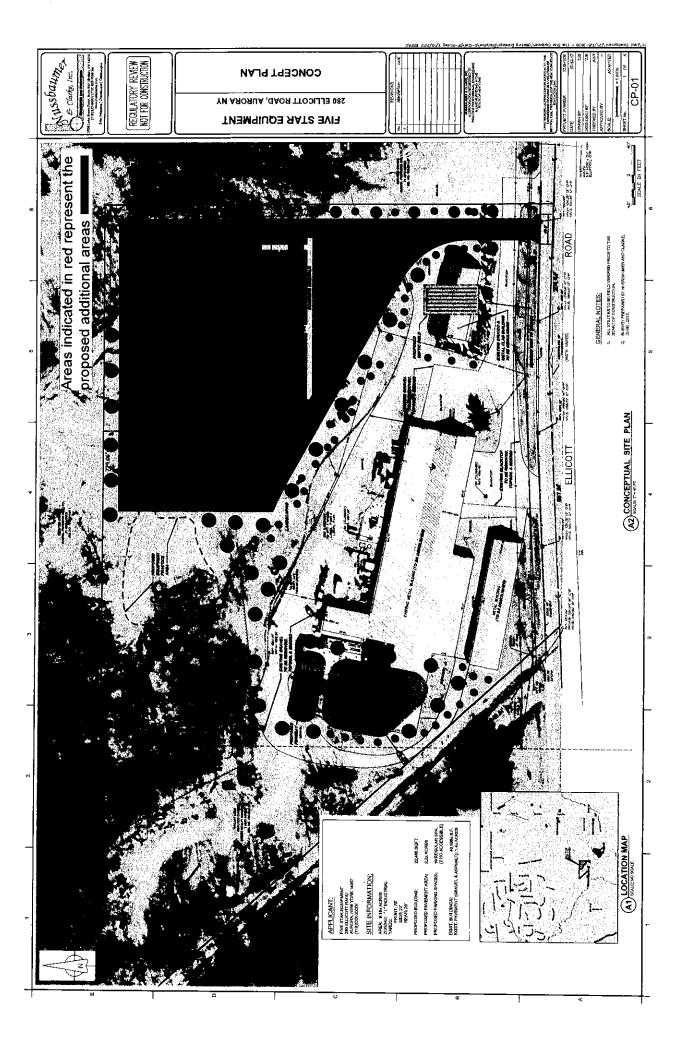
Additionally, the parts delivery timing is being altered, requiring a separate truck dock area for deliveries. Proposed to be located on the southeast corner of the structure. The width of the front façade would be increased by approximately 14 feet. The net result of the proposed changes would increase the building area from 22,484 SF to 23,850 SF.

On behalf of Five Star Equipment, we would request the Town Board consider the proposed revisions to the site plan for approval.

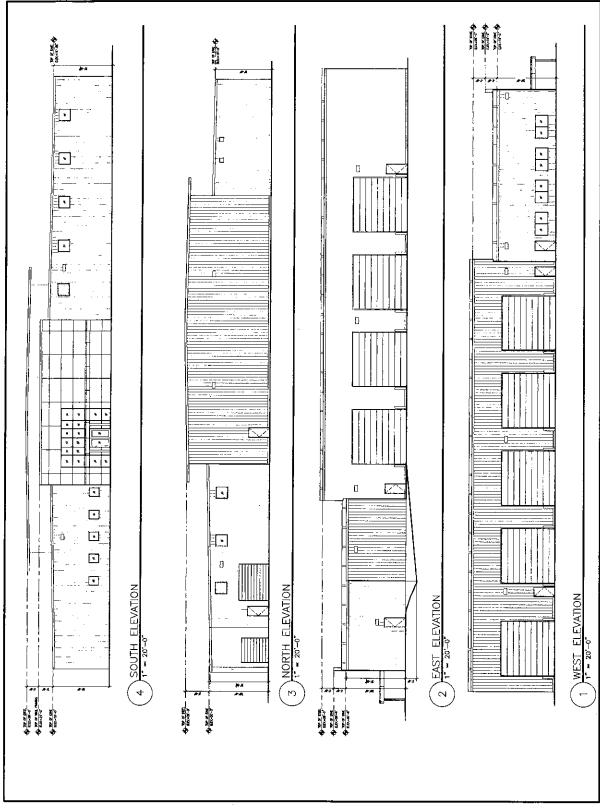
Please contact us with any questions.

Respectfully,

Donald E Aubrecht



FONTANESE FOLTS AUBRECHT ERNST APROFESSIONAL CORPORATIONS SOME 17.28 DATE ORGENSET COLVERS STREET ORGENSET PROCESSIONAL CORPORATIONS SOME 17.28 DATE ORGENSET WAH CHANNE IN. SOME 17.26 DEANNE IN. DEANNE IN. DEANNE IN. DEANNE IN.



TOWN OF AURORA SITE PLAN REVIEW APPLICATION

| Date submitted: U0/28/17 |
|--|
| Applicant name: Donald Aubrecht |
| Applicant address: 6395 W Quaker Street Orchard Park, NY 14127 |
| Property owner: GGBDS Realty Company INC. |
| Owner's address 1300 Dunham Dr. Dunmore, PA 18512 |
| Property address: 280 Ellicott Road West Falls, NY 14170 |
| SBL # (s) 186.00-1-27.2 |
| Prior owner Mecca Krull Corp. |
| Is site adjacent to or within 500 feet of an 'R' District? Yes it is. |
| |
| Proposed Project: Replacement Facility of existing Heavy Equipment Dealer and Service Shop Commercial X Multi family Number of dwelling units Zone: Total property Acreage: 9.20 Acreage covered by bldg .52 Square footage of building: 22,484 23,850 Cubic footage of building: 558,032 591,923 Aggregate square footage of other buildings on property: Existing Buildings to be demolished. FEE SCHEDULE Up to 5000 cu ft (20 x 25 x 10) - \$50 plus (+) \$100 per acre or fraction of acre. |
| Up to 10,000 cu ft Over 10,000 cu ft - \$75 plus (+) \$100 per acre or fraction of acre. - \$75 plus (+) \$5 per 1,000 cu ft over 10,000 cu ft plus (+) \$100 per acre or fraction of acre. |
| Fee: <u>\$ 3,815.00 3,985.00</u> Receipt: <u>#</u> |
| Base fee for cu ft \$75.00 Each 1,000 cu ft over 10,000 \$2,740.00 2,910.00 Acres \$1,000.00 |
| SEQR action: Type I (Long EAF) Type II (Long EAF) Vunlisted (Long EAF) |

Modifications to the original Site Plan Review Application are shown in red.

| _ |
|---|

| Application Fee \$25. |
|-----------------------|
|-----------------------|

Application For Temporary Use Permit

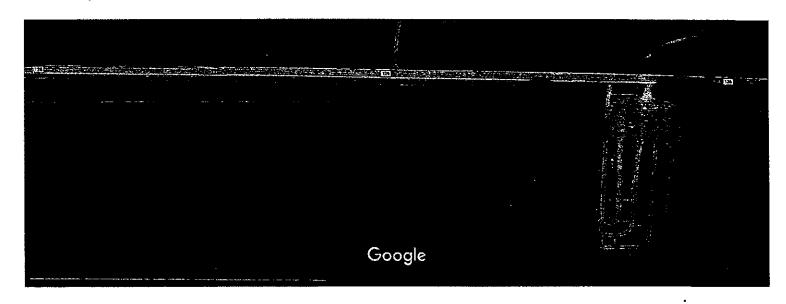
Neil and Barb Chur Equestrian Park, Soccer Field and/or Polo Field At Knox Farm State Park

Submit applications to:
Town of Aurora Parks and Recreation
300 Gleed Ave
East Aurora, NY 14052
Telephone (716) 652-8866 Fax: (716) 652-5646

| | | (0.0) | |
|-------|------------------|--|---------------------------------------|
| ALL F | EQUESTS MU | ST BE MADE NO LESS | THAN 60 DAYS IN ADVANCE OF EVENT/USE. |
| 1. | Name of Organ | nization: | Aurora Ice Association |
| 2. | Individual Res | oonsible for this request: | Perso Cooke |
| 3, | Address: | | E. AUTOSA, NY 14052 |
| 4. | Telephone nur | nber: 716 - 597-7 | V |
| 5. | Fax: | | |
| 6. | Email Address | : peggymcoo | ka@yahoo.com |
| 7. | Date(s) of eve | nt <u>Saturday</u> , F | ke@yahoo.com jebruary 24 |
| 8. | Hours of use i | ncluding set up/take dow | n: Startam/pm Endam/pm |
| 1. | Description of | the event or use: | a winterfeat Activities |
| | RHOUSE | Ki is planned orm state la | - for the stable as ear a |
| 2. | | s) requested, map attached ccer Parking lo to Field uestrian Park her: | |
| 1 | 1. Specific equi | pment to be brought in to | park (porta johns, tents, etc.) |
| 1 | 2. Need: Wate | r <u>No</u> Electric <u>No</u> | |
| 1 | 3. Estimated at | tendance: 300 ca | 12 |

| 14. Will food or drinks be served? If yes, describe: |
|---|
| 15. Will there be sound amplification or music or a band(s)? No If yes, describe: |
| 16. Other services requested (describe): |
| NYS Park Police* Ustified *applicant is responsible for contacting East Aurora Police Department if race involves Village/Town streets |
| V Parks and Recreation Department Yes - part of activities |
| 17. Do you intend to use the main part of Knox Farm State Park between Buffalo Rd, Willardshire Rd., and Knox Rd.? You If yes, you must request a permit from NYS Parks and Recreation. Contact their office at 716-549-1802. |
| (Provide drawings describing location, size and text of all proposed signs for this event to the Town of Aurora Building Department, 300 Gleed Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after same.) |
| I make this application and agree to abide by the Guidelines for Use of Barb and Neil Chur Equestrian Park, Soccer Fields and/or Polo Field |
| Signature of Applicant 1-2-2018 Date |
| Official Use Only Below this Line |
| Event: |
| Attachments submitted: |
| Indemnification Agreement |
| Certificate of Insurance |
| Map with area(s) requested to be used indicated |
| Copy of application for sign permit, if applicable. (Upon application approval, copy of approved sign permit must be filed with the Town Clerk NO LATER THAN 5 days prior to scheduled event.) |
| Copy of this application to NYS Parks and Recreation c/o Evangola State Park |
| Application Recommended or Department of Parks and Recreation |

Google Maps Knox Farm State Park





Imagery ©2018 Google, Map data ©2018 Google 100 ft

Knox Farm State Park 4.7 ★★★★ 118 reviews Park

437 Buffalo Rd, East Aurora, NY 14052

nysparks.com

(716) 652-0786

Open now: 7AM-9PM

Popular times Wednesdays ▼

Action by Town Board: The Town Board, upon review of the application request # submitted (organization or individual) took the following action. with or without conditions (as applicable) and noted below: Approved: Date: Supervisor Signature Date: ____ Denied: Supervisor Signature Conditions: Police Department approval ___ Highway approval Building Department approval Requesting organization shall attach a completed Certificate of Insurance with Minimum Limits to include public liability coverage with limits of \$1,000,000 each occurrence; property damage insurance with limits of \$1,000,000 each occurrence. Policy shall be endorsed to include the Town of Aurora as an additional named insured. Requesting organization shall submit an Indemnification Agreement signed by authorized applicant or officer of company and duly notarized. Other

| AC | ORD |
|----------|-----|
| . | |

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 1/3/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT NAME: PHONE (A/C, No, Ext); E-MAIL ADDRESS: BADGER & GUNNER, INC. (716)652-635024 PINE STREET AC. Not: (716) 652-6350 E. AURORA, NY 14052 INSURER(S) AFFORDING COVERAGE NAICE INSURER A: PHILADELPHIA INSURANCE CO. INSURED 42 NORTH BREWING CO. INSURER B : & JNH PROPERTIES LLC INSURER C 540 MILL RD INSURER D EAST AURORA, NY 14052 INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ACOL SUBN TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE s 1,000,000 X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 5,000 A PHPK1735805 11-1-17|11-1-18| PERSONAL & ADV INJURY 1,000,000 X \$ 2,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ X POLICY PRO AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANYAUTO BODILY INJURY (Per person) \$ ALL OWNED SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WCSTATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandetory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE'S E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) TOWN OF AURORA IS ADDITIONAL INSURED FOR BREWSKI EVENT ON 2-24-18 AT KNOX FARM. CERTIFICATE HOLDER CANCELLATION TOWN OF AURORA SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 300 GLEED AVE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. EAST AURORA, NY 14052 AUTHORIZED REPRESENTATIVE © 1988-2010 ACORD CORPORATION. All rights reserved.

ECARLSON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

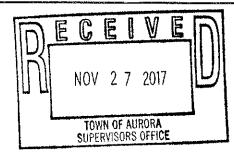
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER Paris-Kirwan Associates, Inc. PHONE (A/C, No, Ext): (585) 473-8000 (AC, No): (585) 340-1714 PO Box 40420 Rochester, NY 14604 EMAIL RECEPTION @paris-kirwan.com **INSURER(\$) AFFORDING COVERAGE** INSURER A: Michigan Millers Mutual Insurance Company 14508 INSURED INSURER B: Aurora Ice Association, Inc. INSURER C: 41 Riley Street INSURER D East Aurora, NY 14052 INSURER E : INSURER F : **COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LTR Α Х COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE | X | OCCUR C0519076 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 01/01/2018 01/01/2019 X 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRO-JECT 3.000,000 X POLICY LOC PRODUCTS - COMP/OP AGG HNOA 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY 01/01/2018 01/01/2019 ANY AUTO C0519076 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) X HIRED AUTOS ONLY NON-SWIED Х 1,000,000 LIMBRELLA LIAB X OCCUR EACH OCCURRENCE C0519076 01/01/2018 01/01/2019 EXCESS LIAB 1,000,000 CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ fyes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 01/01/2018 01/01/2019 Limit Leased/Rented Equip C0519076 50,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Town of Aurora is provided additional insured status when requried by written contract or agreement, per CG511. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Town of Aurora 300 Gleed Avenue East Aurora, NY 14052 AUTHORIZED REPRESENTATIVE Lavrence Stanney

WS-3/6L



November 22, 2017

James J Bach Town Of Aurora 300 Gleed Ave. East Aurora, NY 14052



RE: Enhanced Security Administrator System

Dear Producer:

National Fuel Gas Supply Corporation (Supply) is pleased to announce the implementation of an enhanced Security Administrator System (SAS). The enhanced SAS will enable your company to designate a Security Administrator (SA) to maintain security for your company. The SA will be responsible for establishing, maintaining and managing security for your company's users. In addition, your company will have immediate access to view user accounts; make changes to the type of access assigned to those users; set up agency agreements; and quickly and easily update contact information pertaining to those users.

The new system is anticipated to be implemented in March 2018. Prior to this date we will be providing training to introduce users to the system and to help navigate the new screens. Information regarding the training will be posted on Supply's Non-Critical Notice postings. Additional training documents will be posted on National Fuel's website at https://nationalfuelgas.com/.

In order to complete the transition, please complete the attached documents and return them via email to NFG GM@natfuel.com or by US mail to National Fuel Gas, 717 State Street, Suite 700, Erie, PA, 16501, (Attention Bonnie Confer). All documentation must be received by December 10, 2017, to be entered into the Security Administrator System prior to the go-live date.

Questions regarding the attached forms can be directed as follows:

Bonnie Confer - (814) 871-8688:

- Security Administrator Request Form
- Security Administration Report
- Agency Agreement
- Agency Designation Form

Alice Curtiss - (716) 857-7075:

• License Agreement

We appreciate your attention to this matter as we look forward to implementing these security enhancements. If you have any questions, please contact me at (814) 871-8583.

Sincerely,

David A. Parmenter

Senior Manager

Gas Measurement