

## VILLAGE OF AURORA APPLICATION FOR ZONING PERMIT



APPLICATION # 25-32

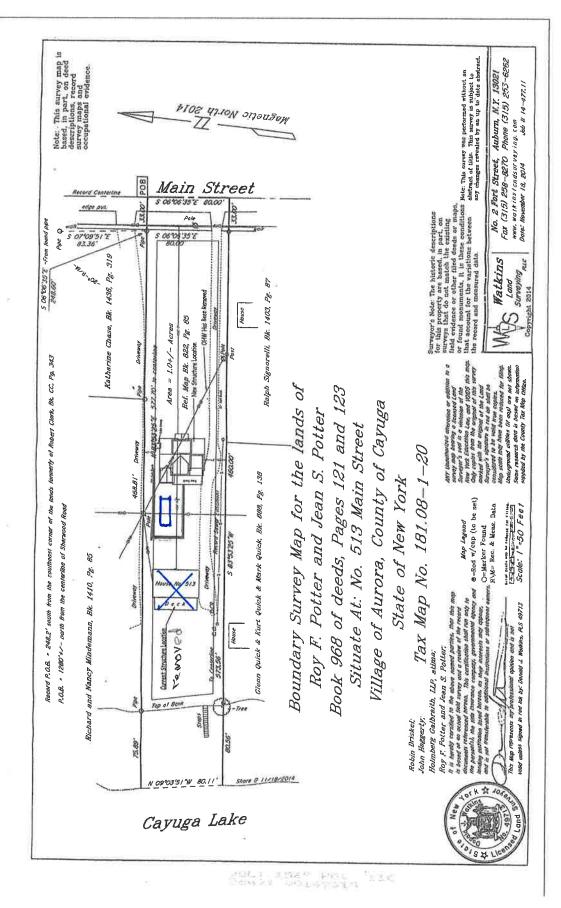
TAX MAP # 141.08-1-20

ZONE: (please circle) Residential - Commercial - Agricultural/Residential - Institutional - Flood Hazard

THIS SECTION TO BE COMPLETED BY ZONING	OFFICER OR PLANNING BOARD CHAIR			
The applicant needs the following:	_			
Building Permit	Special Permit			
Certificate of Appropriateness	Specs for various code compliance			
Certificate of Occupancy	Variance from Zoning Board of Appeals			
Public Hearing (Date)	Zoning Permit Application			
SEQRA (long form)SEQRA (short form)	Planning Board Approval			
Applicant's name John Haggerty + Role Address 5/3 main Stree	Phone 5/8-727-6995			
E-mail jih 56 @ Cornell. Ed	Cell Ph.			
Property owner's name if not applicant	Phone			
Address				
Contractor's name Hamblin Poo	15 (Mark) Phone 315-651-1304			
Site location 5/3 Main Street				
Estimated cost of project ~ \$ 60,000				
1. The property for which the application is made is bounded by these neighbors:  On the north by (property owner) Mindeman Chace  On the east by (property owner) Rt 90  On the south by (property owner) Signore Will Quick  On the west by (property owner) Cayuga Cake				
	0			
2. Nature of proposed work. Check all that app				
AdditionAlteration	Demolition Earth filling			
Excavation New buildi	·			
Repair Shed under				
	e and/or chimney			
Y Other: To grow	nd pool			

3,	Proposed USE of structure or property.			
	Residential: One-family dwelling Two-family Multi-family (# of units)			
	Commercial (state nature)			
	Home occupation (state nature)			
	Accessory building (state nature) in ground pool			
	Mixed use (state nature)			
	Subdivision (state total number of parcels that will result)			
	Other (state nature)			
4.	Existing use and occupancy of structure or property single family wome			
5.	5. Complete this section if proposing a multi-family dwelling.			
	a) Number of dwelling units proposed for each floor: First floor Second floor			
	b) Size of each unit in square feet			
	c) # of existing off-street parking spaces Proposed off-street parking spaces			
	d) # of parking spaces in existing garage Proposed parking spaces in garage			
6.	If this project will involve excavation or earth filling, please indicate how much.  EXCOVERSON and grading to level pool (12x24)			
7.	Signs. Please indicate all information.			
	a) Location: on-premises off-premises cross-highway (needs DOT permit)			
	b) Type: attached freestanding portable projecting			
	representational (i.e. tooth = dentist) window double-sided			
	c) Type of supports			
	d) Permanence: permanent temporary			
	e) Purpose: commercial directional historical or reproduction of original pre-1950 sign			
	f) Sign area: square feet (Double sided-signs are considered two signs, so double the area.)			
	g) Illumination: yes no			
8.	Each application for a Zoning Permit shall be accompanied by:			
	a) plans and specifications for any construction, demolition or excavation			
	b) either a plot plan drawn to scale on the next page or a surveyor's plot plan.			
	All plans must include property dimensions, building or excavation dimensions, and distances of all			
	construction from the property lines and other structures. In addition, for Special Use or Site Plan Review, or			
	when filing an appeal for a variance from the ZBA see Sections 901 - 903 of the Village Zoning Law, and for			
	subdivisions, see Article X.			
	by 11 Colon Cola 1 10-3-25			
Apr	plicant's signature Date			
/	los			
Ow	mer's signature if not the applicant Date			

Hamilton Building Services **CUSTOM HOMES** HAGGERTY REOFE ACCESS REPORT OF THE STATE OF T Cortland, NY 13048-1864



513 Main Street Aurora, NY 13026

NAME OF SOLUTIONS Plot Plan

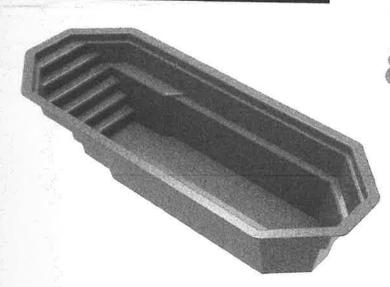
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Aurora, M 3026 Haggerty Street

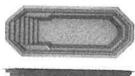
Colimmerglass NY Pool MFg.





### SUNFISH

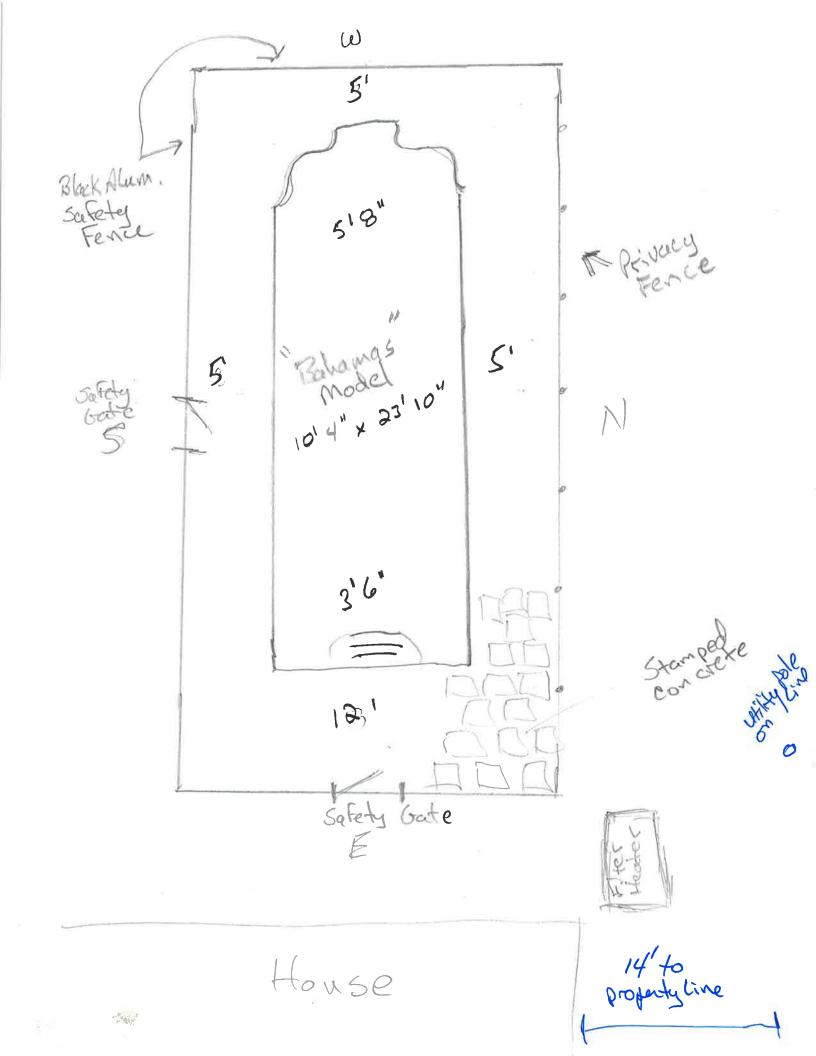
8' x 20' Depth: 4'6"



### BAHAMAS

10'4" x 23'10" Depth: 3'6" - 5'8"





# Hamblin Pools Inground Pool Package

- Walk in Stair w/Return
- Aqua Genie Skimmer
- Pump & Sand Filter
- ➤ Ladder
- ➤ Maintenance Kit
  (Thermometer, Vac. Head, Brush & Test Kit)
- FROG Leap Mineral System
- Rope Float Assembly
- Pole & Hose
- ➤ Pool Alarm
- Solar Cover & Winter Cover
- 3ft Concrete Decking (Optional)
- \*\* Free 1st Closing with purchase of pool\*\*
- \*\*\*GOOGLE reviews highly appreciated\*\*\*

### 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:  In ground pool construction						
Project Location (describe, and attach a location map):  5/3 Main Street Auro Ta. Ny 13076						
Brief Description of Proposed Action:  Trafall Chimingless" Bahamas" model in ground  pool (10-4 x 23-10; 3'6 to 5'8 Jepth). Project managed  by Hamblin Rods of Scheca falls.						
Name of Applicant or Sponsor:	Telephone: 5/8-727-	6995				
John Haggerty + Robin Driskel	E-Mail: 11456@ 4	ornell, edu				
Address: 5/3 Main Street						
City/PO: Aur Dra		Code: /3076				
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.						
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:						
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	acres acres acres					
4. Check all land uses that occur on, are adjoining or near the proposed action:						
☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☒ Residential (suburban)						
Forest Agriculture Aquatic Other(Spec	cify):					
Parkland						

	210	TOPO I	TILA
5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?		X	
b. Consistent with the adopted comprehensive plan?		X	
		NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?			X
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO	YES
If Yes, identify: <u>Cake?</u>		П	П
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES
b. Are public transportation services available at or near the site of the proposed action?			H
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed			믐
action?		[X	<u> </u>
9. Does the proposed action meet or exceed the state energy code requirements?		NO	YES
If the proposed action will exceed requirements, describe design features and technologies:			
10. Will the proposed action connect to an existing public/private water supply?		NO	YES
8			
If No, describe method for providing potable water:			X
			-
11. Will the proposed action connect to existing wastewater utilities?		NO	YES
If No, describe method for providing wastewater treatment:			
			X
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or distribution is listed on the National or State Register of Historic Places, or that has been determined by the	ct	NO	YES
Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the	e	X	
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?			
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain		NO	YES
wetlands or other waterbodies regulated by a federal, state or local agency?			IX.
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:		11 70 8	
Cayuga Cake 600 sq Ft	- 103	dus <sup>D</sup> s	
		1000	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:				
Shoreline Forest Agricultural/grasslands Early mid-successional				
☐ Wetland ☐ Urban ☑ 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?				
			16. Is the project site located in the 100-year flood plan?	NO
17. Will the proposed action create storm water discharge, either from point or non-point sources?				
If Yes,	b			
a. Will storm water discharges flow to adjacent properties?				
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:				
		, n		
18. Does the proposed action include construction or other activities that would result in the impoundment of water	NO	YES		
or other liquids (e.g., retention pond, waste lagoon, dam)?  If Yes, explain the purpose and size of the impoundment: 10'4" 23'10" 3'6 to 5'8"	?_			
The standard of the purpose and size of the impoundment.	X			
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES		
If Yes, describe:				
ATT TO THE SECTION OF		Ш		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or	NO	YES		
completed) for hazardous waste?  If Yes, describe:				
	M	Ш		
Applicant/sponsor/name:    CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE    Applicant/sponsor/name:   Date: 10-3-25     Signature:   John taggerty Rom Driske Title:   Title:   Date: 10-3-25     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     Applicant/sponsor/name:   Date: 10-3-25     Signature:   John taggerty Rom Driske Title:   Date: 10-3-25     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     Applicant/sponsor/name:   Date: 10-3-25     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     Applicant/sponsor/name:   Date: 10-3-25     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THE THAT THE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THE THAT THE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THE THE PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE     CERTIFY THE				