NOV 13 2025

VILLAGE OF AURORA APPLICATION FOR ZONING PERMIT

DATE: 11.13.7075

| APPLICATION # 15 34 | TAX MAP # 102.13_1-33 | | |
|--|---|--|--|
| 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 | n)Planning Board Approval | | |
| Applicant's name MARK FERRARI Phone 716, 870, 3380 | | | |
| Address 3627 KEESEE RD. MOIZAVIA HY 13118 | | | |
| E-mail MOTERRARI COMAIL COM Cell Ph. SAME 3 | | | |
| Property owner's name if not applicant FERRAL PROPERTY HOLD. LLC Phone | | | |
| Address | | | |
| Contractor's name FERRARI 4 FERRARI Phone | | | |
| Site location 316 MAIN ST. AURORA | | | |
| Estimated cost of project 10,000 | | | |
| 250mated cost of project | | | |
| 1. The property for which the application is made is bounded by these neighbors: | | | |
| On the north by (property owner) SIEGMUHD SCHWAB | | | |
| On the east by (property owner) SCHWAB | | | |
| On the south by (property owner) ZEJMAL + MLLER | | | |
| On the west by (property owner) HYS POUTE 96 | | | |
| 2. Nature of proposed work. Check all that apply: | | | |
| Addition Alterat | ion Demolition Earth filling | | |
| Excavation New bu | nilding New sign Removal | | |
| Repair Shed u | nder 80 sq. ft Shed 80 sq. ft. or larger | | |
| Subdivision Wood stove and/or chimney | | | |
| Other: REMODEL OF EXISTING APARTMENT ZN | | | |

| 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) | | |
| | 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 MULTI FAMILY 6 UNITE | _ | |
| 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. | | |
| 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 s | ign | |
| | 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. | | |
| | | | |
| - | MI 3/2025 | - | |
| Ap | plicant's signature Date | | |
| Ow | vner's signature if not the applicant Date | _ | |

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