

CASE NO. 1522DATE OF HEARING 10/16/25

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 Sharon Gill
Address 27 Arcadian dr
City Amherst State NY ZIP 14228
Phone Fax N/A Email WNYE
Interest in owner/purchaser/developer OWN 1.com

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

Property Owner(s) Name(s) WN4 West Falls INC
Address 1045 Davis Rd
City West Falls State NY ZIP 14170
Phone Fax Email 1@mail.com

III. PROPERTY INFORMATION

Property Address 1045 Davis Rd West Falls NY 14170
SBL# 181.00-5-32.2
Property size in acres 1.8 Property Frontage in feet 175
Zoning District C2 Surrounding Zoning C2/RR1A
Current Use of Property

IV. REQUEST DETAIL

(check all that apply)

☒ Variance from Ordinance Section(s) # 116-34 D(3)
☐ Special Use Permit for:
☐ Use Variance for:
☐ Interpretation of

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)

[Signature]
Signature of Applicant/Petitioner

Sharon Gill
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 26th day of Aug. in the year 2025 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.

[Signature]
Notary Public

(Notary stamp)

VANDANA BANSAL
Notary Public, State of New York
Qualified in Erie County
Reg. No. 01BA6147929
My Commission Expires June 19, 2026

Office Use Only: Date received: 8/29/25 \$100 cash Receipt #: 73317 [Signature]

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 _____

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)

Our Building is set Back far from Davis Rd &
Cars are passing by at High Speeds IF the Sign is
Not internally lit, it will be impossible to read.

the Sign will not cause any detriment to any
nearby properties.

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)

Town of Aurora
575 Oakwood Avenue
East Aurora, NY 14052
www.townofaurora.com

**Zoning Board of Appeals
Application
Owner Authorization**

The undersigned, who is the owner of the premises know as:

1045 Davis Rd West Falls NY 14170, identified as Tax Map (SBL)#.....
(address)

hereby authorizes Goldy Sandhu/Vardana Gill to bring an application for ☒ area variance
() special use permit () use variance () interpretation before the Town of Aurora Zoning Board of
Appeals for review and potential approval. The undersigned further permits the Town or its authorized
representative(s) access to the property to review existing site conditions during the review process.

Sharon Gill
Owner (print)

8-26-25
Date

[Signature]
Owner (signature)

STATE OF NEW YORK)
COUNTY OF ERIE)
SS

On this 26th day of Aug, 2025, before me, the undersigned, a notary public in and for said state,
personally appeared Sharon Gill, 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 that 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.

Vardana Bansal
Notary Public

VANDANA BANSAL
Notary Public, State of New York
Qualified in Erie County
Reg. No. 01BA6147929
My Commission Expires June 19, 2026

**SITE PLAN OR ZONING REFERRAL TO COUNTY OF ERIE, N.Y.
AND REPLY TO MUNICIPALITY**

Submit this form with full statement of proposed action (as described in GML 239-m(c)) at www.Erie.gov/IRonline. OR mail a hard copy (retain a copy for your files) to: Erie County Division of Planning, 95 Franklin Street, Room 1053, Buffalo, N.Y., 14202

DO NOT WRITE IN THIS SPACE

Case No.: 573-ZR-25

Postmark/Delivery Date: 9/17/25

The proposed action described herein is referred in accordance with the provisions of NYS General Municipal Law §239 1 - nn
A Municipal Referral Map is available to help determine whether an applicable action is subject to referral.

Description of Proposed Action

1. Name of Municipality: Town of Aurora

§239-m(4)(b) provides that the county shall have 30 days after receipt of a full statement of the proposed action to reply.

If the county fails to reply within such period, the referring body may take final action.

However, any county reply received after 30 days but 2 or more days prior to final action by the referring body shall be subject to §239-m(5)

The referring body shall file a report of its final action with the county within 30 days per §239-m(6).

2. Hearing Schedule: **Date** 10/16/2025 **Time** 7:00pm **Location** 575 Oakwood Ave., East Aurora

3. Action is before: ☐ Legislative Body ☒ Board of Appeals ☐ Planning Board

4. Action consists of: ☐ New Ordinance ☐ Rezone/Map Change ☐ Ordinance Amendment

☐ Site Plan ☒ Variance ☐ Special Use Permit ☐ Other: _____

5. Location of Property: ☐ Entire Municipality ☒ Address: 1045 Davis Road, PO West Falls

5a. S.B.L. of Property: 186.00-5-32.2

6. Referral required as site is within 500' of: ☒ State or County Property/Institution ☐ Municipal Boundary ☐ Farm Operation located in an Agricultural District

☐ Expressway ☐ County Road ☒ State Highway ☐ Proposed State or County Road, Property, Building/Institution, Drainageway

7. Proposed change or use: Internally illuminated wall sign not allowed per Town Code
(specify the action, such as the scope of variances or site plans)

8. Other remarks: _____

9. Submitted by: Martha Librock, Town Clerk Email: townclerk@townofaurora.com

10. Return Address: 575 Oakwood Ave., East Aurora, NY 14052

Reply to Municipality by Erie County Division of Planning

Receipt of the above-described proposed action is acknowledged on 9/17/25. The Division herewith submits its review and reply under the provisions of applicable state and local law, based on the information submitted with this referral.

1. ☐ The proposed action is not subject to review under the law.
2. ☐ Comment on proposed action is attached hereto.
3. ☐ The proposed action is subject to review; Recommendation on Proposed Action is attached hereto.
4. ☒ No Recommendation; proposed action has been reviewed and determined to be of local concern.

By the Division of Planning:

Collette McDaniel

Date: 9/19/25

SUPERVISOR
Charles D. Snyder
(716) 652-7590
csnyder@townofaurora.com



TOWN CLERK
Martha L. Libroek
(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

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Raymond M. Wrazen
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TOWN JUSTICE
Jeffrey P. Markello
Anthony DiFilippo IV

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

FAX: (716) 652-3507

WNY West Falls, Inc
Attn: Sharon Gill
27 Arcadian Dr
Amherst, NY 14227

August 29, 2025

RE: 1045 Davis Rd, Corner Market

Ms. Gill:

The Building Department has reviewed your request to internally illuminate the wall sign of your business at 1045 Davis Rd. The request has been denied because it does not meet the code requirements for signs in the Town.

Section 116-34D(3)

Required: Signs constructed in any district may not be illuminated from within.

Requested: Internally illuminated wall sign

Variance: Internally illuminated wall sign

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							
WNY WEST FALLS INC							
Name of Action or Project: BUILDING SIGN							
Project Location (describe, and attach a location map): 1045 DAVIS RD WEST FALLS NY 14170							
Brief Description of Proposed Action: ILLUMINATE BUILDING SIGN							
Name of Applicant or Sponsor: SHARON GILL		Telepho					
		E-Mail:	IM				
Address: 27 ARCADIAN DR							
City/PO: AMHERST		State: NY	Zip Code: 14228				
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.			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td>☒</td> <td>☐</td> </tr> </table>	NO	YES	☒	☐
NO	YES						
☒	☐						
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:			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td>☒</td> <td>☐</td> </tr> </table>	NO	YES	☒	☐
NO	YES						
☒	☐						
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 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(Specify): ☐ 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 ☐ ☐
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO ☐	YES ☒	
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 ☒	
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 ☐ ☐ ☐	
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 ☒	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO ☒	YES ☐	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO ☒	YES ☐	
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 ☐ ☐	
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 ☐ ☐	

1045 DAVIS ROAD
AURORA, NEW YORK



REQUESTED BY: MARC B. CAPRETTA

GENZEL LAND SURVEYING, P.C. DBA
7033 COLE ROAD COLDEN, NEW YORK 14033
PH: (716) 667-9733 EMAIL: JEFF@GENZELSURVEY.COM
JOB NO. 7970 DATE: 10/13/21 DWN. BY: JAG

ADDRESS: 1045 DAVIS ROAD, AURORA NEW YORK
DATE OF SURVEY: 10/11/21 DATE OF MAP: 10/13/21
DEED REFERENCE: LIBER 11168 PAGE 1893

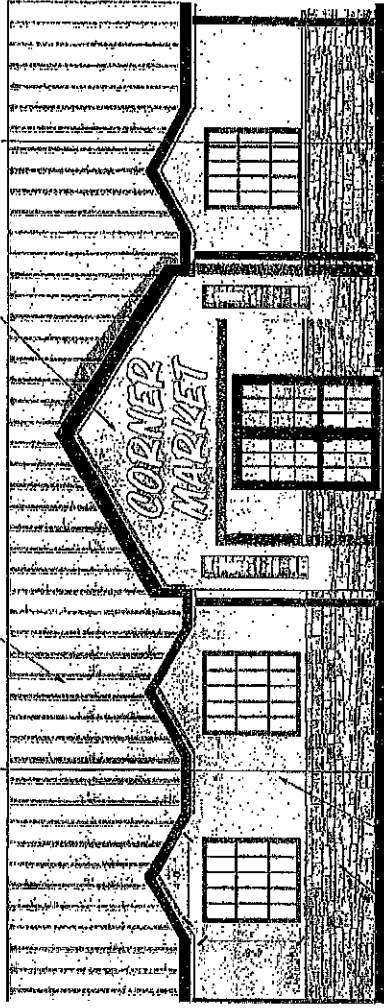
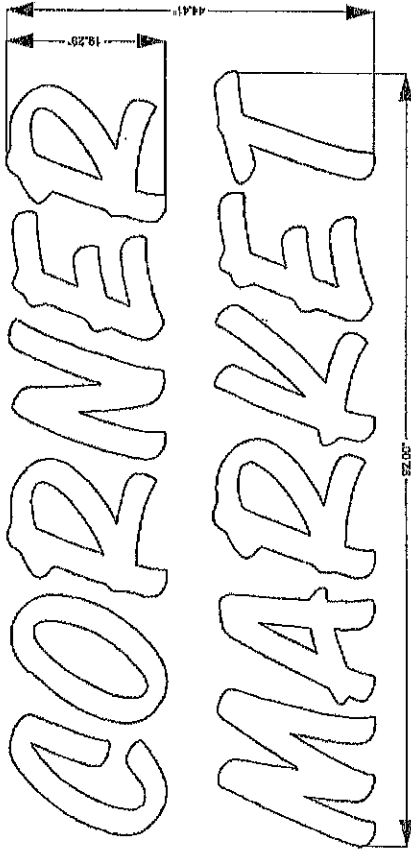
THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OF TITLE AND IS SUBJECT TO ANY STATE OF FACTS THAT MAY BE REVEALED BY AN EXAMINATION OF SUCH

LEGAL: PART OF LOT-60, T-9, R-8 OF THE HOLLAND LAND COMPANY'S SURVEY, SITUATED IN THE TOWN OF AURORA, COUNTY OF ERIE, STATE OF NEW YORK

NO PROPERTY CORNER WERE SET AS PART OF THIS SURVEY EXCEPT AS SHOWN

UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP
BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF
SECTION 7209, SUB-DIVISION 2, OF NEW YORK STATE EDUCATION
LAW

Front-Lit Channel Letters w/ LED Illumination • Individually Mounted



A Front-Lit, Plex-Face Channel Letters w/ LED, Individually Mounted

SCALE: 0/0" = 1' 0" • For Production / For Presentation

INTERNALLY ILLUMINATED PLASTIC FACE CHANNEL LETTERS

QUANTITY: 1
Overall Height: 44.41"
Overall Length: 92"
Total Sq.Ft.: 28.38
Returns: 3" Black
Backs: .040 aluminum
Trimcap: 1" black
Face: Acrylic

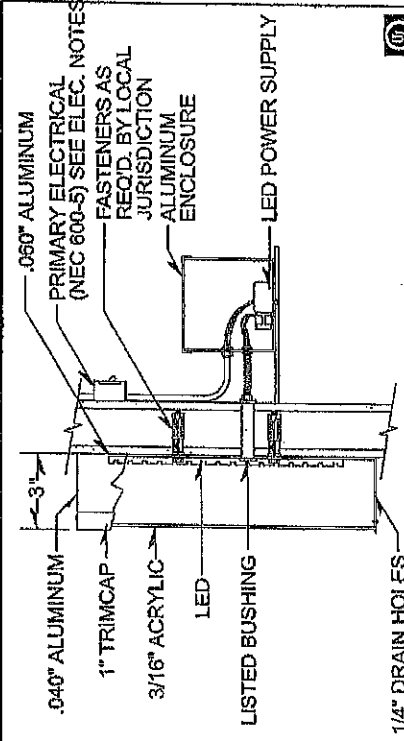
First-surface translucent vinyl: NA
Vinyl Manufacturer:

Illumination: LED

NOTES:

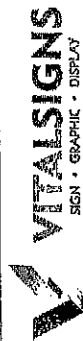
- Individually Mounted
- WHITE interiors for increased illumination
- All paint two-stage automotive acrylic

CHANNEL LETTER - TYPICAL SECTION - FRONT-LIT PLASTIC FACE



ELECTRICAL NOTES

- Sign Company DOES NOT provide primary electrical to sign. Power to the sign must be done by a licensed electrical contractor or licensed electrician. Each sign must have:
1. A minimum of one dedicated 120V 20A circuit
 2. Junction box installed within 6 feet of sign
 3. Three wires: Line, Ground, Neutral



764 Ridge Rd • Webster, NY 14580
PHONE: 585.787.4256 FAX: 585.347.4290
Email: info@vitalsignsroc.com
www.vitalsignsroc.com

Client Name:
Corner Market

Location:
1045 Davis Road
West Falls, NY 14170

Start Date: 7-15-25-7-25-
Last Revision: 25

Job#: 343130
Drawing#: 1
Page: 1

For proofing only. Colors and content are for proofing only and are representations of the actual finished product. Graphic locations may need to be adjusted to fit actual. Store front / Vehicle / Existing Sign Faces / Commercial Properties. Please proof thoroughly for spelling, colors, content and placement. If revisions are required please note and fax back. **IF APPROVED PLEASE SIGN BELOW.**

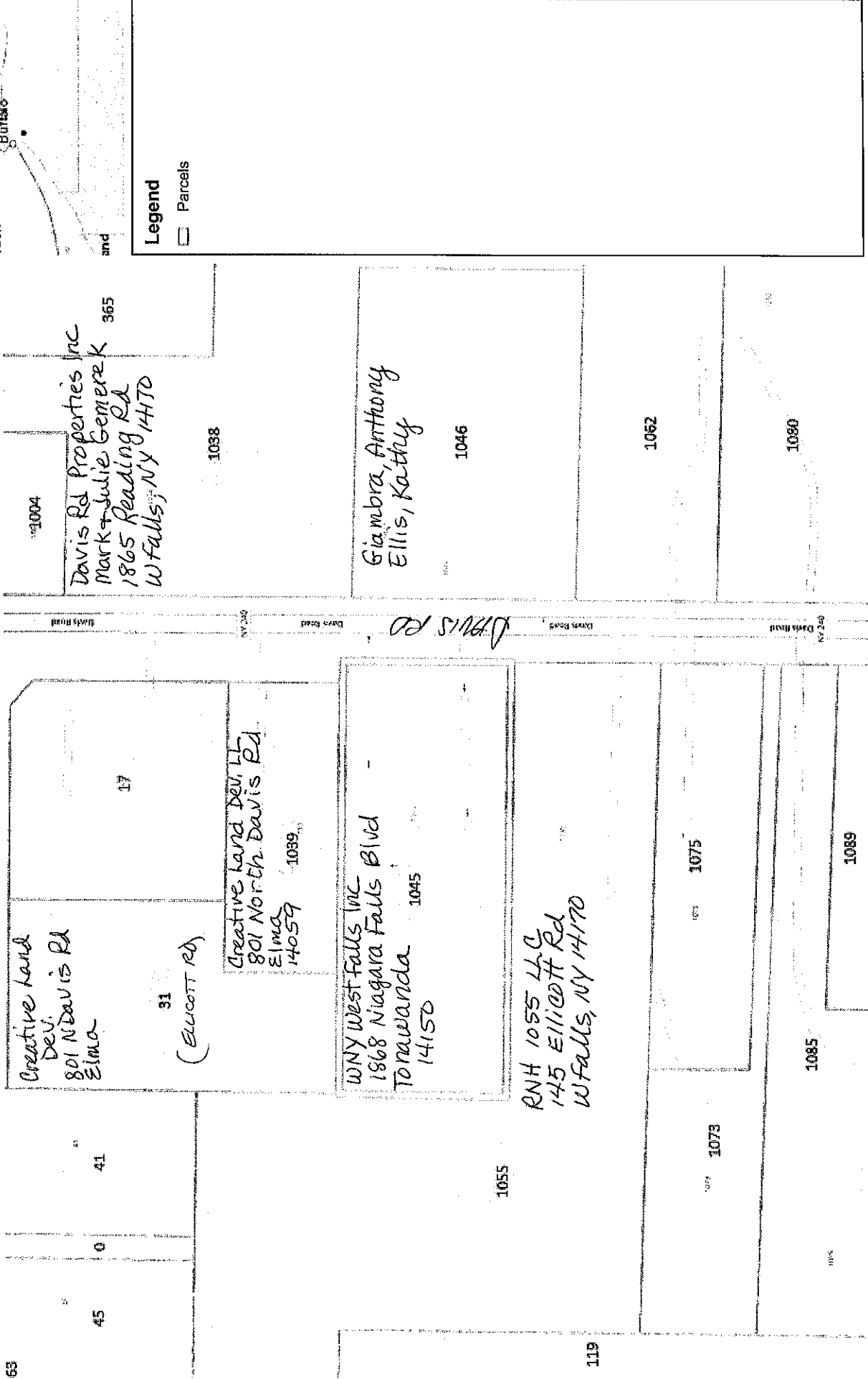
Client Approval _____

Sales Rep:
AC
Designer:
JP





Erie County On-Line Mapping Application



0 0.04 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: 2,257