

NYSDOT Region 5 is progressing a regionwide culvert resiliency program and will be replacing the US-20A, Quaker Road Culvert between Stewart Court and Davis Road, in the Town of Aurora. NYSDOT and their consultant representatives will be giving a short presentation regarding the project details at the upcoming Aurora Town Board Meeting on August 11, 2025. The presentation will overview the need for the project, anticipated project work, schedule and construction impacts to the traveling public (including a proposed detour) and adjacent properties with an opportunity for the public to provide their input/feedback. The project is currently in the preliminary design phase with construction currently scheduled for 2027.

Town of Aurora
Warrant Report

Unposted Batch Totals

Fund	Fund Description	Invoice Batch	Manual Checks	Purchase Cards	Total
Unposted Batch Grand Totals		\$0.00	\$0.00	\$0.00	\$0.00

Posted Batch Totals

Fund	Fund Description	Invoice Batch		Manual Checks		Purchase Cards		Total
		Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	
A00	GENERAL FUND	\$32,479.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,479.65
DA0	HIGHWAY TOWN WIDE FUND	\$232.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$232.93
DB0	HIGHWAY PART TOWN FUND	\$17,994.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,994.40
H70	VILLAGE BRIDGE REPAIRS	\$65,896.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65,896.86
TA0	TRUST AND AGENCY	\$284.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$284.86
ZE0	WATER DISTRICT # 18	\$0.00	\$0.00	\$9,156.00	\$0.00	\$0.00	\$0.00	\$9,156.00
ZP0	PRIVATE WATER SYSTEM	\$1,851.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,851.54
Posted Batch Grand Totals		\$118,740.24	\$0.00	\$9,156.00	\$0.00	\$0.00	\$0.00	\$127,896.24

Report Grand Totals

Fund	Fund Description	Invoice Batch		Manual Checks		Purchase Cards		Total
		Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	
A00	GENERAL FUND	\$32,479.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,479.65
DA0	HIGHWAY TOWN WIDE FUND	\$232.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$232.93
DB0	HIGHWAY PART TOWN FUND	\$17,994.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,994.40
H70	VILLAGE BRIDGE REPAIRS	\$65,896.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65,896.86
TA0	TRUST AND AGENCY	\$284.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$284.86
ZE0	WATER DISTRICT # 18	\$0.00	\$0.00	\$9,156.00	\$0.00	\$0.00	\$0.00	\$9,156.00
ZP0	PRIVATE WATER SYSTEM	\$1,851.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,851.54
Grand Totals		\$118,740.24	\$0.00	\$9,156.00	\$0.00	\$0.00	\$0.00	\$127,896.24

5A-1

RESOLVED that the Town Board of the Town of Aurora declares itself lead agency with regard to SEQR for the Site Plan application for exterior stairs for the two second floor apartments in this five unit apartment building at 12 Old Glenwood Road; and further

RESOLVED that after considering the action stated herein, reviewing the criteria contained in Section 617.11 of the Rules and Regulations of the State Environmental Quality Review Act, determines that the action is an Unlisted action; and further

RESOLVED that the Town Board of the Town of Aurora has determined that this Unlisted action will result in no significant adverse impacts on the environment, and therefore, an environmental impact statement need not be prepared; and further

RESOLVED that a negative declaration is issued with regard to the Site Plan for two sets of exterior stairs from the two second floor apartments at 12 Old Glenwood Road, PO West Falls, NY.

Project:	12 Old Glenwood Site Plan
Date:	2025

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	☒	☐
2. Will the proposed action result in a change in the use or intensity of use of land?	☒	☐
3. Will the proposed action impair the character or quality of the existing community?	☒	☐
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	☒	☐
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	☒	☐
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	☒	☐
7. Will the proposed action impact existing:	☒	☐
a. public / private water supplies?	☒	☐
b. public / private wastewater treatment utilities?	☒	☐
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	☒	☐
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	☒	☐
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	☒	☐
11. Will the proposed action create a hazard to environmental resources or human health?	☒	☐

Whereas, Jacob Berger has submitted a Site Plan Review Application for two exterior stairways from two second floor apartments at 12 Old Glenwood Road, West Falls, NY; and

Whereas, at their July 2, 2025 meeting the Aurora Town Planning Board recommended approval of the site plan; and

Whereas, the Code Enforcement Officer determined this to be an unlisted action under SEQRA and the Town Board found that the project will not result in any significant adverse environmental impacts.

Now, therefore, be it

RESOLVED that the Site Plan for 12 Old Glenwood Road, West Falls, NY, consisting of the addition of two exterior stairways from the second floor of the building is approved by the Town Board.

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



towncl

5B-105

TOWN OF AURORA
Aurora Municipal Center
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

To: Aurora Town Board

From: Martha Librock, Town Clerk

Date: August 6, 2025

Re: Azar Design Co. Payments – East Fillmore Bridge
– Church Street Bridge
– Brooklea Bridge
– Cornwall Road Culvert
– Shearer Ave Bridge

Please consider approval of the following:

Payment no. 18 to Azar Design Co. in the amount of \$14,149.07 for professional services rendered from March 1 through July 25, 2025 for the East Fillmore Avenue bridge replacement project; and

Payment no. 18 to Azar Design Co. in the amount of \$15,093.15 for professional services rendered from March 1 through July 25, 2025 for the Church Street bridge replacement project; and

Payment no. 5 to Azar Design Co. in the amount of \$28,730.40 for professional services rendered from June 28 to July 25, 2025 for the Brooklea bridge replacement project; and

Payment no. 8 to Azar Design Co. in the amount of \$5,867.29 for professional services rendered from June 28, 2025 through August 1, 2025 for the Cornwall Road culvert replacement project; and

Payment no. 6 to Azar Design Co. in the amount of \$2,056.95 for professional services rendered from June 28, 2025 through August 1, 2025 for the Shearer Ave. bridge replacement project.

Funds will be disbursed from H7 5120.210.

**FEDERAL AID PROJECT
SPONSOR CONSULTANT REIMBURSEMENT REQUEST**

5B-1

FIN 421LL (05/12)

PAYEE ID: 16-1210859 (FEDERAL ID)	NYS Comptroller's Contract No.	Est. No. 18
Work Period (this est.) FROM 03/01/25 TO 07/25/25		
Payee Name:		
Azar Design Co., Formally Foit-Albert Associates 295 Main Street, Suite 200 Buffalo New York 14203		Current Completion Date MIR Date <u> </u> / <u> </u> / <u> </u> (completed by SPONSOR)
Original Contract Amount		\$194,783.63
Current Contract Amount (includes thru approved S.A. NO.)		\$269,435.63
RRDA NO. (if applicable)		

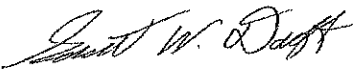
	Consultant Prepares	Sponsor use only
1. Total work reported on previous estimates	\$175,823.87	
2. Work reported on this estimate	\$14,149.07	
3. Total work reported to date (must equal page 2)	\$189,972.94	
4. Adjustments (Sponsor use only)		
Reason _____		
5. Retainage thru current estimate	\$0.00	
6. Total work reported less retainage	\$189,972.94	
7. Previous payments	\$175,823.87	
8. Payment requested or processed	\$14,149.07	

CERTIFICATION BY CONSULTANT

I, Scott W. Dabb , do hereby certify that I am Controller of Foit-Albert Associates, PC, consultant for the work referred to in the foregoing reimbursement request, that I am the person in whose name, the foregoing account against the State of New York is rendered; that the labor, materials, expenses or services charged for were actually delivered, incurred or rendered, as named, heretofore, and that the prices charged are just and reasonable; that the expenses detailed herein were actually incurred; that the services specified were actually rendered as charged; and further, that no percentage or compensation has been paid or promised to be paid to any manager, trustee, officer or employee of said institution, department, board of commission by reason of the claimant having been allowed to sell to, incur expenses for, or render services to, said institution; and also, that to the best of my knowledge and belief, no manager, trustee, officer or employee of said institution, department, board of commission has or has had, any interest directly or indirectly in said article, materials, expenses or services; and that no part of the foregoing account has been paid, and that the above statement is true and correct.

By my signature I further certify that all partial payments due to subconsultants or subcontractors in accordance with Article 5 of the subject consultant agreement have been paid.

July 30, 2025
(DATE)



(SIGNATURE)

CERTIFICATION BY SPONSOR

I, _____, do hereby certify that I am the _____
(Name) (Title)

in the supervision of the work described in the attached consultant's reimbursement request; that the materials, labors and services have been furnished and the work properly performed in accordance with the contract and that payment in the sum of \$ _____ can be made on this contract without detriment of the interests of the sponsor, _____ to the best of my knowledge and belief.

(DATE)

(SIGNATURE)



**RE: East Fillmore Over Tannery Brook
PIN 5763.88**

Progress Report No. 18: March 1, 2025 through July 25, 2025

Achievements

- Review submittals from contractor
- Begin field inspection

Scheduled Statement

- Construction will be done this year

Budget Statement

- We are under budget

Planned For Next Month

- Continue CI

Items Required

- Nothing at this time

Very truly yours,

Gerard J. Sentz, P.E.
Vice President
Foit-Albert Associates

FEDERAL AID PROJECT
SPONSOR CONSULTANT REIMBURSEMENT REQUEST

5B-2

FIN 421LL (05/12)

PAYEE ID: 16-1210859 (FEDERAL ID)	NYS Comptroller's Contract No.	Est. No. 18
Work Period (this est.) FROM 03/01/25 TO 07/25/25		
Payee Name: Azar Design Co., Formerly Foit-Albert Assoc 295 Main Street, Suite 200 Buffalo New York 14203		Current Completion Date MIR Date <u> / / </u> (completed by SPONSOR)
Original Contract Amount		\$160,698.92
Current Contract Amount (includes thru approved S.A. NO.)		\$160,698.92
RRDA NO. (if applicable)		

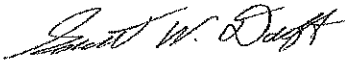
	Consultant Prepares	Sponsor use only
1. Total work reported on previous estimates	\$202,024.42	
2. Work reported on this estimate	\$15,093.15	
3. Total work reported to date (must equal page 2)	\$217,117.57	
4. Adjustments (Sponsor use only)		
Reason _____		
5. Retainage thru current estimate	\$0.00	
6. Total work reported less retainage	\$217,117.57	
7. Previous payments	\$202,024.42	
8. Payment requested or processed	\$15,093.15	

CERTIFICATION BY CONSULTANT

I, Scott W. Dahl, do hereby certify that I am Controller of Azar Design Co, consultant for the work referred to in the foregoing reimbursement request, that I am the person in whose name, the foregoing account against the State of New York is rendered; that the labor, materials, expenses or services charged for were actually delivered, incurred or rendered, as named, heretofore, and that the prices charged are just and reasonable; that the expenses detailed herein were actually incurred; that the services specified were actually rendered as charged; and further, that no percentage or compensation has been paid or promised to be paid to any manager, trustee, officer or employee of said institution, department, board of commission by reason of the claimant having been allowed to sell to, incur expenses for, or render services to, said institution; and also, that to the best of my knowledge and belief, no manager, trustee, officer or employee of said institution, department, board of commission has or has had, any interest directly or indirectly in said article, materials, expenses or services; and that no part of the foregoing account has been paid, and that the above statement is true and correct.

By my signature I further certify that all partial payments due to subconsultants or subcontractors in accordance with Article 5 of the subject consultant agreement have been paid.

July 30, 2025 0
(DATE)


(SIGNATURE)

CERTIFICATION BY SPONSOR

I, _____, do hereby certify that I am the _____
(Name) (Title)

in the supervision of the work described in the attached consultant's reimbursement request; that the materials, labors and services have been furnished and the work properly performed in accordance with the contract and that payment in the sum of \$ _____ can be made on this contract without detriment of the interests of the sponsor, _____ to the best of my knowledge and belief.

(DATE)

(SIGNATURE)



**FORMERLY
FOIT-ALBERT ASSOCIATES**

**RE: Church Street Over Tannery Brook
PIN 5763.87**

Progress Report No. 18: March 1, 2025 through July 25, 2025

Achievements

- Review submittals from contractor.
- Began field inspection

Scheduled Statement

- Construction will be done this year.

Budget Statement

- We are under budget.

Planned For Next Month

- Continue CI
-

Items Required

- Nothing at this time

Very truly yours,

Gerard J. Sentz, P.E.
Vice President
Foit-Albert Associates

**FEDERAL AID PROJECT
SPONSOR CONSULTANT REIMBURSEMENT REQUEST**

5B-3

FIN 421LL (05/12)

PAYEE ID: 16-1210859 (FEDERAL ID)	NYS Comptroller's Contract No.	Est. No. 5
Work Period (this est.) FROM 6/28/25 TO 7/25/25		
Payee Name: Azar Design Co., Formerly Foit-Albert Assoc 295 Main Street, Suite 200 Buffalo New York 14203		
Current Completion Date MIR Date _/_/_. (completed by SPONSOR)		
Original Contract Amount		\$316,500.00
Current Contract Amount		\$316,500.00
(includes thru approved S.A. NO.)		
RRDA NO. (if applicable)		

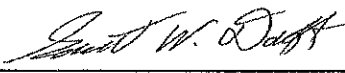
	Consultant Prepares	Sponsor use only
1. Total work reported on previous estimates	\$46,551.84	
2. Work reported on this estimate	\$28,730.40	
3. Total work reported to date (must equal page 2)	\$75,282.24	
4. Adjustments (Sponsor use only)		
Reason _____		
5. Retainage thru current estimate	\$0.00	
6. Total work reported less retainage	\$75,282.24	
7. Previous payments	\$46,551.84	
8. Payment requested or processed	\$28,730.40	

CERTIFICATION BY CONSULTANT

I, Scott W. Dabb, do hereby certify that I am Controller of Azar Design Co, consultant for the work referred to in the foregoing reimbursement request, that I am the person in whose name, the foregoing account against the State of New York is rendered; that the labor, materials, expenses or services charged for were actually delivered, incurred or rendered, as named, heretofore, and that the prices charged are just and reasonable; that the expenses detailed herein were actually incurred; that the services specified were actually rendered as charged; and further, that no percentage or compensation has been paid or promised to be paid to any manager, trustee, officer or employee of said institution, department, board of commission by reason of the claimant having been allowed to sell to, incur expenses for, or render services to, said institution; and also, that to the best of my knowledge and belief, no manager, trustee, officer or employee of said institution, department, board of commission has or has had, any interest directly or indirectly in said article, materials, expenses or services; and that no part of the foregoing account has been paid, and that the above statement is true and correct.

By my signature I further certify that all partial payments due to subconsultants or subcontractors in accordance with Article 5 of the subject consultant agreement have been paid.

August 5, 2025 0
(DATE)


(SIGNATURE)

CERTIFICATION BY SPONSOR

I, _____, do hereby certify that I am the _____
(Name) (Title)

In the supervision of the work described in the attached consultant's reimbursement request; that the materials, labors and services have been furnished and the work properly performed in accordance with the contract and that payment in the sum of \$ _____ can be made on this contract without detriment of the interests of the sponsor, _____ to the best of my knowledge and belief.

(DATE)

(SIGNATURE)



**FORMERLY
FOIT-ALBERT ASSOCIATES**

**RE: Brooklea Drive over Tannery Brook
PIN 5765.46**

Progress Report No. 5: June 28, 2025 through August 1, 2025

Achievements

- Completed Survey and continued Mapping
- Continued environmental research
- Completed design on mapping
- Continued DAD research and writing

Scheduled Statement

- The project is on schedule

Budget Statement

- On Budget.

Planned For Next Month

- Finalize the Draft DAD and submit for comment

Items Required

- Nothing at this time.

Very truly yours,

Gerard J. Sentz, P.E.
Vice President
Foit-Albert Associates

**FEDERAL AID PROJECT
SPONSOR CONSULTANT REIMBURSEMENT REQUEST**

5B-4

FIN 421LL (05/12)

PAYEE ID: 16-1210859 (FEDERAL ID)	NYS Comptroller's Contract No.	Est. No. 8
Work Period (this est.) FROM 6/28/25 TO 8/01/25		
Payee Name: Azar Design Co., Formerly Foit-Albert Assoc 295 Main Street, Suite 200 Buffalo New York 14203		
Current Completion Date MIR Date _/_/_. (completed by SPONSOR)		
Original Contract Amount		\$253,750.56
Current Contract Amount (includes thru approved S.A. NO.) RRDA NO. (if applicable)		\$253,750.56

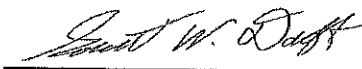
	Consultant Prepares	Sponsor use only
1. Total work reported on previous estimates	\$75,928.66	
2. Work reported on this estimate	\$5,867.29	
3. Total work reported to date (must equal page 2)	\$81,795.95	
4. Adjustments (Sponsor use only) Reason _____		
5. Retainage thru current estimate	\$0.00	
6. Total work reported less retainage	\$81,795.95	
7. Previous payments	\$75,928.66	
8. Payment requested or processed	\$5,867.29	

CERTIFICATION BY CONSULTANT

I, Scott W. Dabb, do hereby certify that I am Controller of Azar Design Co, consultant for the work referred to in the foregoing reimbursement request, that I am the person in whose name, the foregoing account against the State of New York is rendered; that the labor, materials, expenses or services charged for were actually delivered, incurred or rendered, as named, heretofore, and that the prices charged are just and reasonable; that the expenses detailed herein were actually incurred; that the services specified were actually rendered as charged; and further, that no percentage or compensation has been paid or promised to be paid to any manager, trustee, officer or employee of said institution, department, board of commission by reason of the claimant having been allowed to sell to, incur expenses for, or render services to, said institution; and also, that to the best of my knowledge and belief, no manager, trustee, officer or employee of said institution, department, board of commission has or has had, any interest directly or indirectly in said article, materials, expenses or services; and that no part of the foregoing account has been paid, and that the above statement is true and correct.

By my signature I further certify that all partial payments due to subconsultants or subcontractors in accordance with Article 5 of the subject consultant agreement have been paid.

July 2, 2025 0
(DATE)


(SIGNATURE)

CERTIFICATION BY SPONSOR

I, _____, do hereby certify that I am the _____
(Name) (Title)

in the supervision of the work described in the attached consultant's reimbursement request; that the materials, labors and services have been furnished and the work properly performed in accordance with the contract and that payment in the sum of \$ _____ can be made on this contract without detriment of the interests of the sponsor, _____ to the best of my knowledge and belief.

(DATE)

(SIGNATURE)



**FORMERLY
FOIT-ALBERT ASSOCIATES**

**RE: Cornwall Rd over Cazenovia Creek
PIN 5765.55**

Progress Report No. 8: June 28, 2025 through August 1, 2025

Achievements

- Continued the environmental research
- Continued authoring DAD
- Submit Draft DAD for comments

Scheduled Statement

- . The project is on schedule

Budget Statement

- On Budget.

Planned For Next Month

- . Address comments

Items Required

- Any additional comments.

Very truly yours,

Gerard J. Sentz, P.E.
Vice President
Foit-Albert Associates

**FEDERAL AID PROJECT
SPONSOR CONSULTANT REIMBURSEMENT REQUEST**

5B-5

FIN 421LL (05/12)

PAYEE ID: 16-1210859 (FEDERAL ID)	NYS Comptroller's Contract No.	Est. No. 6
Work Period (this est.) FROM 6/28/25 TO 8/1/25		
Payee Name: Azar Design Co., Formerly Foit-Albert Assoc 295 Main Street, Suite 200 Buffalo New York 14203	Current Completion Date MIR Date <u> / / </u> (completed by SPONSOR)	
	Original Contract Amount	\$251,392.59
	Current Contract Amount	\$251,392.59
	(includes thru approved S.A. NO.)	
	RRDA NO. (if applicable)	

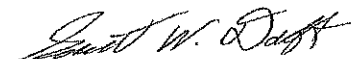
	Consultant Prepares	Sponsor use only
1. Total work reported on previous estimates	\$92,504.06	
2. Work reported on this estimate	\$2,056.95	
3. Total work reported to date (must equal page 2)	\$94,561.01	
4. Adjustments (Sponsor use only)		
Reason _____		
5. Retainage thru current estimate	\$0.00	
6. Total work reported less retainage	\$94,561.01	
7. Previous payments	\$92,504.06	
8. Payment requested or processed	\$2,056.95	

CERTIFICATION BY CONSULTANT

I, Scott W. Dabb, do hereby certify that I am Controller of Azar Design Co, consultant for the work referred to in the foregoing reimbursement request, that I am the person in whose name, the foregoing account against the State of New York is rendered; that the labor, materials, expenses or services charged for were actually delivered, incurred or rendered, as named, heretofore, and that the prices charged are just and reasonable; that the expenses detailed herein were actually incurred; that the services specified were actually rendered as charged; and further, that no percentage or compensation has been paid or promised to be paid to any manager, trustee, officer or employee of said institution, department, board of commission by reason of the claimant having been allowed to sell to, incur expenses for, or render services to, said institution; and also, that to the best of my knowledge and belief, no manager, trustee, officer or employee of said institution, department, board of commission has or has had, any interest directly or indirectly in said article, materials, expenses or services; and that no part of the foregoing account has been paid, and that the above statement is true and correct.

By my signature I further certify that all partial payments due to subconsultants or subcontractors in accordance with Article 5 of the subject consultant agreement have been paid.

August 6, 2025 0
(DATE)


(SIGNATURE)

CERTIFICATION BY SPONSOR

I, _____, do hereby certify that I am the _____
(Name) (Title)

in the supervision of the work described in the attached consultant's reimbursement request; that the materials, labors and services have been furnished and the work properly performed in accordance with the contract and that payment in the sum of \$ _____ can be made on this contract without detriment of the interests of the sponsor, _____ to the best of my knowledge and belief.

(DATE)

(SIGNATURE)



**FORMERLY
FOIT-ALBERT ASSOCIATES**

**RE: Shearer Ave over Tannery Brook
PIN 5765.54**

Progress Report No. 6: June 28, 2025 through August 1, 2025

Achievements

- Continued environmental research
- Submitted Draft DAD for comment

Scheduled Statement

- . The project should meet the schedule.

Budget Statement

- On Budget.

Planned For Next Month

- . Address comments

Items Required

- Comments to the DAD.

Very truly yours,

Gerard J. Sentz, P.E.
Vice President
Foit-Albert Associates

5C

TOWN OF AURORA

575 OAKWOOD AVENUE, EAST AURORA, NY 14052

BUILDING DEPARTMENT

(716) 652-7591

MEMO

TO: Supervisor Snyder and Town Board Members

FROM: Elizabeth Cassidy, Code Enforcement Officer

DATE: August 7, 2025

The Planning Board has reviewed the site plan application for Quaker Rd and has recommended that the Town Board defer the SEQRA determination to the Village due to the majority of the project being located in the Village. I respectfully request that the Town Board discuss this and vote on it at the next Town Board meeting.

Please contact me with any questions.

liz

TOWN OF AURORA

575 OAKWOOD AVE, EAST AURORA, NY 14052

BUILDING DEPARTMENT

(716) 652-7591

FAX (716) 652-3507

MEMO

TO: Supervisor Snyder & Town Board Members
FROM: Chairman Doug Crow, Planning Board
DATE: August 7th, 2025

=====

The following actions were taken at the August 6th, 2025, meeting of the Planning Board

Chairman, Doug Crow, acknowledged there will be six voting members.

Chairman, Doug Crow made a motion that the Planning Board recommend to the Town Board to defer to the Village for lead agency on this project, and they accept it as proposed, given the change that has been made to the square footage of the town parcel to be 50% or less. for the Site Plan application for, 0 (400) Quaker Rd. SBL 175.06-3-8

Second by Ben Garvey

Upon a vote being taken:

Ayes- 6

Noes- 0

Motion carried

Chris Contento made a motion that the Planning Board recommend to the Town Board to approve the SUP as submitted by Rachel and Robert Weiner, Owners of R&R K9 LLC, for 691 Olean Road, SBL #176.00-4-24.112

Second by Tim Stroth

Upon vote being taken:

Ayes- 6

Noes- 0

Motion Carried

PUBLIC HEARING NOTICE

5D

Please take notice, that the Town of Aurora Town Board will hold a Public Hearing on Monday, August 28, 2025 at 6:30 p.m. at the Aurora Municipal Center located at 575 Oakwood Avenue, East Aurora, New York, 14052, to hear public comment on a Special Use Permit application for a dog grooming, boarding, day care and training facility at 691 Olean Road (aka: Route 16), East Aurora, New York.

All interested parties are entitled to be heard upon the said proposal at said public hearing. A copy of the proposal is available for review at the offices of the Town Clerk during normal business hours or on the Town website www.townofaurora.com

By Order of the Town Board of the Town of Aurora
Martha L. Libroek
Town Clerk
Town of Aurora



Town of Aurora Town Board
575 Oakwood Avenue, East Aurora NY, 14052

Special Use Permit Application Form

I. PROJECT INFORMATION (Applicant/Petitioner):

Business/Project Name: R+R K9 LLC
Business/Project Address: 691 Olean Rd, East Aurora, NY 14052
Applicant Name: Robert + Rachel Weiner
Mailing Address: 1414 Emery Rd
City East Aurora State Ny ZIP 14052
Phone 716- Email Robert We ny.com
Interest In the (purchaser/developer) Rental

II. PROPERTY OWNER INFORMATION (If different than Applicant AND the Owner does not sign below, please submit and original, notarized "Owner Authorization" form - attached):

Property Owner(s) Name(s) Engasser Construction Corp
If a corporate, please name a responsible party/designated officer: Tara Smith
Address 1573 Boies Rd
City East Aurora State Ny ZIP 14052
Phone 71 x Email tara.lynn@engasserconstruction.com

III. SPECIAL USE PROPERTY INFORMATION:

Property Address 691 Olean Rd, East Aurora, NY 14052
SBL# 176.00-4-24.112
Describe Special Use requested (use additional pages if needed): Dog grooming, daycare, boarding and training facility. 50 dog capacity.
Property size in acres 1.8863 Property Frontage in feet 142
Zoning District Commercial Surrounding Zoning Industrial + Commercial
Current Use of Property Warehouse
Size of existing building(s): 3640 sf Size of proposed building(s) N/A sf
Present/Prior tenant/use: Warehouse/office
Parking spaces: Existing: 6 Proposed additional spaces: 0 Total #: 6

SUPERVISOR
CHARLES D. SNYDER
(716) 652-7590
supervisor@townofaurora.com



MA

6A 1+2

(716) 652-5200
townclerk@townofaurora.com

TOWN OF AURORA
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

MEMO

TO: Aurora Town Board

FROM: Chuck Snyder, Town Supervisor *CS*

RE: Grant Application Submittals

DATE: 8/11/25

I respectfully request approval to submit the following Grant Applications via Robbyn Drake, Grant Consultant for the Town of Aurora.

- 1) Salt Storage Building Replacement & New Brine System
 - a. Water Quality Improvement Project (WQIP) through the NY State Department of Environmental Conservation
 - b. Project Cost: \$607,555
 - i. Grant Funding Requested: \$486,044
 - ii. In-Kind Salary and Wages: \$98,375
 - iii. In-Kind Program Administration: \$23,136
- 2) Warren Drive Park Improvements
 - a. Municipal Parks and Recreation (MPR) through NY State Parks, Recreation and Historic Preservation
 - b. Project Cost: \$1,057,302
 - i. Grant Funding Requested: \$951,513
 - ii. In-Kind Materials/Town Match: \$105,789

benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the crime under New York State Law.

Charles Snyder

6A-1

Net New Jobs

No job answers necessary due to your associated programs.

Qualified Investments

No investment answers necessary due to your associated programs.

Project Totals

Total project cost: \$ 607,555

Funding Requested from Program

Program	Amount Requested
Water Quality Improvement Project (WQIP) Program	\$ 486044

Program Budget

Water Quality Improvement Project (WQIP) Program

Use	Source	Status	Amount	Indicate Source / Comments
Salaries and Wages	In-Kind	Secured	\$98375	Local Town of Aurora Highway Department funding for personnel to implement site preparations, excavation of site and building footers, construction of pad, and other building related expenses
Program Administration	In-Kind	Secured	\$23136	Local Town of Aurora Highway Department funding for personnel for project administration and construction oversight
Contractual and/or Consultant	DEC - Water Quality Improvement Project	Requesting in this Application	\$438994	Funding from the WQIP grant will fund contractor (Hybrid Building Solutions) for the construction of the 7,200 sq. ft. replacement salt storage building
Machinery and Equipment	DEC - Water Quality Improvement Project	Requesting in this Application	\$47050	Funding from the WQIP grant will fund equipment from Central Equipment of CNY, LLC. for brine system - tanks, pipes, pumps, etc.

Attachment Questions & Answers

Water Quality Improvement Project (WQIP) Program

Q_17511 REQUIRED for all applications if the project is wholly or partially within a 0.2% (500 year) or 1% (100 year) annual chance of occurrence floodplain, attach a floodplain map with the

benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

Charles Snyder

Net New Jobs

No job answers necessary due to your associated programs.

Qualified Investments

No investment answers necessary due to your associated programs.

Project Totals

Total project cost: \$ 1,057,302

Funding Requested from Program

Program	Amount Requested
Municipal Parks and Recreation Grants	\$ 951513

Program Budget

Municipal Parks and Recreation Grants

Use	Source	Status	Amount	Indicate Source / Comments
Architectural/Engineering/Soft Costs	State	In Progress	\$71152	NYSOPRHP Request/ Final project design
Architectural/Engineering/Soft Costs	State	In Progress	\$38415	NYSOPRHP Request/ General requirements
Construction/Renovation	In-Kind	Secured	\$9796	Town match/ Excavation
Construction/Renovation	In-Kind	Secured	\$12557	Town match/ Mulching, topsoil & grasses
Construction/Renovation	In-Kind	Secured	\$13089	Town match/ Removals
Construction/Renovation	In-Kind	Secured	\$32665	Town match/ Asphalt
Construction/Renovation	In-Kind	Secured	\$36982	Town match/ Stone subbase
Construction/Renovation	State	In Progress	\$23735	NYSOPRHP Request/ Exercise stations and trail subbase

Construction/Renovation	State	In Progress	\$89137	NYSOPRHP Request/ Skatepark
Construction/Renovation	State	In Progress	\$93568	NYSOPRHP Request/ Playground
Construction/Renovation	State	In Progress	\$456764	NYSOPRHP Request/ Pavilion
Construction/Renovation	State	In Progress	\$178742	NYSOPRHP Request/ Contractor overhead, profit, contingency
Administration	Local	Secured	\$700	Town match/ Park sign

Attachment Questions & Answers

Municipal Parks and Recreation Grants

Required Attachments: Project Location Map

Q_17017 Provide a map of your project location, using the online, layered "Grants Map for MPR," marked and labeled according to the instructions on the map. [Grants Map for MPR](#)

Grant Map for MPR_Warren Drive Park.pdf
[Download](#)

SEQR

Q_16972 Project review pursuant to the State Environmental Quality Review Act (SEQR) must be completed prior to the award of any state and/or federal funds. Information and forms concerning the SEQR process can be found at <https://dec.ny.gov/regulatory/permits-licenses/seqr>. Has SEQR review of this project been completed?

No

Q_16949 Attach an explanation of the status and timeframe for SEQR compliance and any SEQR documents that have already been prepared/issued (Environmental Assessment Forms, calls for public comment, Statements of Significance, etc.).

SEQR_Statement.pdf
[Download](#)

Photos

Q_17142 Provide clear color images, both overviews and details, showing the property and illustrating existing conditions and areas to be impacted by proposed work. Photos should be dated, labeled and keyed to a site plan. Include photos of any structures more than 50 years old within, or immediately adjacent to, the project area. Provide views to these features from the project site, as well as views of the project site from them.

TOA_MPR_photos.pdf
[Download](#)

benefit corporation of the State, with the knowledge or belief that it will be filed with or State or any political subdivision, public authority or public benefit corporation of the State crime under New York State Law.

6A-2

Charles Snyder

Net New Jobs

No job answers necessary due to your associated programs.

Qualified Investments

No investment answers necessary due to your associated programs.

Project Totals

Total project cost: \$ 1,057,302

Funding Requested from Program

Program	Amount Requested
Municipal Parks and Recreation Grants	\$ 951513

Program Budget

Municipal Parks and Recreation Grants

Use	Source	Status	Amount	Indicate Source / Comments
Architectural/Engineering/Soft Costs	State	In Progress	\$71152	NYSOPRHP Request/ Final project design
Architectural/Engineering/Soft Costs	State	In Progress	\$38415	NYSOPRHP Request/ General requirements
Construction/Renovation	In-Kind	Secured	\$9796	Town match/ Excavation
Construction/Renovation	In-Kind	Secured	\$12557	Town match/ Mulching, topsoil & grasses
Construction/Renovation	In-Kind	Secured	\$13089	Town match/ Removals
Construction/Renovation	In-Kind	Secured	\$32665	Town match/ Asphalt
Construction/Renovation	In-Kind	Secured	\$36982	Town match/ Stone subbase
Construction/Renovation	State	In Progress	\$23735	NYSOPRHP Request/ Exercise stations and trail subbase

COST SUMMARY
Municipal Parks and Recreation Grant Program (MPR)

Project Title: Reimagining Warren Drive Park

A. Pre-Development: Design Fees, Professional Fees, Archeological research/Investigation, Survey and Mapping					
Expense Type/Use	Purpose - Description	Funding	Amount (\$)		
Architecture and Engineering	Final Project Design	NYSOPRHP	\$ 71,152		
Contracted	General Requirements for contracted construction including permitting, survey and review	NYSOPRHP	\$ 38,415		
			\$		
			\$		
			\$		
Subtotal			\$ 109,567		
B. Construction: Contracted, Force Account, Materials, Donations, Permanent Equipment					
Expense Type/Use	Purpose - Description	Funding	Amount (\$)		
Force Account	In Kind Labor (Town of Aurora Highway Department) to excavate, strip and place stone for walking path, skatepark, and parking lot	Town In-Kind	\$ 8,786		
Force Account	In Kind Labor (Town of Aurora Highway Department) for mulching of walking path exercise areas and playground area, topsoil and grass restoration for parking lot	Town In-Kind	\$ 12,557		
Force Account	In Kind Labor (Town of Aurora Highway Department) removal of old pavilion, bathroom, restrooms, failed walkways, 12 trees	Town In-Kind	\$ 13,089		
Force Account	In Kind Labor (Town of Aurora Highway Department) asphalt - binder course for walking path and parking lot; top coat for parking lot	Town In-Kind	\$ 32,685		
Materials	Town of Aurora Highway Department -Stone Subbase for parking lot and playground	Town In-Kind	\$ 36,982		
Contracted	Purchase and installation of exercise stations and stone subbase for walking path	NYSOPRHP	\$ 23,735		
Contracted	Purchase and installation of sound absorbing wall, stone subbase and concrete surface for skatepark	NYSOPRHP	\$ 89,137		
Contracted	Purchase & installation of rubber surface, swing set, teeter totter, playground set, perimeter chain link fence for playground	NYSOPRHP	\$ 83,568		
Contracted	Construction of 1,647 sq ft pavilion	NYSOPRHP	\$ 458,764		
Contracted	Contractor overhead, profit and contingency on contracted portions of project	NYSOPRHP	\$ 178,742		
			\$		
Subtotal			\$ 947,035		
C. Administration: Construction Supervision, Procurement Costs, Audit, Project Sign					
Expense Type/Use	Purpose - Description	Funding	Amount (\$)		
Project Sign	Project Sign as required per terms of grant	Town Cash Match	\$ 700		
			\$		
			\$		
			\$		
			\$		
Subtotal			\$ 700		
D. Other					
Expense Type/Use	Purpose - Description	Funding	Amount (\$)		
			\$		
			\$		
			\$		
Subtotal			\$		
BUDGET SUMMARY					
Budget Category	State Funds Requested	Applicant Share	Total		
A. Pre-Development	\$ 109,567	\$	\$ 109,567		
B. Construction	\$ 841,946	\$ 105,089	\$ 947,035		
C. Administration	\$	\$ 700	\$ 700		
D. Other	\$	\$	\$		
PROJECT TOTAL	\$ 951,513	\$ 105,789	\$ 1,057,302		
APPLICANT SHARE SUMMARY					
Funding Source	Status of Funds	Type of Funds	Restrictions	Date	Total Amount
Town In-Kind Contribution	Secured	Force Account Labor	None	Upon award	\$ 68,107
Town In-Kind Contribution	Secured	Force Account Materials	None	Upon award	\$ 38,982
Town Cash Match	Pending	Cash	None	Prior to project opening	\$ 700
					\$
					\$
					\$
Total Applicant Share					\$ 105,789

SUPERVISOR
CHARLES D. SNYDER
(716) 652-7590
supervisor@townofaurora.com



MA

GB

townclerk@townofaurora.com

TOWN OF AURORA

575 Oakwood Avenue, East Aurora, NY 14052

www.townofaurora.com

MEMO

TO: Aurora Town Board

FROM: Chuck Snyder, Town Supervisor

RE: Assessor Reappointment

DATE: 8/11/25

Stephen Pigeon's term as Town Assessor ends September 30, 2025, in accordance with New York State Real Property Tax Law §310. I am requesting to reappoint Stephen to a new six-year term effective 10/1/25 – 9/30/31. Upon approval, the appropriate paperwork will be completed and submitted to the NY State Department of Taxation and Finance.



Department of Taxation and Finance

County Director and Assessor Appointment and Reappointment Information

After completing this form, please return it to orpts.edservices@tax.ny.gov or fax it to (518) 435-8628.

Effective date of appointment: _____

Please check one:

New assessor

☐

Reappointed assessor

☐

New county director

☐

Reappointed County director

☐

Town or city of	
Appointee's name	
Official street mailing address	
Post office box	
Municipality and zip code	
Official e-mail address	
Work phone (include area code)	
Town or city clerk's contact info	

SUPERVISOR
CHARLES D. SNYDER
(716) 652-7590
supervisor@townofaurora.com



MA
[townclerk](#)

6C

TOWN OF AURORA
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

MEMO _____

TO: Aurora Town Board
FROM: Kathleen Moffat
RE: Budget Amendment: EA Baseball & Softball Donation
DATE: 8/11/25

I respectfully request approval to amend the budget to record the receipt of \$1,000 donation from EA Baseball & Softball, as per contract. The amendment is as follows:

- Increase revenue line A 2705.2 Donations EA Baseball Supplies by \$1,000
- Increase appropriation line A 7110.444 Parks Landscaping & Supplies by \$1,000



60

BUDGET TRANSFER REQUEST FORM

Please note the following guidelines:

- A shortage of **less than \$750 per line** can be satisfied with this form requesting a budget transfer(s) between lines that are **within the responsibility of a single Department Head**. These will require the **approval of the Supervisor**.
- A shortage of **\$750 or more per line** can be satisfied with this form requesting a budget transfer(s) between lines that are **within the responsibility of a single Department Head**. These will require the approval of the Town Board.
- A shortage of **any amount** can be satisfied with this form requesting a budget transfer(s) between lines which fall under **the responsibility of different Department Heads**. These will require the approval of the Town Board.
- Budget transfers must be made **PRIOR** to the expenditure.
- All budget transfers must be submitted to the Supervisor's Office using this form.

DEPARTMENT HEAD NAME (printed): CHARLES SNYDER
SIGNATURE: Charles Snyder DATE: 8/4/2005

1. \$ <u>900.00</u>	FROM: <u>A 1910</u> ACCT NO.	<u>UNALLOCATED INURANCE</u> ACCT TITLE	<u>\$12,274.25</u> CURRENT BALANCE
	TO: <u>A 1989.411</u> ACCT NO.	<u>GRANT WRITING SERVICES</u> ACCT TITLE	<u>\$3,300.00</u> CURRENT BALANCE
	REASON: <u>TO PREVENT OVERDRAW APPROPRIATION ACCT.</u>		
2. \$ _____	FROM: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	TO: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	REASON: _____		
3. \$ _____	FROM: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	TO: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	REASON: _____		
4. \$ _____	FROM: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	TO: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	REASON: _____		
5. \$ _____	FROM: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	TO: _____ ACCT NO.	ACCT TITLE	CURRENT BALANCE
	REASON: _____		

APPROVALS:

SUPERVISOR SIGNATURE : _____
TOWN BOARD MEETING APPROVAL DATE: _____

Date: _____
Action #: _____

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



townclerk

6E

TOWN OF AURORA

Aurora Municipal Center
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

TOWN COUNCIL MEMBERS

Luke Wochensky
lwochensky@townofaurora.com

James F. Granville
jgranville@townofaurora.com

Joseph M. McCann
jmccann@townofaurora.com

Raymond M. Wrazen
rwrazen@townofaurora.com

SUPT. OF HIGHWAYS
David M. Gunner
(716) 652-4050
highway@townofaurora.com

CODE ENFORCEMENT
OFFICER
Elizabeth Cassidy
(716) 652-7591
building@townofaurora.com

ASSESSOR
Stephen R. Pigeon
assessor@townofaurora.com
(716) 652-0011

DIR. OF RECREATION
Christopher Musshafen
(716) 652-8866
chris@townofaurora.com

TOWN ATTORNEY
Brigid M. Maloney

TOWN JUSTICE
Jeffrey P. Markello
Anthony DiFilippo IV

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

FAX: (716) 652-3507

August 5, 2025

To: Town Board Members

I respectfully request the Town Board approve of the purchase of 3200 Gallons of Type 2 Liquid Asphalt from the Sealmaster Pavement Products and Equipment Corporation.

The cost is \$20,800 to be paid out of DB5110.433.

This material will be used to reseal Center Ridge Road.

The product being sold is a proprietary material trademarked as "Liguid Road"

Due to it being newly offered it is not currently on any government bids.

A comparable Type 2 Liquid Asphalt product is currently on the Erie County Bid and is sold by Suit Kote Corporation and is trademarked "Micro Pave"

Suit Kote Corporation only will sell "Micro Pave" Turn Key which means it is completely resurfaced by the contractor.

Sealmaster alternatively is selling their product with the equipment provided to do the job "in-house" with our own work force.

With the price breakdown to hire Suit Kote for Center Ridge Road would cost around \$50,000 so we should be able to benefit with a cost savings using the Sealmaster product.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Gunner", written over a horizontal line.

David M. Gunner
Superintendent of Highways



SealWorks- Buffalo
555 Ludwig Avenue
Buffalo NY 14227
United States

Town of Aurora Highway Department, Dave
Gunner
251 Quaker Rd
EAST AURORA NY 14052
United States

Order # S00352

Order Date
05/21/2025

Salesperson
John Quinn

Customer Reference: N/A

DESCRIPTION	QUANTITY	UNIT PRICE	DISC.%	TAXES	AMOUNT
Drop Tanker 07/14/2025 11:00:00 to 07/18/2025 11:00:00	1.00 Units	0.00	0.00	Tax Exempt	\$ 0.00
Liquid Road - Road Grade Sealer Center Ridge Road - 6/10 Mile x 10 Foot lane	3,200.00 gal (US)	6.50	0.00	Tax Exempt	\$ 20,800.00
SP575 Dual Spueegee Machine (Rental) 07/14/2025 11:00:00 to 07/18/2025 11:00:00	1.00 Units	2,200.00	100.00	Tax Exempt	\$ 0.00
Untaxed Amount					\$ 20,800.00
Sales Tax					\$ 0.00
Total					\$ 20,800.00

2025 Summer Maintenance Bid

SECTION 413		Suit-Kote Corporation	
Item No.	Item	Pay Unit	Bid Price
E413.02020118	Micro-Surfacing (Under 4,000 ADT) Type II	Ton	\$106.00
E413.0202011801	Micro-Surfacing (Over 4,000 ADT) Type II	Ton	\$108.00
E413.03020118	Micro-Surfacing (Under 4,000 ADT) Type III	Ton	\$111.00
E413.0302011801	Micro-Surfacing (Over 4,000 ADT) Type III	Ton	\$113.00
E413.04030118	Micro-Surfacing Rut Filling	Ton	\$121.00
E413.1006	Effex	Ton	\$148.50
E413.1008	Transport, deliver, and apply with Contractor Equipment - 26 to 100 ton per day	Ton per Day	\$290.00
E413.1009	Transport, deliver, and apply with Contractor Equipment - 101 to 300 ton per day	Ton per Day	\$128.00
E413.1010	Transport, deliver, and apply with Contractor Equipment - 301 to 500 ton per day	Ton per Day	\$116.00
E413.1011	Maintenance and Protection of Traffic	SY	\$0.44

Application # _____

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
575 Oakwood Ave
East Aurora, NY 14052
Telephone (716) 652-8866 Fax: (716) 652-5646

ALL REQUESTS MUST BE MADE NO LESS THAN 30 DAYS IN ADVANCE OF EVENT/USE.

**PLEASE NOTE THAT THE PERMIT CANNOT BE ACCEPTED FOR BOARD APPROVAL
WITHOUT THE FULL COMPLETION OF THIS DOCUMENT.**

1. Name of organization: SPCA Serving Erie County
2. Individual responsible for this request: Genna Mages
3. Address: 300 Harlem Road
West Seneca, NY 14224
4. Telephone number: 716-875-7360 Ext. 230
5. Fax: _____
6. Email: gennam@yoursPCA.org
7. Date(s) of event: Saturday, September 27, 2025
8. Hours of use including set up/take down: Start 8AM End 2PM
9. Description of the event or use:
Additional parking for participants for a fundraising walk/festival taking place at the Stables at Knox Farm State Park. 2 shuttle busses will run on a continuous route throughout the event from 8AM-2PM.
10. Specific area(s) request. Please attach a map of the area.
 - a. Soccer fields _____
 - b. Polo Field _____
 - c. Equestrian Park _____
 - d. Other X
 - i. Describe Parking lot
11. Specific equipment to be brought into the park (porta-johns, tents, etc.)
Lawn stake signage
12. Needs: Water _____ Electric _____
13. Estimated attendance: 500
 - a. Will participants be crossing Knox Road? yes
 - b. Will participants be attending via bus? Shuttle drop off/pick up

PLEASE NOTE: Based on the estimated attendance of the event, a meeting with the Town Supervisor, Dir. of Recreation and Aquatics, the Highway Superintendent, and Chief of Police may be scheduled at the discretion of the Aurora Town Board to discuss a plan for proper traffic control and parking.

14. Will food or drinks be served? no

a. If yes, please describe _____

15. Will there be sound amplification, music, or a band(s)? no

a. If yes, please describe _____

16. Other services requested, please describe: _____

a. NYS Park Police* _____

i. *Applicant is responsible for contacting the East Aurora Police Department if the event involves the Village or Town streets.

b. Parks Department: _____

17. Do you intend to use the main part of Knox Farm State Park between Buffalo Rd, Willardshire Rd., and Knox Rd.? yes

a. If yes, you must request a permit from NYS Parks and Recreation. Contact their office at 716-549-1802.

Provide drawings that describe location, size, and text of all proposed signs for this event to the Town of Aurora Building Department, 575 Oakwood Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after.

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**

L. Mages
Signature of Applicant

7/9/2025

Date

General Fees (Cash/Card)		
	Fee	Paid
Application	\$25/\$25.78	y
Permit	\$15/\$15.47	y
Security Deposit*	\$250	

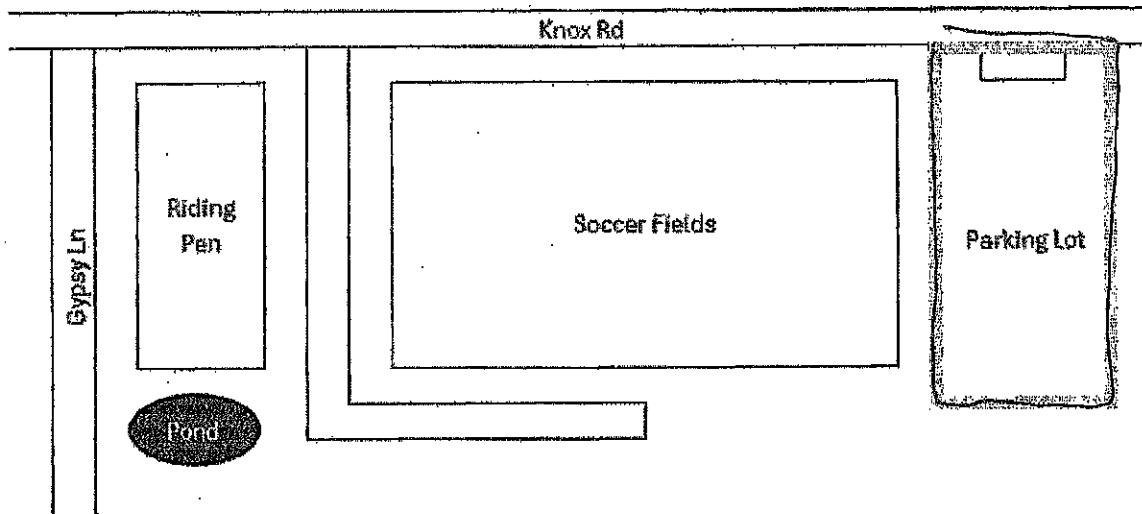
*Subject to change dependent on anticipated damage.

Additional Services (Cash/Card)				
Service	Per hour	# of Employees	# of Hours	Total
Crossing Guards	\$30/\$30.93			
Parking Attendant	\$30/\$30.93			
Total Additional Services				

(Invoiced after event or adjustments to security deposit return.)

Per Day Event Specific Fees (Cash/Card)					
Item	Fee	NP or TR	NP & TR	# of Days	Total
1-100 Attendants	\$150/\$154.65	\$135/\$139.19	\$120/\$123.72		
101-750 Attendants	\$300/\$309.30	\$270/\$278.37	\$240/\$247.44	1	270
750+ Attendants	\$500/\$515.50	\$450/\$463.95	\$400/\$412.40		
Garbage Service	TBD	TBD	TBD		
NP- Non- Profit	TR- Town Resident	Total Event Fee			

Knox Map



Please mark the areas of the park you intend to use for your event. Please describe any additional information below that may be needed.

Parking is for participants of the SPCA Serving Erie County annual fundraising walk and festival, Paws in the Park. The event is taking place at the Stables at Knox Farm and a 1.5 mile route throughout the State Park.

Please describe how your event will handle parking and traffic (if your event will be crossing the road) for your event.

We will have volunteers to direct in lots to open parking spots and crossing guards to assist in crossing the road to Knox. We will provide orange flags and yellow safety vests to be able to be seen by drivers. Participants will be directed to cross the road with the volunteer crossing guards and walk up the long driveway to the Stables that is adjacent to Knox Rd. Participants will have the option to take a shuttle bus that will drive from Knox Rd, to Buffalo Rd and drop off at the Stables at Knox Farm State Park.

Crossing guards & other

Is there any additional information you believe the Town Board will need to know for you to host this event?

There will be 2 shuttles running continuously from 8:30am-1:30pm, with a pause from 10am-11:15am while the walk is taking place. The shuttles will have stops at the Knox Farm Soccer Field Parking lot, then a stop at the Parkdale Elementary School, then a drop off/pickup at the Stables.

SUPERVISOR
CHARLES SNYDER
(716) 652-7590
supervisor@townofaurora.com



TOWN CLERK
MARTHA L. LIBROCK
(716) 652-3280
townclerk@townofaurora.com

TOWN OF AURORA
575 Oakwood Ave., East Aurora, NY 14052
www.townofaurora.com

Indemnification Agreement

Neil and Barb Chur Equestrian Park, Soccer Field and/or Polo Field

To the fullest extent permitted by law, I/We shall indemnify and hold harmless the Town of Aurora and its employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of our work under this contract, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, including the loss of use resulting there from but only to the extent caused in whole or in part by negligent acts or omissions of our organization, anyone directly or indirectly employed by us or for anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to otherwise exist as to a party or person described in this paragraph.

Genna Mages
Authorized Applicant or Officer

State of New York)
County of Erie)

Subscribed and sworn to before me this 9th day of July, 2025

Colleen P. Lask
Notary Public

Qualified in Erie County, New York,
My commission expires: 6/12/2026



Official Use Only

Event: _____

Attachments Submitted

- ☒ Indemnification Agreement
- ☒ Certificate of Insurance
- ☒ Map with area(s) requested to be used indicated
- ☒ Parking and Traffic plan
- ☒ 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 ☐ Not recommended
by the Recreation Department.

Action by Aurora Town Board

The Aurora Town Board, upon review of the application request # _____ submitted by _____ (organization or individual) took the following action with or without conditions (as applicable) noted below:

Approved: _____ Date: _____
Supervisor's Signature

Denied: _____ Date: _____
Supervisor's Signature

Conditions:

- ☐ Police Department Approval
- ☐ Highway Department 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 name insured
- ☐ Requesting organization or individual shall submit an **Indemnification Agreement** signed by authorized applicant or officer of company and duly notarized.
- ☐ Approval of parking and traffic plan
- ☒ Arsenal Soccer Contacted - No Conflicts. Date: _____
- ☐ Other

Application # _____

66

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
575 Oakwood Ave
East Aurora, NY 14052
Telephone (716) 652-8866 Fax: (716) 652-5646

ALL REQUESTS MUST BE MADE NO LESS THAN 30 DAYS IN ADVANCE OF EVENT/USE.

**PLEASE NOTE THAT THE PERMIT CANNOT BE ACCEPTED FOR BOARD APPROVAL
WITHOUT THE FULL COMPLETION OF THIS DOCUMENT.**

1. Name of organization: Immaculate Conception School
2. Individual responsible for this request: Mark Mozrall - Athletics Director
3. Address: 510 Oakwood Ave
East Aurora, NY 14052
4. Telephone number: 716 652 5855
5. Fax: _____
6. Email: mmozrall@reschoollea.org
7. Date(s) of event: 8/26, 8/29, 9/2, 9/5, 9/9, 9/12, 9/16, 9/19, 9/23, 9/26, 9/30, 10/3
10/10, 10/14, 10/17, 10/21, 10/24
8. Hours of use including set up/take down: Start 5pm End 7:30pm
9. Description of the event or use:
soccer field use for school team practices
starting on Aug 26th, Tues and Friday nights until Nov 1st
10. Specific area(s) request. Please attach a map of the area.
 - a. Soccer fields X
 - b. Polo Field _____
 - c. Equestrian Park _____
 - d. Other _____
 - i. Describe _____
11. Specific equipment to be brought into the park (porta-johns, tents, etc.)
None
12. Needs: Water _____ Electric _____
13. Estimated attendance: 60
 - a. Will participants be crossing Knox Road? NO
 - b. Will participants be attending via bus? NO

PLEASE NOTE: Based on the estimated attendance of the event, a meeting with the Town Supervisor, Dir. of Recreation and Aquatics, the Highway Superintendent, and Chief of Police may be scheduled at the discretion of the Aurora Town Board to discuss a plan for proper traffic control and parking.

14. Will food or drinks be served? NO

a. If yes, please describe _____

15. Will there be sound amplification, music, or a band(s)? NO

a. If yes, please describe _____

16. Other services requested, please describe: None

a. NYS Park Police*

i. *Applicant is responsible for contacting the East Aurora Police Department if the event involves the Village or Town streets.

b. Parks Department: _____

17. Do you intend to use the main part of Knox Farm State Park between Buffalo Rd, Willardshire Rd., and Knox Rd.? NO

a. If yes, you must request a permit from NYS Parks and Recreation. Contact their office at 716-549-1802.

Provide drawings that describe location, size, and text of all proposed signs for this event to the Town of Aurora Building Department, 575 Oakwood Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after.

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**

MAJ MJL

Signature of Applicant

6/9/2025

Date

General Fees (Cash/Card)		
	Fee	Paid
Application	\$25/\$25.78	✓
Permit	\$15/\$15.47	✓
Security Deposit*	\$250	

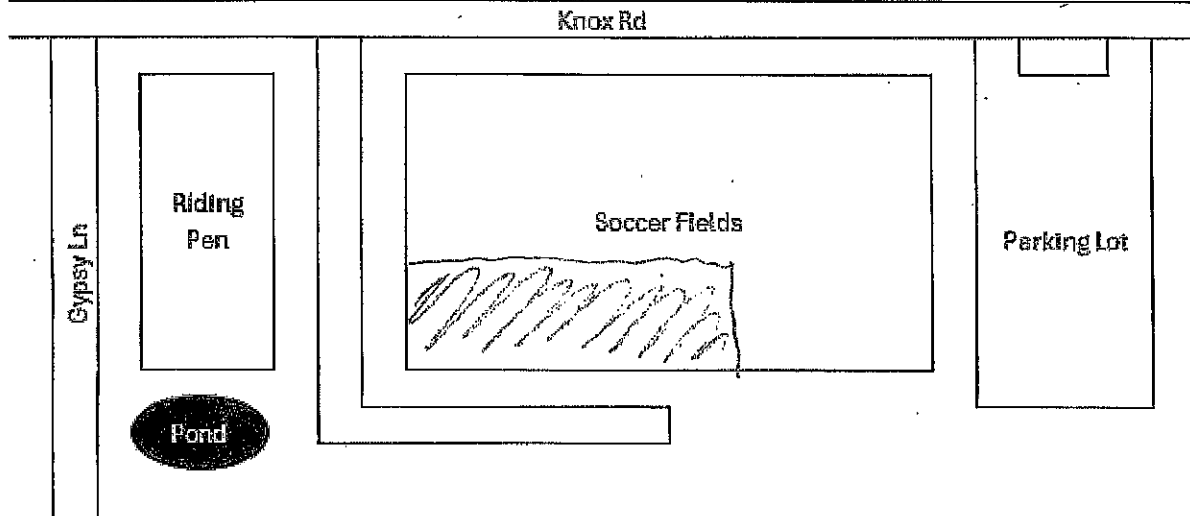
*Subject to change dependent on anticipated damage.

Additional Services (Cash/Card)				
Service	Per hour	# of Employees	# of Hours	Total
Crossing Guards	\$30/\$30.93			
Parking Attendant	\$30/\$30.93			
Total Additional Services				

(Invoiced after event or adjustments to security deposit return.)

Per Day Event Specific Fees (Cash/Card)					
Item	Fee	NP or TR	NP & TR	# of Days	Total
1-100 Attendants	\$150/\$154.65	\$135/\$139.19	\$120/\$123.72		
101-750 Attendants	\$300/\$309.30	\$270/\$278.37	\$240/\$247.44		
750+ Attendants	\$500/\$515.50	\$450/\$463.95	\$400/\$412.40		
Garbage Service	TBD	TBD	TBD		
NP- Non- Profit	TR- Town Resident	Total Event Fee			

Knox Map



Please mark the areas of the park you intend to use for your event. Please describe any additional information below that may be needed.

Soccer Fields located on Southern end of soccer complex (3 fields)

Please describe how your event will handle parking and traffic (if your event will be crossing the road) for your event.

general parking South of fields

Is there any additional information you believe the Town Board will need to know for you to host this event?

Tues and Friday nights 5:30-7:30pm Aug 26 → Nov 1st
 please be sure AED Machines onsite are charged and available.

Official Use Only

Event: Immaculate Conception Soccer

Attachments Submitted

- ☒ Indemnification Agreement
☒ Certificate of Insurance
☒ Map with area(s) requested to be used indicated
☐ Parking and Traffic plan
☐ 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.)
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Application ☒ **Recommended** or ☐ **Not recommended**
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☐ 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 name insured
☐ Requesting organization or individual shall submit an **Indemnification Agreement** signed by authorized applicant or officer of company and duly notarized.
☐ Approval of parking and traffic plan
☒ Arsenal Soccer Contacted – No Conflicts. Date: _____
☐ Other



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/10/2025

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(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).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 300 Madison Avenue, 28th Floor New York NY 10017	CONTACT NAME: Robin Watson PHONE (A/C, No, Ext): 716-847-8394 E-MAIL ADDRESS: dobbs@buffalodiocese.org FAX (A/C, No):														
INSURED Diocese of Buffalo 795 Main Street Buffalo, NY 14203-1250	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: National Catholic RRG, Inc</td><td>10083</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Catholic RRG, Inc	10083	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1728516239

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			RRG-054-2024-1	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ None PRODUCTS - COM/PROP AGG \$ None \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured Status for any Persons with whom the Named Insured has agreed to provide Insurance Protection. Insurance Shall Not exceed Amount agreed Upon or Exceed Policy Limits Provided by this Policy. The Limit is Inclusive of the Insured's \$250,000 Self Insured Retention.

RE: Immaculate Conception School Soccer

CERTIFICATE HOLDER**CANCELLATION**

Town of Aurora Parks and Recreation Department 575 Oakwood Avenue East Aurora NY 14052 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

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SUPERVISOR
CHARLES SNYDER
(716) 652-7590
supervisor@townofaurora.com



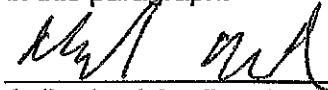
TOWN CLERK
MARTHA L. LIBROCK
(716) 652-3280
townclerk@townofaurora.com

TOWN OF AURORA
575 Oakwood Ave., East Aurora, NY 14052
www.townofaurora.com

Indemnification Agreement

Neil and Barb Chur Equestrian Park, Soccer Field and/or Polo Field

To the fullest extent permitted by law, I/We shall indemnify and hold harmless the Town of Aurora and its employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of our work under this contract, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, including the loss of use resulting there from but only to the extent caused in whole or in part by negligent acts or omissions of our organization, anyone directly or indirectly employed by us or for anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to otherwise exist as to a party or person described in this paragraph.



Authorized Applicant or Officer

State of New York)
County of Erie)

Subscribed and sworn to before me this 13th day of June, 2025



Notary Public

KARIN L. DOJNIK
Notary Public, State of New York
Reg. # 01DO6445148
Qualified in Erie County
Commission Expires December 12, 2026

Qualified in Erie County, New York
My commission expires: 12/12/2026