



2

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: Bed and Breakfast
Business/Project Address: 1756 Hubbard Road East Aurora NY 14052
Applicant Name: Leah Foss
Mailing Address: 1756 Hubbard Road
City East Aurora State NY ZIP 14052
Phone 716 _____ Email leah.foss com
Interest in _____ (purchaser/developer) Owner

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) Leah Foss
If a corporate, please name a responsible party/designated officer: _____
Address 1756 Hubbard Road
City East Aurora State NY ZIP 14052
Phone 716 _____ Email leah.foss com

III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 1756 Hubbard Road East Aurora NY 14052
SBL# 175.00 - 2-24
Describe Special Use requested (use additional pages if needed):
Bed and Breakfast

Property size in acres 4.6 Property Frontage in feet 291.76'
Zoning-District RR/A Surrounding Zoning RR/A
Current Use of Property Residential
Size of existing building(s): 3840 sf ^{house} Size of proposed building(s) NA sf
Present/Prior tenant/use: 4320 sq ft
Residential
Parking spaces: Existing: 6 Proposed additional spaces: 4 Total #: 10

Proposed water service: _____ public _____ private (well) _____ n/a Is this existing Y/N
Proposed sanitary sewer: _____ public X private (septic) _____ n/a Is this existing Y/N

Hours of operation (if applicable):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	By Appt.
Hours	X	X	X	✓	✓	X	X	

Peak hours: _____

Number of employees (if applicable): Full-time _____ Part-time _____ Seasonal NA

Upon approval of this application, the applicant intends to apply for: (Check all that apply)

- a. Building Permit _____
- b. Sign Permit _____

IV. SIGNATURE (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. 4)

Leah Foss
Signature of Applicant/Petitioner

Leah Foss
Print name of Applicant/Petitioner

State of New York; County of Erie

On the 17 day of MARCH 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.

Marta Librock
Notary Public

MARTHA L. LIBROCK
Notary Public, State of New York
No. 0115025912
(Notary stamp) Qualified in Erie County
My Commission Expires May 31, 2026

Office Use Only: Date received: _____ Receipt #: _____

Application reviewed by: _____

EA Bed and Breakfast Retreat

Location: 1756 Hubbard Road, East Aurora

EA Bed and Breakfast Retreat is a charming five-bedroom property featuring 2.5 bathrooms. We are in the process of applying for permits to add one more bathroom in the hidden room my contractor found.

Our design includes two family suites, designed to ensure a worry-free experience for families and guests.

Family Suite #1: Accommodates up to four guests, featuring one queen bed and one king bed.

Family Suite #2: Accommodates up to six guests, featuring one king bed, a bunk bed, and a pull-out couch.

To enhance our guests' stay, the refrigerator will be stocked with prewashed vegetables, fresh fruit, and convenient grab-and-go items. My vision is for guests to come in and not have any worries about what to cook for breakfast.

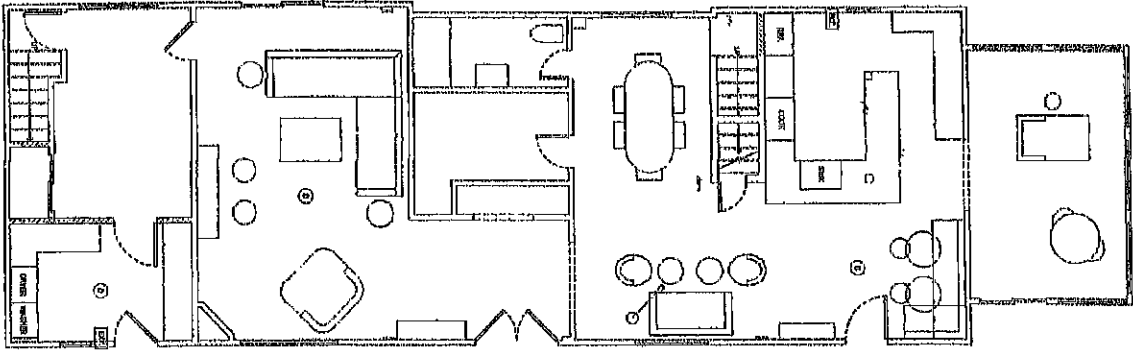
I will be living in the one-bedroom apartment adjacent to the main house, allowing me to provide personalized service and attention to guests.

Having grown up on my family's farm in Alden, NY, I have a deep appreciation for the agriculture industry; however, my true passion lies in the realm of hospitality. With this venture, I aim to deliver the highest standard of service, which I and my dedicated staff have consistently provided at my other two homes. One is located in Darien NY and the other in Lancaster NY.

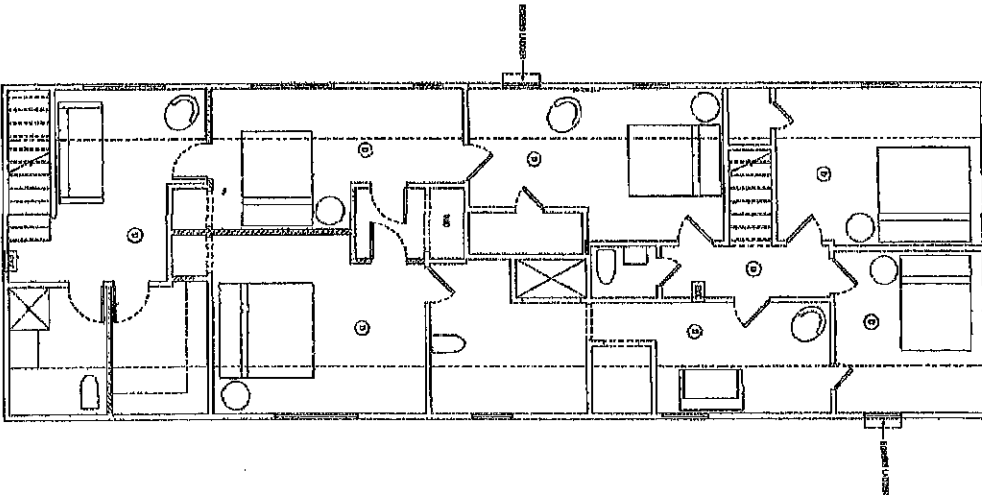
I look forward to hopefully serving the beautiful community of East Aurora.

Leah Foss
Owner

1 FIRST FLOOR PROPOSED PLAN.
1/2" = 1'-0"



2 SECOND FLOOR PROPOSED PLAN
4-1 = 40'



CONVENTIONAL LEGEND

	REINFORCED		WELDED
	REINFORCED		WELDED
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NOTES

1. REINFORCED CONCRETE

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**DOCUMENT IS NOT FOR
CONSTRUCTION**



MICHAEL P DESIGN
1235 hertel avenue
buffalo, ny 14216
716.931.9362
mpd@roomy-buffalo.com
michaelpdesign.com

Client Info
Leah Foss
1576 Hubbard Rd East
Aurora, NY 14052

Project Name
EA RESIDENCE

Project Number
FOS241015

Date	03,21,25
Drawn by	TED
Checked by	Checker

FLOOR PLAN

10

Scale 1/4" = 1'-0"

1756 Hubbard Rd.

Town of Aurora BnB/STR Instructions

A BnB or STR requires a Special Use Permit as regulated in Town Code Chapter 11.6 Zoning.

Town Code Definitions:

** Bed-And-Breakfast (BnB): an owner-occupied residence resulting from a conversion of a one-family dwelling, used for providing overnight accommodations and a morning meal to not more than 10 transient occupants and containing not more than five bedrooms for such occupants.*

Short-Term Rental (STR): an owner-occupied dwelling or dwelling group that is converted and rented for periods of not less than one night and not more than thirty consecutive days. Limited to not more than 6 transient occupants and three bedrooms for such occupants.

Owner Occupied: a parcel or dwelling that is used by the owner(s) as their primary residence

Non-Owner Occupied: a parcel or dwelling that is not used by the owner(s) as their primary residence

Application Requirements:

For review and approval of a Special Use Permit, the following items must be submitted to the Town Board:

- ☒ Completed Application. Application shall clearly indicate if application is for BnB or STR as defined above.
- ☒ Application fee payable to the Town of Aurora
- ☒ Property deed
- ☒ Narrative describing all operations of the BnB/STR, including but not limited to, number of rooms/occupants
- ☒ Detailed floor plan(s) showing living spaces, bedrooms, egress, smoke/CO and fire extinguisher locations
- ☒ Survey of the property with parking identified on it. Code requires 1 space per rented room plus 2 spaces for property owner
- ☐ Fire Inspection of BnB/STR scheduled with the Building Dept on TBD due to
- ☒ Short Environmental Assessment Form (SEAF) Part 1 Construction

Agency Review: The Town Board may circulate the Special Use Permit application packet to the following agencies for review and comment, as necessary:

Town: Planning Board, Building Department, Highway Department, Town Attorney

County: Department of Environment and Planning

Fire: East Aurora FD, South Wales FD, or West Falls FD

Incomplete applications will not be accepted for review.

Applications submitted by the deadline (14 days prior to the Town Board meeting) will be placed on the agenda at the discretion of the Town Board.

Town of Aurora
Warrant Report

Unposted Batch Totals

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

Posted Batch Totals

Fund	Fund Description	Invoice Batch		Manual Checks		Total	
		Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
A00	GENERAL FUND	\$48,720.51	\$0.00	\$78.40	\$0.00	\$48,798.91	\$0.00
B00	PART TOWN FUND	\$18,549.82	\$0.00	\$0.00	\$0.00	\$18,549.82	\$0.00
DA0	HIGHWAY TOWN WIDE FUND	\$190.00	\$0.00	\$0.00	\$0.00	\$190.00	\$0.00
DB0	HIGHWAY PART TOWN FUND	\$18,269.39	\$0.00	\$0.00	\$0.00	\$18,269.39	\$0.00
H70	VILLAGE BRIDGE REPAIRS	\$48,312.34	\$0.00	\$0.00	\$0.00	\$48,312.34	\$0.00
SF0	FIRE PROTECTION DIST. NO 1	\$3,301.93	\$0.00	\$0.00	\$0.00	\$3,301.93	\$0.00
SR0	RUBBISH COLLECTION DISTRICT #1	\$653.40	\$0.00	\$0.00	\$0.00	\$653.40	\$0.00
TA0	TRUST AND AGENCY	\$17,529.60	\$0.00	\$17,600.00	\$0.00	\$35,129.60	\$0.00
ZP0	PRIVATE WATER SYSTEM	\$699.27	\$0.00	\$0.00	\$0.00	\$699.27	\$0.00
Posted Batch Grand Totals		\$156,226.26	\$0.00	\$17,678.40	\$0.00	\$173,904.66	\$0.00

Report Grand Totals

Fund	Fund Description	Invoice Batch		Manual Checks		Total	
		Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
A00	GENERAL FUND	\$48,720.51	\$0.00	\$78.40	\$0.00	\$48,798.91	\$0.00
B00	PART TOWN FUND	\$18,549.82	\$0.00	\$0.00	\$0.00	\$18,549.82	\$0.00
DA0	HIGHWAY TOWN WIDE FUND	\$190.00	\$0.00	\$0.00	\$0.00	\$190.00	\$0.00
DB0	HIGHWAY PART TOWN FUND	\$18,269.39	\$0.00	\$0.00	\$0.00	\$18,269.39	\$0.00
H70	VILLAGE BRIDGE REPAIRS	\$48,312.34	\$0.00	\$0.00	\$0.00	\$48,312.34	\$0.00
SF0	FIRE PROTECTION DIST. NO 1	\$3,301.93	\$0.00	\$0.00	\$0.00	\$3,301.93	\$0.00
SR0	RUBBISH COLLECTION DISTRICT #1	\$653.40	\$0.00	\$0.00	\$0.00	\$653.40	\$0.00
TA0	TRUST AND AGENCY	\$17,529.60	\$0.00	\$17,600.00	\$0.00	\$35,129.60	\$0.00
ZP0	PRIVATE WATER SYSTEM	\$699.27	\$0.00	\$0.00	\$0.00	\$699.27	\$0.00
Grand Totals		\$156,226.26	\$0.00	\$17,678.40	\$0.00	\$173,904.66	\$0.00

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



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townclerk@to

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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: July 7, 2025

Re: Azar Design Co. Payment – Brooklea Drive

Please consider approval of payment no. 4 to Azar Design Co. in the amount of \$9,995.10 for professional services rendered from May 31, 2025 through June 27, 2025 for the Brooklea Drive bridge replacement project.

Funds will be disbursed from H7 5120.210.



**FORMERLY
FOIT-ALBERT ASSOCIATES**

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

Progress Report No. 4: May 31, 2025 through June 27, 2025

Achievements

- Completed Survey and commence 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

- Advance the environmental research
- Continue DAD sections and finalize preliminary design

Items Required

- Nothing at this time.

Very truly yours,

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



**AZAR
DESIGN
CO**

LETTER OF TRANSMITTAL

Date: July 7, 2025

**FORMERLY
FOIT-ALBERT ASSOCIATES**

Project No. 240300.01

TO: Town of Aurora David Gunner – Dgunner@townofaurora.com Martha Librock – Mlibrock@townofaurora.com 575 Oakwood Avenue East Aurora, NY 14052	RE: Brooklea Drive over Tannery Brook PIN 5765.46
---	---

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION	ACTION CODE
1	7/07/25	4	Consultants Payment Request	

ACTION CODE:

- | | | |
|--------------------------|--|-------------------------------------|
| 1 For approval | 6 No exceptions taken | 11 Return ____ corrected prints |
| 2 For your use | 7 Make corrections noted | 12 Prints returned after loan to us |
| 3 As requested | 8 Revise & resubmit ____ copies for review | 13 _____ |
| 4 For review and comment | 9 Rejected | |
| 5 For bids due _____ | 10 Submit ____ copies for distribution | |

Please process for payment.

Thank you,

Email: sdabb@azardzn.com

COPY TO ☒ CENTRAL FILE

SIGNED Scott Dabb, Accounting Manager

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



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townclerk/

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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: July 3, 2025

Re: Azar Design Co. (formerly Foit-Albert) Payment – Shearer Ave.

Please consider approval of payment no. 5 to Azar Design Co. in the amount of \$15,690.28 for professional services rendered from May 31 to June 27, 2025 for the Shearer Ave. bridge replacement project.

Funds will be disbursed from H7 5120.210.

FIN 421LL (05/12)

PAYEE ID:	16-1210859	NYS Comptroller's Contract No.	Est. No. 5
(FEDERAL ID)		Work Period (this est.) FROM 5/31/25 TO 6/27/25	
Payee Name:		Current Completion Date	
Azar Design Co., Formerly Foit-Albert Assoc		MIR Date __/__/	
295 Main Street, Suite 200		(completed by SPONSOR)	
Buffalo			
New York			
14203			
	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	\$76,813.78	
2. Work reported on this estimate	\$15,690.28	
3. Total work reported to date (must equal page 2)	\$92,504.06	
4. Adjustments (Sponsor use only)		
Reason _____		
5. Retainage thru current estimate	\$0.00	
6. Total work reported less retainage	\$92,504.06	
7. Previous payments	\$76,813.78	
8. Payment requested or processed	\$15,690.28	

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: Shearer Ave over Tannery Brook
PIN 5765.54**

Progress Report No. 5: May 31, 2025 through June 27, 2025

Achievements

- Continued environmental research
- Continued alignment layout
- Continued authoring DAD
- 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

- Nothing at this time.

Very truly yours,

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



**AZAR
DESIGN
CO**

LETTER OF TRANSMITTAL

Date: July 2, 2025

**FORMERLY
FOIT-ALBERT ASSOCIATES**

Project No. 240300.03

TO: Town of Aurora David Gunner – Dgunner@townofaurora.com Martha Librock – Mlibrock@townofaurora.com 575 Oakwood Avenue East Aurora, NY 14052	RE: Shearer Ave over Tannery Brook PIN 5765.54
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WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION	ACTION CODE
1	7/02/25	5	Consultants Payment Request	

ACTION CODE:

- | | | |
|--------------------------|--|-------------------------------------|
| 1 For approval | 6 No exceptions taken | 11 Return ____ corrected prints |
| 2 For your use | 7 Make corrections noted | 12 Prints returned after loan to us |
| 3 As requested | 8 Revise & resubmit ____ copies for review | 13 _____ |
| 4 For review and comment | 9 Rejected | _____ |
| 5 For bids due _____ | 10 Submit ____ copies for distribution | |

Please process for payment.

Thank you,

Email: sdabb@azardzn.com

COPY TO ☒ CENTRAL FILE

SIGNED Scott Dabb, Accounting Manager

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



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townclerk@

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

To: Aurora Town Board

From: Martha Libroek, Town Clerk

Date: July 3, 2025

Re: Azar Design Co. (formerly Foit-Albert) Payment – Cornwall Rd.

Please consider approval of payment no. 7 to Azar Design Co. in the amount of \$22,626.93 for professional services rendered from May 31 through June 27, 2025 for the Cornwall Road culvert replacement project.

Funds will be disbursed from H7 5120.210.



**FORMERLY
FOIT-ALBERT ASSOCIATES**

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

Progress Report No. 7: May 31, 2025 through June 27, 2025

Achievements

- Continued the environmental research
- Continued the preliminary design layout
- 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

- Nothing at this time.

Very truly yours,

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



**AZAR
DESIGN
CO**

LETTER OF TRANSMITTAL

Date: July 2, 2025

**FORMERLY
FOIT-ALBERT ASSOCIATES**

Project No. 240300.02

TO: Town of Aurora David Gunner – Dgunner@townofaurora.com Martha Librock – Mlibrock@townofaurora.com 575 Oakwod Avenue East Aurora, NY 14052	RE: Cornwall Rd Over Cazenovia Creek PIN 5765.55
--	--

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION	ACTION CODE
1	7/02/25	7	Consultants Payment Request	

ACTION CODE:

- | | | |
|--------------------------|--|-------------------------------------|
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| 3 As requested | 8 Revise & resubmit ____ copies for review | 13 _____ |
| 4 For review and comment | 9 Rejected | _____ |
| 5 For bids due _____ | 10 Submit ____ copies for distribution | |

Please process for payment.

Thank you,

Email: sdabb@azardzn.com

COPY TO ☒ CENTRAL FILE

SIGNED Scott Dabb, Accounting Manager

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NOTICE OF PUBLIC HEARING

PLEASE TAKE NOTICE, that a public hearing will be held by the Town Board of the Town of Aurora on the 28th day of July, 2025 at 6:30 p.m. at the Aurora Municipal Center located at 575 Oakwood Avenue, East Aurora, New York, 14052, at which hearing parties and interested citizens shall have an opportunity to be heard on a Site Plan application for the addition of two exterior access stairs 12 Old Glenwood Road, West Falls, NY.

All interested parties are entitled to be heard upon the said proposal at said public hearing. Copies 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

Martha L. Librock
Town Clerk
Town of Aurora

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: July 3rd, 2025

=====

The following actions were taken at the July 2nd, 2025, meeting of the Planning Board

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

Tim Stroth made a motion that the Planning Board to recommend to the Town Board to defer to the Village for lead agency for SEQR, for the Site Plan application at, Quaker Rd. SBL 175.06-3-8, . Second, table the application pending two items including potential variance and two comments by the Town engineer.

Seconded by William Heidt

Upon a vote being taken:

Ayes- 5

Noes- 0

Motion carried

Chairman, Doug Crow made a motion that the Planning Board to recommend to the Town Board to approve the Site Plan application for 12 Old Glenwood Road, as proposed to add two exterior stairway access, as proposed on the Site Plan.

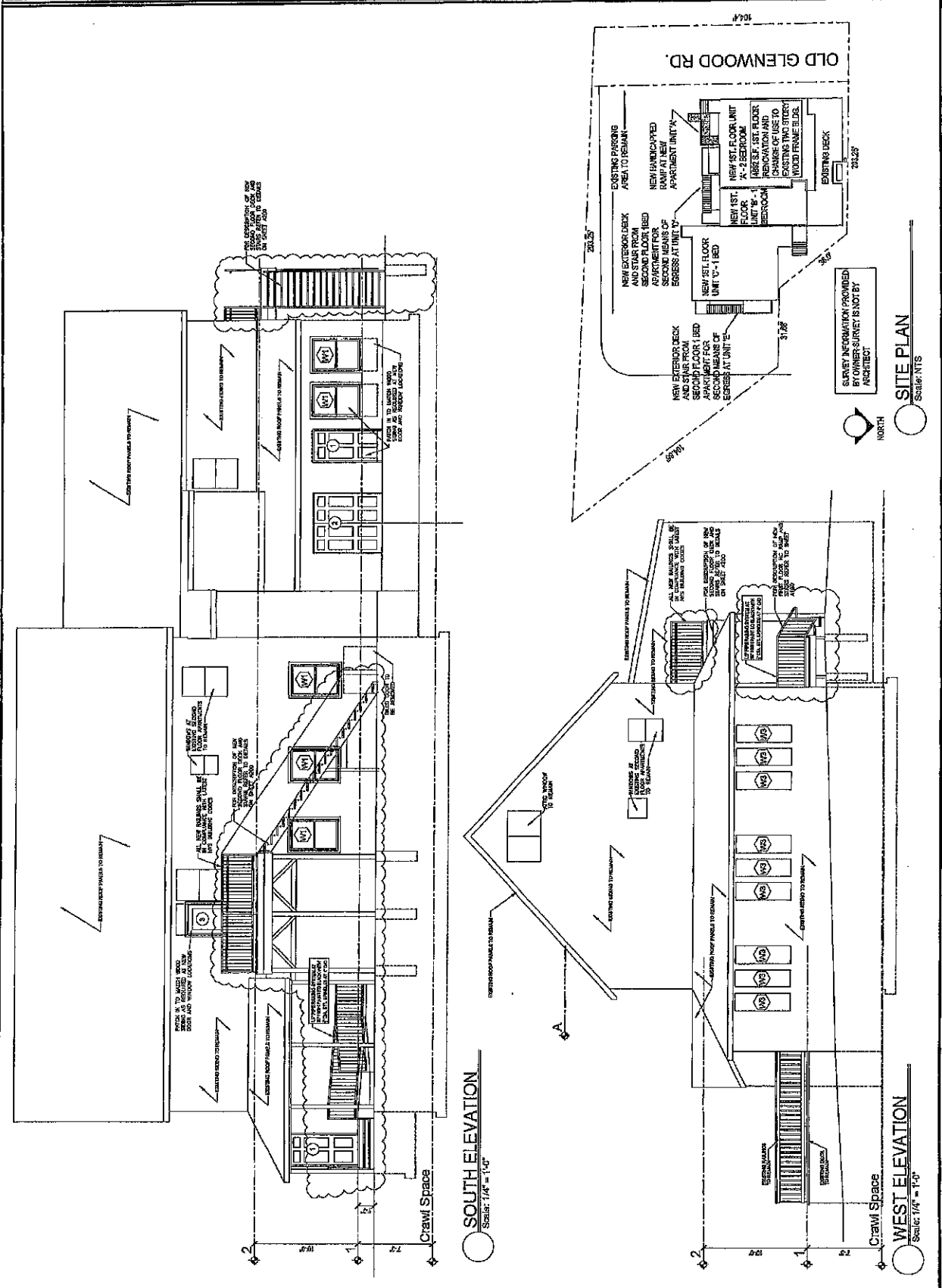
Seconded by Tim Stroth

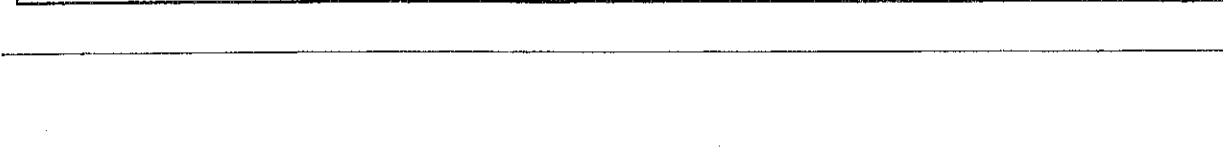
Upon a vote being taken:

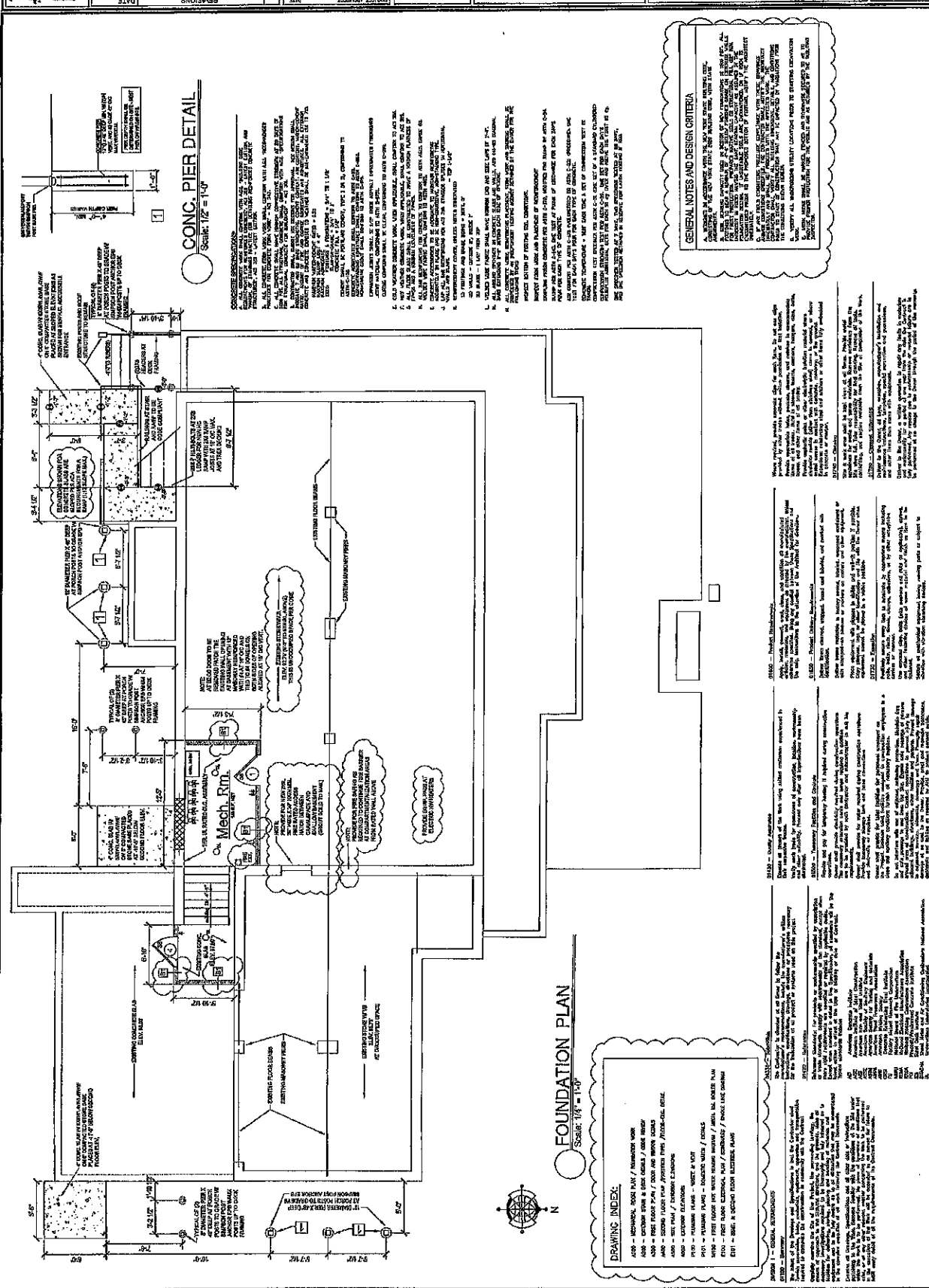
Ayes- 5

Noes- 0

Motion carried







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



5C

townclerk

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: July 7, 2025

Re: Senior Center Partition Wall bid

A bid opening was held on June 19, 2025 for the replacement of the movable partition wall at the Aurora Senior Center. The bid documents were given to three entities, but only one submitted a bid. According to the Erie County Department of Planning Senior Planner, receipt of one bid is okay. This project is being funded with CDBG funds (\$100,700⁰⁰)

Please award the bid/contract for the replacement of the electric partition wall at the Aurora Senior Center to Kraftwerks, 92 Cooper Ave., Tonawanda, NY, in the amount of \$101,185.

TOWN OF AURORA, NEW YORK

ELECTRIC PARTITION WALL REPLACEMENT
SENIOR CENTER
101 KING STREET

PROPOSAL FORM

(This Proposal shall not be detached from the Contract Documents and the entire booklet, including any Addenda, shall be included with each signed Bid.)

The undersigned, as Bidder, declares that no person or persons other than those named herein are interested in this Bid; that this Bid is made without collusion with any other person, firm or corporation; that he has carefully examined the location of the proposed work, the proposed form of Agreement and the Plans therein referred to; that no person or persons acting in any official capacity for the OWNER is directly or indirectly interested therein or in any portion of the profit thereof; and that he proposes and agrees, if this proposal is accepted, to execute the form of Agreement with the OWNER to provide all necessary equipment, tools and other means of construction and to do all work and furnish all the materials shown and specified in the Contract Documents and according to the requirements of the ENGINEER as therein set forth, and then he will take in full payment therefore, the following sums to wit:

Bidder agrees to perform all the following work described in the Specifications and shown on the Plans, for the following unit prices or lump sums. The Bidder also agrees that the unit prices or lump sum prices bid shall be full compensation for furnishing all labor, materials, tools, equipment, profit and overhead necessary to perform the work as shown and specified.

BASE BID
Description

Estimated
Quantities
(1)

Computed
Totals

For replacement of (1) existing Electric
Partition Wall, including any required
Soffit modifications, the lump sum price of

One Hundred One Thousand, One Hundred Eighty Five Dollars

and Zero Cents

(\$ 101,185.00)

LUMP SUM

\$ 101,185.00

TOTAL AMOUNT OF BASE BID

One Hundred One Thousand, One Hundred Eighty Five Dollars and Zero Cents
(Written)

\$ 101,185.00
(Figures)

Amounts to be shown in both words and figures. In case of discrepancy, the amount in words will govern. The OWNER does not assume any responsibility for these quantities, nor shall the CONTRACTOR plead misunderstanding or deception because of such estimate of quantities or of the

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



towncl

6A

TOWN OF AURORA

Aurora Municipal Center
575 Oakwood Avenue, East Aurora, NY 14052

www.townofaurora.com

7/9/25

To: Town Board

Re: Request to surplus the Husqvarna Weedwacker

Please approve the surplus of the 128LD Husqvarna Weedwacker, Parks Inventory #2527. It is no longer in working condition.

Elizabeth Deveso
Highway Secretary

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



MART. 6B

townclerk@townofaurora.com

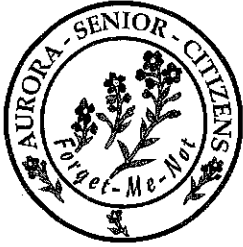
TOWN OF AURORA
575 Oakwood Avenue, East Aurora, NY 14052
www.townofaurora.com

MEMO _____

TO: Aurora Town Board
FROM: Kathleen Moffat
RE: Budget Amendment: Community Pool Park Playground Equipment
DATE: 7/14/25

I respectfully request approval to amend the budget to record the \$50,000 grant funds received from the County to purchase new playground equipment at Community Pool Park. The amendment is as follows:

- Increase revenue line A 2706 Grants from Local Governments by \$50,000
- Increase appropriation line A 7110.210 Park's Equipment by \$50,000



TOWN OF AURORA SENIOR CENTER

101 King Street, Suite A
East Aurora, New York 14052
Phone: (716) 652-7934
Fax: (716) 652-9083

6C

MEMO

TO: SUPERVISOR CHARLES SNYDER & TOWN BOARD MEMBERS

FROM: DONNA BODEKOR, SENIOR CITIZEN RECREATION LEADER

DATE: June 23, 2025

I am asking the Town Board to accept a donation of \$200.00 from the Lions Club to be used for our Volunteer Reception Luncheon. These funds will be deposited and expenses paid from TA1000.0090.



Town of Aurora
Department of Parks & Recreation

575 Oakwood Avenue
East Aurora, New York 14052

recreation@townofaurora.com
www.aurorarec.com

6D

To: Town Board
From: Chris Musshafen
Date: 7/9/2025
Re: Request to Accept Donation July 3rd Celebration

Approval is requested to accept a donation for \$2,875.00 from an anonymous donor to go towards bands for the July 3rd Celebration. The donation is to go in line A2080.1.

Application # _____

6E

Application for Temporary Use Permit

Town of Aurora Parks

Submit applications to:
Town of Aurora Recreation Department
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.

1. Name of Organization: Earth Spirit Educational Services, Inc.
2. Individual Responsible for this request: Jonathan Roth
3. Address: P.O. Box 261 Orchard Park, NY 14127
4. Telephone number: 716-941-6267
5. Fax: N/A
6. Email Address: programming@earthspiritedu.org
7. Date(s) of event See schedule →
July 12, 10:00am-12:30pm - Public Program
August 13, 10:00-2:00pm - Summer Program for High School Students
September 13, 10:00-12:30pm - Public Program
8. Hours of use including set up/take down: Start _____ am/pm End _____ am/pm
9. Description of the event or use:
Earth Spirit works with students from local schools, homeschool groups, and with the public to educate about the natural world. Our non-profit has been in existence for over 40 years and we provide programs that are meant to enhance connectivity, awareness, and sense of place. We are low-impact, and practice a leave-no-trace philosophy wherever possible.
10. Specific area(s) requested, map attached
☒ JP Nicely West Falls Park (we will be utilizing the open spaces and trail system)
☐ Warren Drive Park
☐ Majors Park
☐ Community Pool Park
11. Specific equipment to be brought in to park (porta johns, tents, etc.) None
12. Need: Water _____ Electric _____
13. Estimated attendance: 10-20
14. Will food or drinks be served? _____ If yes, describe: _____
Students may bring bag lunches on longer day programs.

15. Will there be sound amplification or music or a band(s)? No If yes, describe:

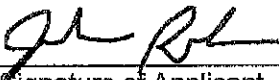
16. Other services requested (describe):

Police

Parks and Recreation Department

(Provide drawings describing 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 same.)

I make this application and agree to abide by the **Guidelines for Use of Town of Aurora Parks.**


Signature of Applicant

7/7/2025

Date

Official Use Only Below this Line-----

Event: _____

Attachments submitted:

X Indemnification Agreement

X Certificate of Insurance

Map with area(s) requested to be used indicated *Walking on trails + pavilion use*

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.)

No conflict with Day Camp.

Application ☒ **Recommended** or ☐ **Not recommended**
by Recreation Department

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



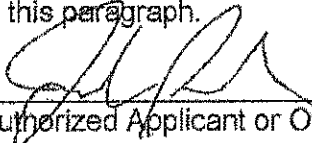
TOWN CLERK
MARTHA L. LIBROCK
(716) 652-3280
townclerk@townofaurora.com

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

Indemnification Agreement

Town of Aurora Parks

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 13 day of September, 2024



Notary Public

Qualified in Erie County, New York
My commission expires: Feb 20, 2028

NICOLE CAMPANELLA
Notary Public, State of New York
No. 01CA0021273
Qualified in Erie County
Commission Expires February 20, 2028



EARTSPI-01

TLKNA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/12/2024

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 SDN Insurance Agency, LLC 6215 Sheridan Drive Amherst, NY 14221	CONTACT NAME:		
	PHONE (A/C, No, Ext): (716) 633-3400	FAX (A/C, No): (716) 633-4306	
	E-MAIL ADDRESS: postmaster@sdnins.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Great American Assurance Company		26344
	INSURER B: Progressive Casualty Insurance Company		24260
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

INSURED

Earth Spirit Educational Services, Inc.
PO Box 261
Orchard Park, NY 14127

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			GLP224653215	3/31/2024	3/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			02611081	8/15/2024	8/15/2025	COMBINED SINGLE LIMIT (Per accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ RETENTIONS \$ OCCUR ☐ CLAIMS-MADE ☐						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N 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)
The Certificate Holder is listed as Additional Insured under the General Liability when required by written contract or agreement.

Dates: 9/15/2024 - 9/15/2025

CERTIFICATE HOLDER

CANCELLATION

Town of Aurora
575 Oakwood Ave
East Aurora, NY 14052

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

Charles Snyder

66

From: Paul Ernst <pernst@ffae.biz>
Sent: Friday, June 20, 2025 10:36 AM
To: Charles Snyder
Cc: Martha Librock
Subject: ZBA meetings

Supervisor Snyder,

At last Wednesday's ZBA meeting, the board made a motion and approved the following request to the Town Board :

1). Move the Thursday ZBA meetings of September 18th and November 20th to Wednesday September 17th and Wednesday November 19th, due to the Buffalo Bills playing those nights.

Thank you for the Board's consideration,

Paul A. Ernst, R.A.
Town of Aurora ZBA Chairman

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



M
townclerk@to

6H

TOWN OF AURORA

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

TOWN COUNCIL MEMBERS

Luke Wochensky
lwochensky@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
James F. Granville

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

FAX: (716) 652-3507

July 10, 2025

To: Charles Snyder, Supervisor
Luke Wochensky, Councilman
Joseph McCann, Councilman
Raymond Wrazen, Councilman

From: Stephen R. Pigeon, Assessor

Re: 2025 NYSAA Fall Conference

This letter is a request to attend the NYS Assessor's Association educational conference to be held on October 6th – October 9th in Lake George.

Section 8188-2.8 of 20 NYCRR Rules of Real Property Tax Administration states that every Certified Appointed Assessor is required to complete a minimum of 12 continuing education credits each year. This conference will satisfy this requirement.

NYS does have a dedicated reimbursement policy (including mileage) covering Assessment Officials.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen R. Pigeon".

Stephen R. Pigeon
Assessor

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



6I-1

6I-2

TOWN OF AURORA, NY

TOWN OF AURORA

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

MEMO

TO: Aurora Town Board
FROM: Jennifer Calkins
RE: Personnel Policy Update: Sick Leave */RETRO PAY*
DATE: 06/24/2025

We would like to update the Town's Personnel Policy to allow for Town employees who are active US Military members to still earn monthly sick time when taking any *unpaid* leave for active service or training.

In order to reflect this, I respectfully request approval to add the following bold print to paragraph 1 of section 4.02 Sick Leave:

4.02 Sick Leave

① *Full-time Employees shall earn sick leave at the rate of one (1) day per full calendar month of completed work service. Probationary employees shall not earn sick leave days. A "full calendar month of completed work service" means the employee worked and was paid or used available time off to cover any absence for all the workdays in the month. However, unpaid absences for active-duty military service or military training shall not prevent an employee from earning a sick leave day in the month in which the absences occur.*

② In addition, I respectfully request approval to retroactively give Joe Kenefick 8 hours of sick time earned for the month of May 2025. Joe took an unpaid day off on May 15th for National Guard training and therefore, per current policy, did not earn 8 hours of sick time. If approved, the 8 hours will be added to his accrual and reflected on his July 9th paycheck.

4.02 Sick Leave

Full-time Employees shall earn sick leave at the rate of one (1) day per full calendar month of completed work service. Probationary employees shall not earn sick leave days. A "full calendar month of completed work service" means the employee worked and was paid or used available time off to cover any absence for all the workdays in the month. However, unpaid absences for active-duty military service or military training shall not prevent an employee from earning a sick leave day in the month in which the absences occur.

Sick leave days may be accumulated for a total number of days not to exceed one hundred eighty (180) days (1440 hours).

Sick leave may not be used in intervals of less than one (1) hour.

Sick leave shall not be used for any purpose other than the employee's legitimate illness or medical appointments, except that an employee may use up to five (5) days of available sick leave per year to attend to the illness of an immediate family member (meaning a family member who resides in the same household as the employee).

Employees shall contact the office of their Department Head by telephone at least one (1) hour prior to their scheduled starting time and report the reason for the absence. In the event they are unable to contact the Department Head, they shall telephone the Town Supervisor's Office. Department Heads shall telephone the Town Supervisor's Office.

The Department Head shall be required to maintain a record of all absences, and shall have the responsibility to determine whether or not such lost time shall be paid.

In the event an employee has exhausted all their accumulated sick leave and incurs a bonafide illness requiring absence from work, the Department Head may request an extension of paid sick days based on the following:

- The extended sick days shall be paid back to the Town as the employee accumulates new sick days. In the event the employee leaves Town employment prior to paying back the extended sick days, the employee shall be responsible to pay the Town the amount owed.
- The approval of the extended sick leave rests solely with the Town Board.

Upon termination of employment in any regard, all accumulated sick leave shall be cancelled.