



SPECIAL USE PERMIT APPLICATION FORM AND INSTRUCTIONS

Please Read Carefully
(Submit checklist with application)

The Town of Aurora Town Board has the authority to issue special use permits in accordance with Town Code Chapter 116 Zoning.

Application requirements:

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

- ☒ Completed Application
- ☒ Application Fee with check made payable to: "Town of Aurora"
- ☒ Owner Authorization form, if necessary. (If the applicant/petitioner is not the property owner and the owner did not sign the application, an owner authorization form must be submitted.)
- ☒ Narrative describing all activities proposed for the site.
- ☒ Survey of the property
- ☒ Copy of property deed *ZBA submitted*
- ☒ Site plan: A Site Plan and/or Site Plan application may be required as part of the Special Use Permit Application. Please consult with the Building Department to determine if a Site Plan Review Application will be required. *submitted*
- ☒ Environmental Assessment Form (EAF), with Part 1 completed and signed. (Short or Full EAF - Please visit <http://www.dec.ny.gov/permits/6191.html> for EAF information and forms. If you have questions regarding which EAF to submit, please contact the Building Department.)

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 or South Wales FD or West Falls FD

Town Engineer Review: Special Use Permit applications may require review by the Town Engineer. If it is determined that such review is necessary, an escrow account will be required to defray the costs of this review. An estimate of the costs will be provided to the applicant and a check must be received prior to further consideration by the Town Board.

Incomplete applications will not be accepted for review. Applications submitted by the deadline (14 days prior to the Town Board work session) will be placed on the agenda at the discretion of the Town Board.



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: East Aurora Family Dental
Business/Project Address: 359 Quaker Road, East Aurora, NY 14052
Applicant Name: PCW Enterprises LLC
Mailing Address: 4185 East Blood Road
City Cowlesville State New York ZIP 14037
Phone 716-572-1127 Fax _____ Email caldds@hotmail.com
Interest in the property (ex: owner/purchaser/developer) purchaser

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) PBI Holdings of WNY LLC
If a corporate, please name a responsible party/designated officer: Dave Iacono
Address 359 Quaker Road
City East Aurora State New York ZIP 14052
Phone _____ Fax _____ Email _____

III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 359 Quaker Road
SBL# 175.06-3-9
Describe Special Use requested (use additional pages if needed): _____

Property size in acres 0.7 Property Frontage in feet 150
Zoning District C-3 Commercial Surrounding Zoning C-3, GM (Village)
Current Use of Property offices
Size of existing building(s): +/- 2900 sf Size of proposed building(s) 5525 sf
Present/Prior tenant/use: commercial offices
Parking spaces: Existing: 10 Proposed additional spaces: 16 Total #: 26 including 2 ADA

Proposed water service: X public private (well) n/a Is this existing Y/~~N~~
Proposed sanitary sewer: X public 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	9am-5pm	8am-4pm	8am-4pm	8am-4pm	none	none	none	

Peak hours: above

Number of employees (if applicable): Full-time 13 Part-time 0 Seasonal 0

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

- a. Building Permit X
b. Sign Permit X

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*)

Signature of Applicant/Petitioner

Callie Williams, PCW Enterprises LLC

Print name of Applicant/Petitioner

State of New York; County of Erie

On the 19th day of January in the year 2026 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.

Notary Public

(Notary stamp)

JASON L. BURFORD
Notary Public, State of New York
Qualified in Erie County
Commission Expires 1/5/2027

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

Application reviewed by: _____

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

**Special Use Permit
Application
Owner Authorization**

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

..... 359 Quaker Road Identified as Tax Map (SBL)#.....175.06-3-9.....
(address)

hereby authorizes PCW Enterprises LLC to bring an application for a special use permit before the Town of Aurora Town Board for review and potential approval. The undersigned further permits the Town or its authorized representative(s) access to the property to review existing site conditions during the review process.

David Iacono
Owner (print)

1/7/2026
Date

Dave Iacono, PBI Holdings of WNY LLC
Owner (signature)
[Signature]

STATE OF NEW YORK)
COUNTY OF ERIE) SS

On this 7th day of January, 2026, before me, the undersigned, a notary public in and for said state, personally appeared Dave Iacono, personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

[Signature]
Notary Public

JASON L. BURFORD
Notary Public, State of New York
Qualified in Erie County
Commission Expires 1/5/2027