



## 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 *partial*
- ☒ Copy of property deed
- ☒ 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.
- ☒ 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.)

*✓ previous SUP approval*  
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  
300 Gleed Avenue, East Aurora, New York 14052

## Special Use Permit Application Form

### I. PROJECT INFORMATION (Applicant/Petitioner):

Business/Project Name: THE QUARRY 298 LLC  
Business/Project Address: 298 Ellicott Rd West Falls NY 14170  
Applicant Name: Neil Hopkins  
Mailing Address: PO BOX 8  
City West Falls State NY ZIP 14170  
Phone 716-863-3632 Fax \_\_\_\_\_ Email: NHopkins@Twincoinc.com  
Interest in the property (ex: owner/purchaser/developer) \_\_\_\_\_

### 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) Neil Hopkins  
If a corporate, please name a responsible party/designated officer: \_\_\_\_\_  
Address PO Box 8  
City West Falls State NY ZIP 14170  
Phone 716-863-3632 Fax \_\_\_\_\_ Email NHopkins@Twincoinc.com

### III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 8001 Ellicott Rd West Falls NY 14170  
SBL# \_\_\_\_\_  
Describe Special Use requested (use additional pages if needed): Borderland weekend  
CAMPING 9/17-9/21

Property size in acres 200 Property Frontage in feet 1896  
Zoning District X 3 Surrounding Zoning 3  
Current Use of Property Recreational/Personal  
Size of existing building(s): 4382 sf Size of proposed building(s) 0 sf  
Present/Prior tenant/use: Weekends  
Parking spaces: Existing: 250 Proposed additional spaces: \_\_\_\_\_ Total #: \_\_\_\_\_

Proposed water service: city public \_\_\_\_\_ private (well) \_\_\_\_\_ n/a Is this existing Y/N  
 Proposed sanitary sewer: \_\_\_\_\_ 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 | <u>✓</u> |         |           | <u>✓</u> | <u>✓</u> | <u>✓</u> | <u>✓</u> |          |

Peak hours: \_\_\_\_\_

Number of employees (if applicable): Full-time 4 Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

**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 )

Robert Neil Hopkins  
 Signature of Applicant/Petitioner

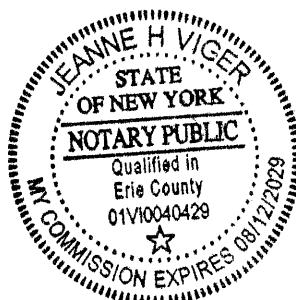
Robert Neil Hopkins  
 Print name of Applicant/Petitioner

State of New York; County of Erie

On the 15<sup>th</sup> 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.

[Signature]  
 Notary Public

(Notary stamp)



Office Use Only: Date received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_