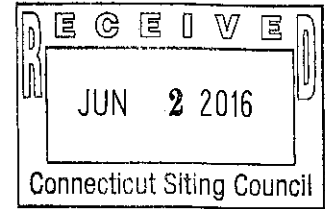


Mathews, Lisa A

em-t-mobile-012-160509

From: Kyle Richers <krichers@transcendwireless.com>
Sent: Thursday, June 02, 2016 11:22 AM
To: Mathews, Lisa A; krichers@transcendwireless.com
Cc: CSC-DL Siting Council
Subject: RE: T-Mobile EM Incomplete Letter CT11180
Attachments: 2016_06_02_11_13_58.pdf

Importance: High



Good Morning Lisa,

Regarding the attached correspondence, we have obtained from the Town of Bolton the original building/zoning permit approval dated 7/21/1998, from the application # 15-21-9. There are no attached conditions to the approval. Do I need to revise the cover letter for our application? If so I will revise and send it your way.

Thanks!

From: Mathews, Lisa A [<mailto:Lisa.A.Mathews@ct.gov>]
Sent: Thursday, May 12, 2016 1:34 PM
To: krichers@transcendwireless.com
Cc: CSC-DL Siting Council <Siting.Council@ct.gov>
Subject: T-Mobile EM Incomplete Letter

Please see the attached correspondence.

Lisa A. Mathews
Office Assistant
Connecticut Siting Council
10 Franklin Square
New Britain, CT 06051
Lisa.A.Mathews@ct.gov
(860) 827-2957



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TOWN OF BOLTON

RECEIVED
JUN 2 2016
Connecticut Siting Council

22 Bolton Center Rd, Bolton, CT 06043
LAND USE DEPARTMENT PERMIT APPLICATION

15-21-9

PLEASE CONTACT THE LAND USE DEPARTMENT AT 649-8066 TO SCHEDULE INSPECTIONS OR FOR FINAL INSPECTION UPON COMPLETION TO ISSUE CERTIFICATE

- 1. PERMIT TYPE -- BUILDING X ELECTRICAL X PLUMBING _____ HEATING _____
- 2. ADDRESS OF WORK 130 Vesper St ZONE _____
- 3. PROPERTY OWNER Mountain View Enterprises, Inc.
ADDRESS P.O. Box 9212 Bolton CT 06043 TELEPHONE # 860-646-7766
- 4. APPLICANT Digital Point Communications, Inc.
ADDRESS 25 Van Zandt St. Norwalk CT 06855 TELEPHONE # 203-855-5426

I hereby agree to conform to all the requirements of the Laws of the State of CT, the Ordinances of the Town of Bolton, all stipulations of this application, and to notify the Building Official of any alteration in the plans or specifications of the building for which this permit is asked. And agree that this building is to be located the proper distance from all street lines, side yard lines and required distances from all other zones and is located in a zone in which this building and its use is allowed. This permit expires one (1) year from date of approval.

[Signature] APPLICANT 7/10/98 DATE

Proof of Workers Compensation Coverage

I as owner or sole proprietor claim exemption and intend to not act as a general contractor or principal employer.

[Signature] 7-21-98
PERMIT APPROVED - DATE
BUILDING OFFICIAL

PLAN APPROVED - DATE
HEALTH DISTRICT/SANITARIAN

5. OTHER REQUIRED PERMIT APPLICATION(S) - TYPE Zoning Permit

6. FLOODPLAIN: N Y DESCRIPTION _____

7. FEE SCHEDULE

ESTIMATED VALUE OF ALL WORK \$ 22,000.00

Estimated Value	Fee	
\$ 1 - 1000	\$20	
each additional \$1000	\$11	(standard fees)
or fraction thereof		

- SEWAGE DISPOSAL PERMIT FEES:
- NEW SYSTEM: \$110 - REPAIR SYSTEM: \$55
- DRIVEWAY PERMIT FEE: \$30
- RETURNABLE DRIVEWAY PERMIT BOND: \$500

TOTAL PERMIT FEE \$ 2100

