STATE OF CONNECTICUT

CONNECTICUT SITING COUNCIL

1 CENTRAL PARK PLAZA • NEW BRITAIN, CONN. 06051

PHONE: 827-2604

ENGINEERING DEPARTMENT
RECEIVED
JUL 15 1985
GUILFORD, CONNECTICUT

CERTIFICATE

OF

ENVIRONMENTAL COMPATIBILITY AND PUBLIC NEED

Pursuant to section 16-50k of the General Statutes of Connecticut, revision of 1958, revised to 1981, as amended, the Connecticut Siting Council hereby issues a Certificate of Environmental Compatibility and Public Need to Community TV Systems, Inc., d/b/a/ Rollins Cablevision of Connecticut, for the construction of a microwave hub site tower and associated equipment in the Town of Guilford, Connecticut. This certificate is issued in accordance with the terms and conditions set forth in the Decision and Order of the Council on this matter dated June 6, 1985.

By order of the Council,

Gloria Dibble Pond

GLORIA DIBBLE POND, Chairperson

June 6, 1985

Permit No. 85-650

Fee Paid $20.00

Date issued 10-21-85

TOWN OF GUILFORD

BUILDING PERMIT

This Building Permit is issued pursuant to Section 19-395 of the Basic Building Code of the State of Connecticut and is subject to the provisions thereof. It is issued on the basis of the application described below and is valid only for the work indicated in Item 4. If no inspections are made within a continuous six month period, this permit expires.

1. LOCATION: Street: ROUTE 80 Street No. 330

Assessor's Map No. 107 Assessor's Lot No. 14-1

Subdivision Name _____ Lot No. _____

2. OWNER: Name: John Teate ROLLINS

Address: 330 Route 80, Guilford, Conn.

3. NATURE OF WORK:

____ Wood/Masonry
____ Masonry
____ Wood Frame
____ New Construction
____ Addition
____ Alteration
____ Repair
____ Moving of Structure
____ Demolition
____ Other

4. TYPE OF WORK: (This permit is valid only for boxes checked.)

____ Structural
x Electrical
____ Heating and Ventilation
____ Plumbing
____ Swimming Pool
____ Other _____

____ Oil Burner
____ Sewage Disposal (In accordance with Conn. State Public Health Code)
_____ gal. septic tank required.
_____ sq. ft. leaching area required.
(Reserve seepage area equal to area used is required)

Grounding tower

1. Call Bldg. Official (453-2763) for an inspection BEFORE any concrete is poured.
2. Call Bldg. Official (453-2763) for an inspection BEFORE any electrical, plumbing or framing work is covered up.
3. Call Bldg. Official (453-2763) for an inspection when all work covered by this Permit is completed.

The following special conditions must be met:

1. Permit issued on the promise that applicant has [illegible] to set back their front.
2. Ground tower and [illegible] ground for [illegible] service.

This Permit is issued with a Field Card which must be made available to Inspectors from this office between 8 a.m. and 5 p.m. and which must be returned before a Certificate of Occupancy can be granted.

Neither the Town of Guilford nor any authorized agent assumes any responsibility for the construction or maintenance of any facility built under this Permit.

Walter [illegible]

Building Official

FILE COPY

330 Route 80 Map No. 107 Lot No. 14-1

TOWN OF GUILFORD — *ENGINEERING DEPARTMENT*

APPLICATION for BUILDING PERMIT, FLOOD HAZARD AREA PERMIT & CERTIFICATE of ZONING COMPLIANCE

(Please print all information)

Permit No. 85-650
(For office use)

This Application for Permit is made pursuant to provisions of Section 19-395 et seq., of the General Statutes of Connecticut effective October 1, 1970 (P.A. 443). In accordance with the provisions of Section 19-395 et seq., of the General Statutes of Connecticut effective January 1, 1979 (P.A. 77-614 and P.A. 78-303) the revised Connecticut Basic Building Code for the State of Connecticut was adopted, effective September 1, 1981. This application is to be used for all construction requiring a Permit under said Code. THIS IS NOT A BUILDING PERMIT. Any permit granted pursuant to this application will be valid only for the type of work checked under No. 4 below. Detailed plans and specifications must be submitted for all construction as required by the Basic Building Code and other referenced Codes.

1. LOCATION: Street [illegible]
   Street No. [illegible]
   Assessor's Map No. [illegible]
   Assessor's Lot No. [illegible]
   If subdivision:
   Name
   Lot No.
   Date Approved:

2. OWNER: Name [illegible]
   Address [illegible]
   Phone [illegible]

3. NATURE OF WORK: (Check)
   - [x] New Construction
   - [ ] Wood frame
   - [x] Masonry
   - [ ] Wood/Masonry
   - [ ] Addition
   - [ ] Alteration
   - [ ] Repair
   - [ ] Demolition
   - [ ] Moving of structure
   - [ ] Rehabilitation
   - [ ] Other

4. TYPE OF WORK:
   (Permit will be valid only for those boxes checked.)
   Contractor and License No. or Home Improvement Registration No. (No Permit Will Be Issued Without License No.)

	Name	License No.
Structural		
[x] Electrical	John Tomalytis	[illegible]
Heating & Ventilation		
Plumbing		
Swimming Pool		
Sewage Disposal		
Oil Burner		
Solar		
Insulation		
Other		

5. CONTRACTOR (in responsible charge)
   Name John Tomalytis
   Address 116 Main St
   Branford Ct.
   Phone 483-2719

6. ARCHITECT/ENGINEER: (If any)
   Mandatory for buildings over 5000 sq. ft.
   Name N/A
   Address
   Conn. Registration No.
   Phone

7. USE OF PROPOSED STRUCTURE
   - Single family residence
   - Multi-family residence
   - [x] Commercial
   - Industrial
   - Other

   Use Group:
   - A Assembly
   - [x] B Business
   - F Factory & Industrial
   - H High Hazard
   - I Institutional
   - M Mercantile
   - R Residential
   - S Storage
   - T Temporary & Misc.

8. WATER AND SEWAGE DATA:
   a. If residence, no. of bedrooms
   b. If commercial/industrial, average daily sewage flow gallons.
   c. Water supply: Public / Private well
   d. Subsurface soil data at leaching site:
      ft. to bedrock and/or
      ft. to ground water on date
      by (Engineer)
      min./inch seepage on date
      by (Engineer)
   e. Invest[illegible] sewage disposal system:
      Date Groundwater Level
      Dep[illegible] L. "[illegible]"
      Deep[illegible] results:

9. ZONING DATA
   a. Lot dimensions — show on sketch on Page 2.
   b. Lot area sq. ft.
   c. Structure dimensions:
      Overall Width ft.
      Overall Depth ft.
      Overall Height ft.
   d. Number of stories
   e. Floor area sq. ft.
   f. Other:

I hereby certify that I am the owner or the authorized agent of the owner of the property herein described. I will conform to the applicable requirements of the Basic Building Code and Public Health Code of the State of Connecticut and the Ordinances of the Town of Guilford. The proposed project described in this application _____ (is) (is not) located within the coastal boundary as defined in Section 4 (b) of Public Act 79-535 (The Connecticut Coastal Management Act) is understood that neither the Town of Guilford nor any authorized agent assumes any responsibility for construction or maintenance of any facility built under the Permit for which this application is made.

Agent ✓

Owner _____

Signature John Tomchuck

If agent, state title Electrician

Date signed Oct 22 1985

Fee paid 70

Estimated cost of construction $900.00

(Do not write below this line)

PLANNING & ZONING COMMISSION

Street Number _____

Zone _____

Permissible Use? _____

Approved on _____

By _____

COMMENTS:

DIRECTOR OF HEALTH

Approved on _____

By _____
Director of Health

Required Septic Tank Size _____ gal.

Required Leaching Area _____ sq. ft.

Well water sample certificate and satisfactory sample report ☐

Approved on _____

By _____
Director of Health

BUILDING OFFICIAL

Approved on 10-22-85

By Walter Burns
Building Official

Special Conditions:

1 Permit issued on the premise that the owners of the house connection & act as their agent.

2 Grand tower and much grand for Town of Service

INLAND WETLANDS COMMISSION

Regulated Activity

Permit Required _____

Comments _____

Date _____

By _____
Enforcement Officer — Commission — Delegated Official

FLOOD HAZARD AREA PERMIT

Flood Zone: _____

Base Flood Elevation _____

Lowest Flood Elevation _____

Approved on _____
Town Engineer

Comments:

ENGINEERING DEPARTMENT

PRELIMINARY:

Approved on _____

By _____
Town Engineer

FINAL:

Approved on _____

By _____
Town Engineer

Preliminary approval for sanitary construction contingent on the inspection of deep test pits in the vicinity of the leaching system at the time of construction.

Comments: