



TOWN OF STURBRIDGE

Planning Board Permit Application

For Official Use:

Date of Receipt: _____

Received By: _____

File Number: _____

Date of Approval: _____

Completed: _____

Not Completed: _____

Application Type

Special Permit

Site Plan Review

Waiver

Part A General Information

1. NAME OF REGISTERED OWNER Pamela Soper, Trustee of the Pamela A. Soper 2009 Irrevocable Trust _____
Address 92 Stallion Hill Road
City Sturbridge State Ma Zip Code 01566
Telephone No. 401 447 8500
Email Address fparisi@plapc.com

2. NAME OF APPLICANT/ AGENT Vertex Towers, LLC
Address c/o Parisi Law Associates, 225 Dyer Street
City Providence State RI Zip Code 02903
Telephone No. 401 447 8500
Email Address fparisi@plapc.com

3. MATTERS RELATED TO THE APPLICATION SHOULD BE ADDRES TO
(check one or more):

Owner

Applicant/Agent

Part C

Project Narrative *Must be completed by applicant or agent*

Describe the proposed project in terms of use, design elements and construction timeframe.

construction of a wireless communications facility consisting of a 130' monopole style tower with antennas and electronic equipment on mounting brackets, inside a 60' x 60' fenced-in compound which will also contain ground-based electronic equipment and a generator on a concrete pad
estimated construction timeframe: 6 weeks

Explain how the design and layout of the development or use constitutes suitable development without detriment to the neighborhood or to the environment.

The Property is a large, approximately 22 acre substantially undeveloped parcel and the Facility as proposed meets all required setbacks and has been sited in such a way as to minimize its visibility as much as possible. See Project Narrative for more details.

Describe any special processes, mitigation measures or unique circumstances which may have a bearing on project approval

the proposed facility meets all of the requirements for a Wireless Communications Facility under the Sturbridge Zoning Bylaw other than those provisions for which waivers have been requested. There is a substantial gap in wireless service in the area surrounding the proposed facility, and no viable alternative. See Project Narrative for more details.

10. Please list any technical studies or background material being submitted to support the application.

See attached Site Plans, Report of RF Engineer and Report of Site Acquisition Specialist as well as which TOWAIR Search Results (indicating no hazard to air navigation) and generator specifications which accompany this Application.

11. Please indicate (✓) if the applicant or owner has submitted any of the following applications for all or part of the subject property and complete the following chart:

Other Applications	Required		Submitted		File Number	Status of Application
	Yes	No	Yes	No		
Conservation Commission (Notice of Intent or Request for Determination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DPW (Curb Cut Permit)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DPW (Street entrance, water or sewer tie in)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board of Health (Septic, food, other)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Zoning Board of Appeals (Special Permit, Variance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board of Selectmen (Liquor License)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other:

Lot has insufficient frontage on a public right of way, but is a prior existing non-conforming lot which has previously received a determination from the Zoning Board

SITE PLAN CHECK LIST

1. Existing Site Plan – note any non-conformance

YES	NO – must give reason below	For Planning Board use
<input checked="" type="checkbox"/>	<input type="checkbox"/> Locus	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> North arrow	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Survey	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Existing Structures	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Existing roads and curbs	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Contours and elevations	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Abutters within 300 feet	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Zone and dimensional requirements	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Setbacks	_____

Additional comments

2. Proposed – meets zoning unless noted

YES	NO – must give reason below	For Planning Board use
<input checked="" type="checkbox"/>	<input type="checkbox"/> Lot dimensions	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Proposed buildings	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Percent building & impervious areas	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Sidewalks and buffer areas	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Streets, driveways and access	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Circulation patterns	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Parking spaces and calculations	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Allowed use reference	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Loading areas	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Building mean height	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Dumpsters & screening	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Outdoor storage areas	_____

Additional comments

requires Special Permit and Average Tree Canopy Elevation Waiver

3. Grading

YES	NO – must give reason below	For Planning Board use
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer zones and distances _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wetlands and vernal pools _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Riparian features _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flood zones _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ground water elevations _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siltation fencing _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant species type and habitat _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Detention and Retention Basins _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grading plan _____

Additional comments

No wetlands, vernal pools or groundwater were observed and no siltation fencing or detention and retention basins are required. NEPA analysis to be provided.

4. Utilities

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water lines and connections _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hydrants and sprinklers _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewer lines and connections _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric and wire lines _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drainage structures _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil and propane tanks _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Snow storage area _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public and private wells _____

Additional comments

Site is unmanned and no water or sanitary services or snow removal area are required.
Overhead telco/electric utilities to follow proposed access driveway

5. Landscaping, Lighting and Signs

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input checked="" type="checkbox"/> Landscaping and calculations	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lighting location, size, type, direction	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Open space as percent of lot	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sign location size and detail	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Geologic features	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dust and noise control measures	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Fencing permanent and temporary	_____

Additional comments

NO landscaping, dust or noise control required. No lighting proposed. Amount of disturbance as a percentage of open space de minimus. Signage limited to those required for safety purposes.

6. Detail Sheets

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input checked="" type="checkbox"/> Tree planting	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Shrub planting	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Light poles	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hydrants	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Catch basins	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Man holes	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Traps	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Trenching	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Road profiles	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Curbing and Burms	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Signs and support	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sewer fixtures	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Water lines	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Fencing	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Headwalls	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Siltation fencing	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Facades	_____
<input type="checkbox"/>	<input type="checkbox"/> External materials & colors	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fenestration	_____

Additional comments

None required.

7. Calculations and Studies unless waived

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lot coverage	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> ITE trip generation calculations	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Planting calculations and schedule	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Traffic impacts	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Drainage calculations	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Water and sewer demands	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hydrant pressure tests	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/> Water and aquifer studies	_____
<input type="checkbox"/>	<input type="checkbox"/> Other	_____

Additional comments

No required. Waivers requested if necessary.

8. Permits applied for / received from other boards, agencies or commissions

Board/Agency	Action or Conditions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZATION (Must be signed by applicant)

I hereby request that the Town of Sturbridge Planning Board review this application for Site Plan approval, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Site Plan Review Regulations of the Planning Board of the Town of Sturbridge.

By: Reflex Tower, LLC
Francis D. Parisi, Esq
Signature of Applicant
Authorized Agent

11/8/23
Date

AUTHORIZATION (Must be signed by owner)

I am the record owner of the property for which this application is being filed and as such, I am familiar with the work proposed to be carried out on my property.

I hereby give permission for this application to be filed with the full understanding that certain restrictions may be placed on the property relative to the approval of the proposed work.

I further certify that under the penalties of perjury, I am authorized to sign this application.

Pamela Soper, Trustee of Pamela A Soper 2009 Limerick Trust RY
Signature of Owner
Francis D. Parisi, Esq
Authorized Agent

11/8/23
Date

If someone is representing the applicant or the owner, the applicant must designate such representative below:

Name of Representative: FRANCIS D. Parisi, Esq
Address of Representative: c/o Parisi Law Associates PC 225 Dyer Street Providence RI 02905
Telephone No.: 401 447-8500

Relationship of representative to owner or applicant: Attorney / Authorized Agent

If representing a group, corporation or other organization please attach a copy of the vote authorizing you to act on behalf of such organization for the purposes of this application.

An application will not be considered complete and will not be submitted to the Planning Board for its action until all required documentation/information has been submitted to the Town Planner and filed with the Town Clerk.

Incomplete applications will be automatically rejected and returned to the applicant.

Applications should be submitted to:

Town of Sturbridge Planning Department
Center Office Building
301 Main Street
Sturbridge, MA, 01566
508-347-2508

Applicants are *strongly* encouraged to schedule a submittal meeting with the Town Planner.