

**Town of Austerlitz  
Columbia County  
New York**

Chairman Jay Engel, Richard Madonia, Deborah Lans, Perry Samowitz, Lee Tilden

**Planning Board Meeting  
February 7, 2019  
7:00 p.m.**

**\*\*\*\*\*AGENDA\*\*\*\*\***

- 1) Call Regular Meeting to Order**
- 2) Approval of January minutes**
- 3) Unfinished Business**  
No unfinished business
- 4) New Business**  
Airosmith Development – New Tower on West Hill Rd
- 5) Public Comments**
- 6) Adjournment**

**\*\*\*\*\*Next Regular Planning Board Meeting March 7, 2019\*\*\*\*\***

**Town of Austerlitz**  
**Meeting of Planning Board**  
**January 3, 2019, 7pm**

In attendance: Town Attorney, Joseph Catalano, Deborah Lans, Richard Madonia, Perry Samowitz, Lee Tilden

**Meeting Called to Order:**

Deborah Lans called the meeting to order at 7 pm

**Minutes**

No minutes for approval

**Unfinished Business**

No unfinished Business

**New Business**

**1.HJB Holdings: Amendment To previously approved site plan for land clearing.** The applicant was represented by Andrew Didio of Taconic Engineering. Mr. Didio referred the Board to the previous site plan where 4.7 acres had been approved for site clearing. The present applications seeks to amend the plan to allow an additional 0.63 acres of clearing to open up the view of what is likely to be a residence site.

The additional clearing was determined to have only de minimis effect on runoff, as the area in question is only sparsely wooded. The additional clearing will not be visible from the abutting property.

Board members also addressed drainage issues on the property, in particular the overflow of the lower pond, leading to flooding of East Road. Apparently Highway Superintendent Robert Meehan has spoken with the property owner about additional ditching or a culvert to direct overflow into a nearby stream. Mr. Didio agreed to follow up with Superintendent Robert Meehan and to embody the understanding in a letter to the Board.

Following the Board's review of SEQRA and completion of Section II a motion was made by Deborah Lans, seconded by Perry Samowitz and carried unanimously to accept the form as complete with a finding of no adverse Environmental outcome.

A motion was made and unanimously carried to waive the requirement (if any) of a public hearing, as a hearing was held as to the original site plan and the

additional clearing will not affect any abutting property either visually or in any other manner. Accordingly a motion was made by Lee Tilden and seconded by Deborah Lans, that approval for the site clearance be given with the condition that before any building permit is issued for the site, the owner shall have satisfied the requirement for remediating drainage issues as described in the letter to the Board and such remediation shall have been approved by the Highway Superintendent. Motion approved: 4:0

A motion to authorize Lee Tilden to stamp the maps when the plan outlined on the clearing, draining and building permit has been implemented and approved by Superintendent Robert Meehan was made by Deborah Lans, seconded by Lee Tilden. Approved: 4:0

## **2. Damanik Realty – Modification to original subdivision on Bald Mountain.**

The applicant requests that there be both ingress and egress, both north and south for all of the lot owners.

A map was viewed showing the position of the lot owners in the original subdivision plan and of the bridge in disrepair which required owners near the bridge to traverse north to leave the site and then south to return to home .

The need to avoid using the bridge for ingress and egress is no longer required because the bridge has since been repaired. There have been additional lot owner purchase making 8 as the total number to date. Board members unanimously approved the application of the SEQRA, and that the Board in this application was not required to complete Section II nor was there a need for a public hearing.

A motion was made by Lee Tilden, seconded by Deborah Lans to accept the application for modification of the existing ingress, egress pattern for all lot owners, contingent upon written confirmation by the Highway Superintendent that the bridge can support this use. Motion approved 4:0

The subdivision covenant will require a new map and language showing new lot ownership, and that ingress, egress is open to all lot owners to be stamped Lee Tilden upon submission.

## **No Public Comments**

## **Adjournment 8:40**

Respectfully submitted:

**Town of Austerlitz Planning Board**  
**Application for Site Plan Review/Special Use Permit**



Application Date: 11/30/2018

Approval Request for: (check all that apply)

Site Plan ☒ Site Plan Amendment ☐ Special Use Permit ☒

Applicant: Name: - on behalf of AIJ Airosmith Development Email: Adibella@airosmithdevelopment.com  
Mailing Address: 32 Clinton St  
City: Saratoga State: NY Zip: 12866 Telephone: 518-932-2779

Owner: If different than applicant, if more than one owner provide information for each on separate sheet  
Name: Georgetown Network Email: Sales@georgetown.com  
Street Address: 58 N. Harrison Ave  
City: Congers State: NY Zip: 12866 Telephone: 845 268-7500

Project Information: Tax Map Number: 87.-2-48 Parcel Acreage 3

Location of Project/Street Address: Tower Road off of West Hill Road, Austerlitz, NY

Current Land Use of Site: location of an existing telecommunication facility. Connecting neighboring parcel is also a location of another telecommunication facility

Current Condition of Site: location of a telecommunication facility

Character of abutting parcels: dense forest and undeveloped

Proposed Use(s) of site:

☐ Utilities

☐ Multi-family project

☐ In-Home Business

☒ Commercial Project

☒ Other (describe use below)

Detailed Description of Proposed Use, including primary and secondary uses (use separate sheet if necessary):

AT&T is proposing a new telecommunication facility where they will be constructing a 300 ft. tower with a 70'x70' fenced in compound.

Description of buildings to be used height, number of stories, square feet:

For residential projects include the number of dwelling units and size in square feet

No buildings will be constructed. Inside compound will be an outdoor platform with a roof. To shield equipment from weather

Is the property within 500 feet of ?

☐ A municipal boundary

☐ County or State Park or recreation either existing or proposed

☐ State or County road or right-of-way, either existing or proposed

☐ State or County owned building or institution

☐ Stream or drainage channel owned by County or for which channel lines have been established

☐ Active farm operation within an Agricultural District

If any of the above is true the site plan must also be reviewed by the County Planning Board.

Applicants Signature:

Anthony DiBella

Date:

11/30/2018

FOR OFFICE USE ONLY

Date Received:

1/3/19

Project ID:

PL-2019-01

Preliminary Review Date:

Final Review Date:

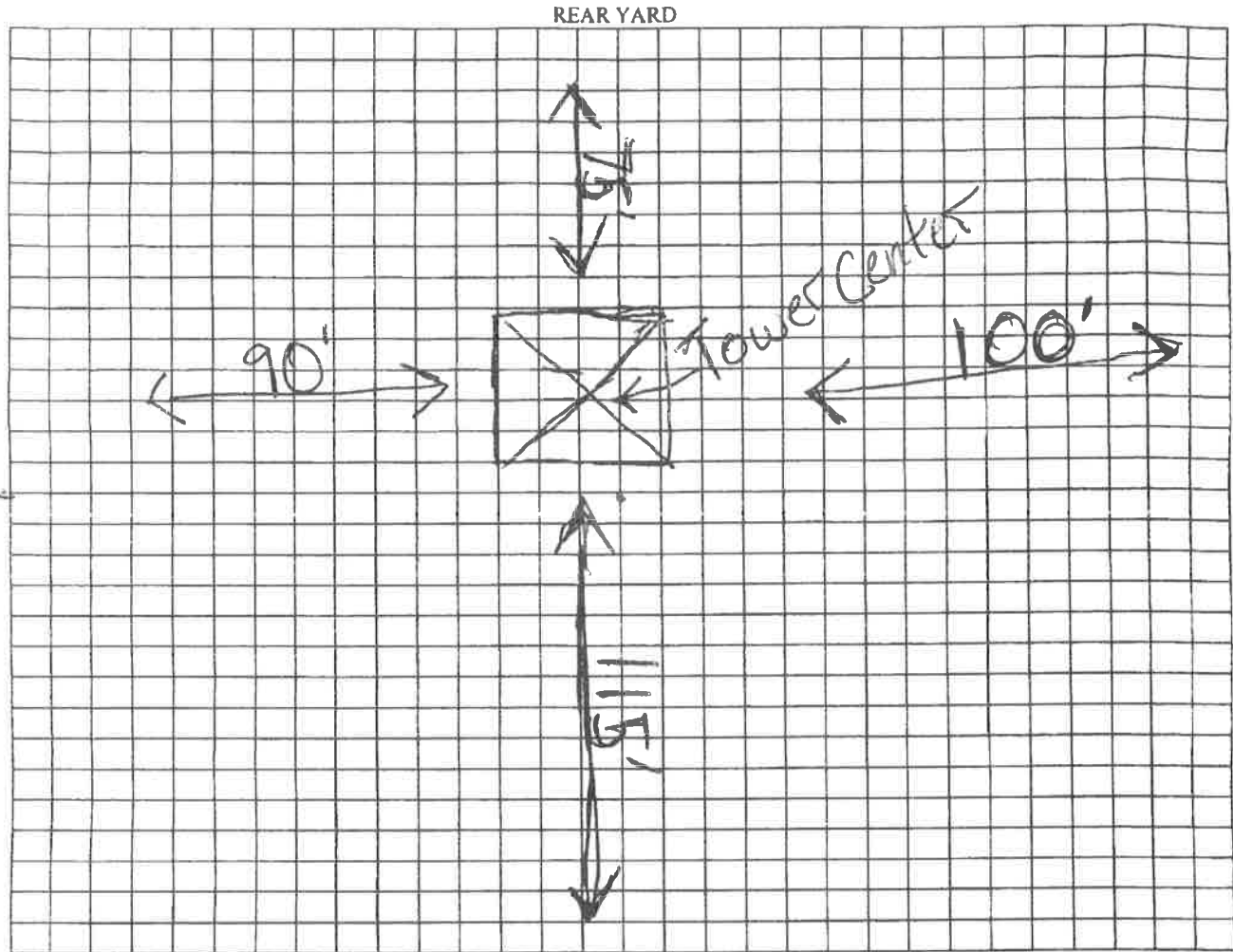
Final Decision:

☐ Site Plan Unnecessary

☐ Approved

☐ Approved with conditions

☐ Denied



12. SET BACKS - LEFT YARD 90' RIGHT YARD 100' REAR YARD 75' FRONT YARD 115'

13. Please sketch and locate structure or object within grid showing front, back and side setbacks.

14. APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code (Title 9 NYCRR) for the construction of buildings, additions or alterations, or for removal or demolition as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations, including New York State Energy Code requirements, and the Town of Austerlitz Zoning Ordinance.

Signature of Applicant [Signature] Date 11/30/2018

Approved ☐ YES ☐ NO By \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Check# \_\_\_\_\_

PERMIT DENIED ☐

REASON \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERRED TO PLANNING BOARD \_\_\_\_\_

**617.20**  
**Appendix B**  
**Short Environmental Assessment Form**

**Instructions for Completing**

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------|--------------------------------------------|--------------------------------------|----------------------------------|-------------------------------------------------|--|-----------------------------------|--|--|--|--|
| <b>Part 1 - Project and Sponsor Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| AT&T Telecommunications New Site Build/Install by AT&T Mobility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| Name of Action or Project:<br>HV - North River, FA# 10141760, New Site Build                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| Project Location (describe, and attach a location map):<br>321 West Hill Road, Austerlitz NY (location map attached at the end of this document)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| Brief Description of Proposed Action:<br>AT&T to install a new 300'-0" self support tower within a new 70'-0"x70'-0" fenced equipment compound. A 18'-0" wide gravel access drive extension to be installed off of existing. Within the new compound, AT&T will install a 12'-3"x7'-6" raised steel equipment platform, with (3) equipment cabinets and a diesel generator. A steel ice bridge will run from the new platform to the new tower. Within the compound, will also be a steel h-frame with a meter bank. A new utility pole and transformer will be installed and pull power off of the existing pole at the site. Slight grading will be required.              |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| Name of Applicant or Sponsor:<br>New Cingular Wireless PCS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | Telephone:<br><br>E-Mail:           |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| Address:<br>575 Morosgo Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| City/PO:<br>Atlanta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | State:<br>GA                        | Zip Code:<br>30324                                                                                                                                                                                                                                                                                                             |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?<br>If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.                                                                                                                                                                                                                                                                                                                         |                                                  |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><b>NO</b></td><td style="text-align: center;"><b>YES</b></td></tr><tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> | <b>NO</b>                                       | <b>YES</b>                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>YES</b>                                       |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                         |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| 2. Does the proposed action require a permit, approval or funding from any other governmental Agency?<br>If Yes, list agency(s) name and permit or approval:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><b>NO</b></td><td style="text-align: center;"><b>YES</b></td></tr><tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> | <b>NO</b>                                       | <b>YES</b>                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>YES</b>                                       |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                         |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| 3.a. Total acreage of the site of the proposed action? <span style="float: right;">0.23 acres</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| b. Total acreage to be physically disturbed? <span style="float: right;">0.25 acres</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <span style="float: right;">0.25 acres</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| 4. Check all land uses that occur on, adjoining and near the proposed action.<br><table style="width: 100%;"><tr><td><input type="checkbox"/> Urban</td><td><input type="checkbox"/> Rural (non-agriculture)</td><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Commercial</td><td><input type="checkbox"/> Residential (suburban)</td></tr><tr><td><input checked="" type="checkbox"/> Forest</td><td><input type="checkbox"/> Agriculture</td><td><input type="checkbox"/> Aquatic</td><td colspan="2"><input type="checkbox"/> Other (specify): _____</td></tr><tr><td><input type="checkbox"/> Parkland</td><td colspan="4"></td></tr></table> |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Urban                  | <input type="checkbox"/> Rural (non-agriculture) | <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential (suburban) | <input checked="" type="checkbox"/> Forest | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Aquatic | <input type="checkbox"/> Other (specify): _____ |  | <input type="checkbox"/> Parkland |  |  |  |  |
| <input type="checkbox"/> Urban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Rural (non-agriculture) | <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercial                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Residential (suburban) |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| <input checked="" type="checkbox"/> Forest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Aquatic    | <input type="checkbox"/> Other (specify): _____                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |
| <input type="checkbox"/> Parkland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                |                                                 |                                                  |                                     |                                     |                                                 |                                            |                                      |                                  |                                                 |  |                                   |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                            |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------|
| 5. Is the proposed action,<br>a. A permitted use under the zoning regulations?                                                                                                                                                                                                                                                                                                                         | NO<br><input type="checkbox"/>                           | YES<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan?                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?                                                                                                                                                                                                                                                                                        | NO<br><input type="checkbox"/>                           | YES<br><input checked="" type="checkbox"/> |                                 |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?<br>If Yes, identify: _____                                                                                                                                                                                                                                                            | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels?                                                                                                                                                                                                                                                                                                       | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| b. Are public transportation service(s) available at or near the site of the proposed action?                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                      | <input type="checkbox"/>                   |                                 |
| c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                      | <input type="checkbox"/>                   |                                 |
| 9. Does the proposed action meet or exceed the state energy code requirements?<br>If the proposed action will exceed requirements, describe design features and technologies: _____                                                                                                                                                                                                                    | NO<br><input type="checkbox"/>                           | YES<br><input checked="" type="checkbox"/> |                                 |
| 10. Will the proposed action connect to an existing public/private water supply?<br><br>If No, describe method for providing potable water: _____<br>N/A - site is unmanned and not suitable for habitation                                                                                                                                                                                            | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| 11. Will the proposed action connect to existing wastewater utilities?<br><br>If No, describe method for providing wastewater treatment: _____                                                                                                                                                                                                                                                         | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| 12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?                                                                                                                                                                                                                                                                                   | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| b. Is the proposed action located in an archeological sensitive area?                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                      | <input type="checkbox"/>                   |                                 |
| 13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?                                                                                                                                                                                                               | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?<br>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____                                                                                                                                                                                              | <input checked="" type="checkbox"/>                      | <input type="checkbox"/>                   |                                 |
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:<br><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional<br><input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban |                                                          |                                            |                                 |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?                                                                                                                                                                                                                                 | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| 16. Is the project site located in the 100 year flood plain?                                                                                                                                                                                                                                                                                                                                           | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources?<br>If Yes,<br>a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                  | NO<br><input checked="" type="checkbox"/>                | YES<br><input type="checkbox"/>            |                                 |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?<br>If Yes, briefly describe: _____                                                                                                                                                                                                                                                             | <input type="checkbox"/> NO <input type="checkbox"/> YES |                                            |                                 |

|                                                                                                                                                                                                                     |                                     |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?<br>If Yes, explain purpose and size: _____ | NO                                  | YES                      |
|                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?<br>If Yes, describe: _____                                               | NO                                  | YES                      |
|                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?<br>If Yes, describe: _____                                             | NO                                  | YES                      |
|                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>                                                                                                                |                                     |                          |
| Applicant/sponsor name: <u>Maggie Stevens - Infinigy Solutions</u>                                                                                                                                                  |                                     | Date: <u>01/11/2019</u>  |
| Signature: <u>Maggie P. Stevens</u>                                                                                                                                                                                 |                                     |                          |

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2.** Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

|                                                                                                                                                                            | No, or small impact may occur | Moderate to large impact may occur |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?                                                                | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 2. Will the proposed action result in a change in the use or intensity of use of land?                                                                                     | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 3. Will the proposed action impair the character or quality of the existing community?                                                                                     | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?                      | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?            | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 7. Will the proposed action impact existing:                                                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>           |
| a. public / private water supplies?                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. public / private wastewater treatment utilities?                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?                                   | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?                     | <input type="checkbox"/>      | <input type="checkbox"/>           |

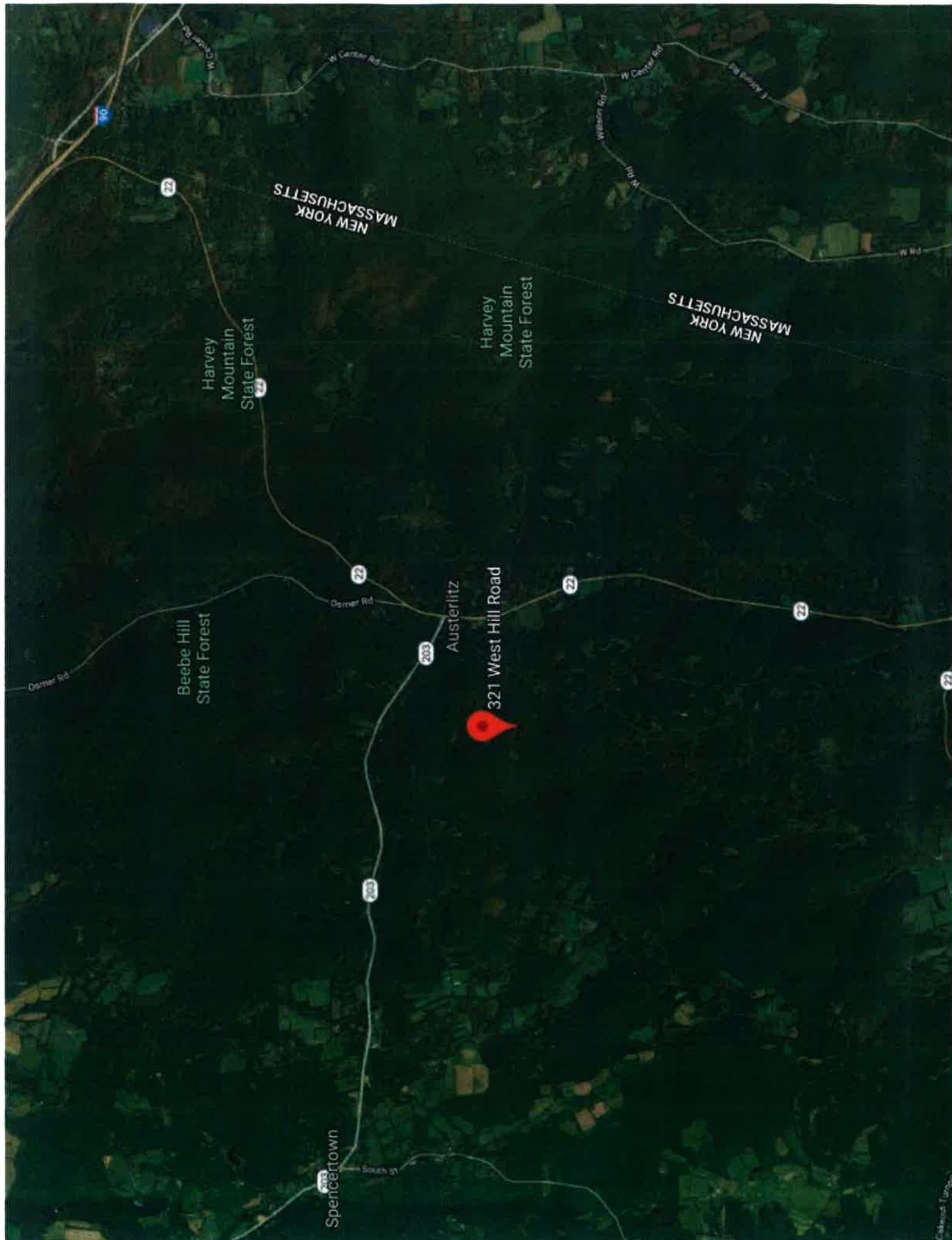
|                                                                                                                 | No, or<br>small<br>impact<br>may<br>occur | Moderate<br>to large<br>impact<br>may<br>occur |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|
| 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems? | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 11. Will the proposed action create a hazard to environmental resources or human health?                        | <input type="checkbox"/>                  | <input type="checkbox"/>                       |

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

|                                                                                                                                                  |                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                         | Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required. |
| <input type="checkbox"/>                                                                                                                         | Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.                                                             |
| <div> <div>Name of Lead Agency</div> <div>Date</div> </div>                                                                                      |                                                                                                                                                                                                                                                                              |
| <div> <div>Print or Type Name of Responsible Officer in Lead Agency</div> <div>Title of Responsible Officer</div> </div>                         |                                                                                                                                                                                                                                                                              |
| <div> <div>Signature of Responsible Officer in Lead Agency</div> <div>Signature of Preparer (if different from Responsible Officer)</div> </div> |                                                                                                                                                                                                                                                                              |

**PRINT**

**RESET**





## **HV North River (10141760) – Town of Austerlitz, Columbia County – Materials List**

The proposed HV North River macro wireless telecommunication cell site is located in the Town of Austerlitz, Columbia County (the “Town”). The proposed site is located in the Rural Residential (“RR”) zoning district. Pursuant to the Town’s telecommunications law, a special use permit and site plan approval is required from the Planning Board.

In order to make application, we will need the following items and/or information to satisfy the Town’s requirements:

1. Completed Application for Site Plan Review/Special Use Permit.
2. Completed Short Environmental Assessment Form
3. A site plan that shows all existing and proposed structures and improvements, including antennas, roads, buildings, guy wires and anchors, parking, landscaping and grading plans for new facilities and roads. Any methods used to conceal the modification of an existing facility shall be indicated on the site plan.
4. A tower usage plan which identifies the type of use, level of use and any characteristics of the tower which may affect the surrounding area. The tower usage plan shall also outline construction methods and removal plans in the event that tower usage is discontinued.
5. A map of areas of telecommunications coverage already in place within the Town, demonstrating, through overlay zones, the technological necessity of the proposed tower at the site to provide the type of service.
6. A letter of intent committing the tower owner and his/her successors in interest to notify the Secretary of the Planning Board within 15 days of the discontinuation of use of the tower.
7. A visual impact assessment, which shall include:
  - a. A zone of visibility map that illustrates the entire area within which the tower will be visible.
  - b. Pictorial representations of a large balloon or other object fixed at the height and location of the proposed telecommunications tower. The balloon or other object shall be of such size, color and shape as to be visible from all locations within the three-mile radius of the facility site from which the proposed tower will be visible. The photographs shall be taken from a reasonable number of key viewpoints within the Town, specified by the Planning Board (after consultation with the applicant, preferably prior to the filing of the application), including, but not limited to, state highways and other major

roads, state and local parks, preserves and historic sites and other locations where the site is visible to a large number of residents, visitors or travelers.

- c. Applicants will fly a balloon or other device at the maximum height of the proposed tower for three days prior to the first public hearing and for four days immediately following the first public hearing held on the proposal to aid residents in visualizing the height of the proposed tower.
8. An analysis of the cumulative impact of the proposed facility and other existing foreseeable telecommunications facilities in the area, including technologically feasible mitigating measures.
9. In all cases where an application has been made for the construction of a new tower, an applicant shall present an adequate report inventorying existing towers within a reasonable distance of the proposed site and outlining opportunities for shared use of existing facilities and use of other preexisting structures as an alternative to a new construction.
10. In the case of new towers, the applicant shall submit a report demonstrating good faith efforts to secure shared use from existing towers, as well as documentary capacity for future shared use of the proposed tower. Written requests for shared use and the responses thereto shall be provided.
11. Shared use of new towers. The applicant shall design all new telecommunications towers in such a way as to accommodate additional demand for reception and transmitting facilities in the future. For all applications for the construction of new towers, the applicant shall submit to the Planning Board a written irrevocable commitment, valid for the duration of the existence of the proposed tower, obligating the owner of the proposed tower and his/her successors in interest to negotiate in good faith for shared use of the proposed tower by other telecommunications providers in the future. This letter shall be filed with the Secretary of the Planning Board prior to any site plan approval. Failure to submit this letter on terms satisfactory to the Planning Board shall be grounds for denial of the approval of the site plan by the Planning Board. The letter shall commit the new tower owner and his/her successors in interest to:
  - a. Respond within 30 days to a request for information from a potential shared-use applicant.
  - b. Negotiate in good faith concerning future requests for shared use of the new tower and sites by other telecommunications providers.
  - c. Allow shared use of the new tower or site if another telecommunications provider agrees in writing to pay reasonable charges. The charges may include, but are not limited to, a pro rata share of the cost of site acquisition, planning, project administration, land costs, site design, construction and maintenance improvement, financing, return on equity and depreciation and all of the costs of adapting the tower or equipment to accommodate a shared user without causing electromagnetic interference.



12. Notification. An applicant proposing a new telecommunications tower shall mail notice of the filing of the application and all public hearings directly to all landowners whose property is located wholly or in part within 500 feet of the property line of the facility site. Notification in all cases shall be made by certified mail, return receipt requested, at least 10 days prior to the scheduled Planning Board meeting. Documentation of the foregoing notification shall be submitted to the Planning Board prior to the public hearing.

SHEET INDEX

| NO. | DESCRIPTION                    | NO. | DESCRIPTION                 |
|-----|--------------------------------|-----|-----------------------------|
| T1  | TITLE SHEET                    | C12 | PLATFORM DETAILS            |
| C1  | GENERAL NOTES                  | E1  | UTILITY ROUTING PLAN        |
| C2  | GENERAL NOTES                  | E2  | UTILITY ROUTING PLAN        |
| C3  | OVERALL SITE PLAN              | E3  | ELECTRICAL ONE-LINE DIAGRAM |
| C4  | OVERALL COMPOUND PLAN          | E4  | ANTENNA EQUIPMENT SCHEMATIC |
| C5  | EQUIPMENT SITE PLAN            | G1  | GROUNDING DETAILS           |
| C6  | SITE ELEVATION                 | G2  | GROUNDING DETAILS           |
| C7  | ANTENNA ORIENTATION & RF SCHED |     |                             |
| C8  | EQUIPMENT DETAILS              |     |                             |
| C9  | EQUIPMENT DETAILS              |     |                             |
| C10 | EQUIPMENT DETAILS              |     |                             |
| C11 | GENERATOR DETAIL               |     |                             |

DRIVING DIRECTIONS

DEPART FROM AT&T 5841 BRIDGE STREET EAST, SARATOGA, NY 12062

1. HEAD SOUTH TOWARD I-690 E
2. TAKE I-690 E TO NY-22 S IN CANAAN, TAKE EXIT B3 FROM I-690 E
3. TAKE I-690 E TO NY-22 S IN CANAAN, TAKE EXIT B3 FROM I-690 E
4. TAKE I-690 E TO NY-22 S IN CANAAN, TAKE EXIT B3 FROM I-690 E
5. INTERSTATE 90/THRUWAY
6. TAKE EXIT 6 TO MERGE ONTO I-90 E
7. KEEP RIGHT TO CONTINUE ON GOVERNOR THOMAS E. DENEY THRUWAY/NEW YORK STATE THRUWAY, FOLLOW SIGNS FOR I-87 S/GOVERNOR THOMAS E. DENEY THRUWAY/NEW YORK STATE THRUWAY
8. TAKE EXIT 21A TOWARD I-90 E/MASS TURNPIKE/BOSTON
9. TAKE EXIT 21A TOWARD I-90 E/MASS TURNPIKE/BOSTON
10. CONTINUE ONTO I-90 E
11. TAKE EXIT B3 FOR NY-22 S TOWARD AUSTERLITZ/NEW LEANON
12. TAKE EXIT B3 FOR NY-22 S TOWARD AUSTERLITZ/NEW LEANON
13. TURN RIGHT ONTO NY-22 S
14. TURN RIGHT ONTO NY-22 S
15. TURN RIGHT ONTO W HILL RD
16. TURN RIGHT
17. DESTINATION WILL BE ON THE LEFT

VICINITY MAP



PROJECT SUMMARY

|                              |                                                                                                                                                |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SITE NAME:                   | NORTH RIVER                                                                                                                                    |
| AT&T FA SITE NUMBER:         | 10141760                                                                                                                                       |
| SITE ADDRESS:                | 321 WEST HILL ROAD<br>AUSTERLITZ, NY 12165                                                                                                     |
| COUNTY:                      | COLUMBIA                                                                                                                                       |
| SITE COORDINATES:            | (NAD 83)                                                                                                                                       |
| LATITUDE:                    | 42° 18' 27.06" N                                                                                                                               |
| LONGITUDE:                   | 73° 29' 33.22" W                                                                                                                               |
| GROUND ELEVATION:            | 1722'-0" AMSL                                                                                                                                  |
| SUBDIVISION:                 | TOWN OF AUSTERLITZ                                                                                                                             |
| APPLICANT:                   | AT&T MOBILITY CORP<br>5841 BRIDGE STREET<br>EAST SYRACUSE, NY 13057                                                                            |
| TOWER/PROPERTY OWNER:        | GOOSE TOWN NETWORK LLC<br>61C ALMA AVENUE<br>EAST HARTFORD, CT 06108                                                                           |
| SITE ACQUISITION SPECIALIST: | AIROSMITH DEVELOPMENT, INC.<br>32 CLINTON ST.<br>SARATOGA SPRINGS, NY 12866                                                                    |
| BUILDING CODE:               | NY BUILDING CODE<br>UNIFORM BUILDING CODE<br>UNIFORM MECHANICAL CODE<br>UNIFORM PLUMBING CODE<br>LOCAL BUILDING CODE<br>CITY/COUNTY ORDINANCES |
| ELECTRICAL CODE:             | NATIONAL ELECTRICAL CODE                                                                                                                       |

ENGINEER'S LICENSE

CERTIFICATION STATEMENT:  
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF NEW YORK.  
LICENSED ENGINEER - STATE OF NEW YORK



PROJECT TEAM

|                                                                                            |                                                                                                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>AIROSMITH</b><br>ENGINEERING                                                            | <b>INFINIGY</b><br>ENGINEER                                                                     |
| 32 CLINTON ST.<br>SARATOGA SPRINGS, NY 12866<br>OFFICE # (518) 306-3740<br>PROJECT MANAGER | 1033 Waterford Shaker Rd<br>Albany, NY 12205<br>OFFICE # (518) 690-0790<br>FAX # (518) 690-0793 |

SCOPE OF WORK:

- HANDICAP ACCESS REQUIREMENTS ARE NOT REQUIRED
- FACILITY HAS NO PLUMBING OR REFRIGERANTS
- THIS FACILITY SHALL MEET OR EXCEED ALL FAA AND FCC REGULATORY REQUIREMENTS
- ALL MATERIALS AND EQUIPMENT TO BE FURNISHED AND INSTALLED BY CONTRACTOR UNLESS NOTED OTHERWISE. CABINETS, ANTENNAS/RRU AND CABLES FURNISHED BY OWNER AND INSTALLED BY CONTRACTOR

AT&T TO INSTALL:

- INSTALL (6) PANEL ANTENNAS
- INSTALL (15) RRU'S
- INSTALL (1) DC POWER SUPPLY
- INSTALL (1) DC POWER CABLES
- INSTALL (2) PIER CABLES
- PREPARE SCOPE OF WORK, INSTALL:
  - NEW 70'x70' FENCED COMPOUND WITH 12' ACCESS GATE
  - INSTALL (1) 7'-3"x12'-8" COVERED EQUIPMENT PLATFORM
  - INSTALL (1) POWER PLANT
  - INSTALL (1) EQUIPMENT CABINET
  - INSTALL (1) GENERATOR
  - INSTALL (1) NEW METER BOARD
  - INSTALL (1) NEW UTILITY POLE WITH TRANSFORMER

APPROVALS

| CONST.                      | DATE   |
|-----------------------------|--------|
| RF                          | DATE   |
| LEASING/SITE ACQ.           | DATE   |
| IN-MARKET CONSTRUCTION LEAD | DATE   |
| SITE OWNER                  | DATE   |
| NAME / COMPANY:             | TITLE: |

TITLE SHEET

T1

INFINIGY

1033 Waterford Shaker Rd  
Saratoga Springs, NY 12866  
Office # (518) 690-0790  
Fax # (518) 690-0793



|                                            |             |
|--------------------------------------------|-------------|
| Project Number                             | 306-000     |
| Project Title                              | NORTH RIVER |
| FA #                                       | 10141760    |
| 321 WEST HILL ROAD<br>AUSTERLITZ, NY 12165 |             |
| Prepared For                               |             |

AIROSMITH  
ENGINEERING  
32 CLINTON ST.  
SARATOGA SPRINGS, NY 12866  
OFFICE # (518) 306-3740

|               |          |
|---------------|----------|
| Drawing Scale | AS NOTED |
| Date          | 11/28/11 |

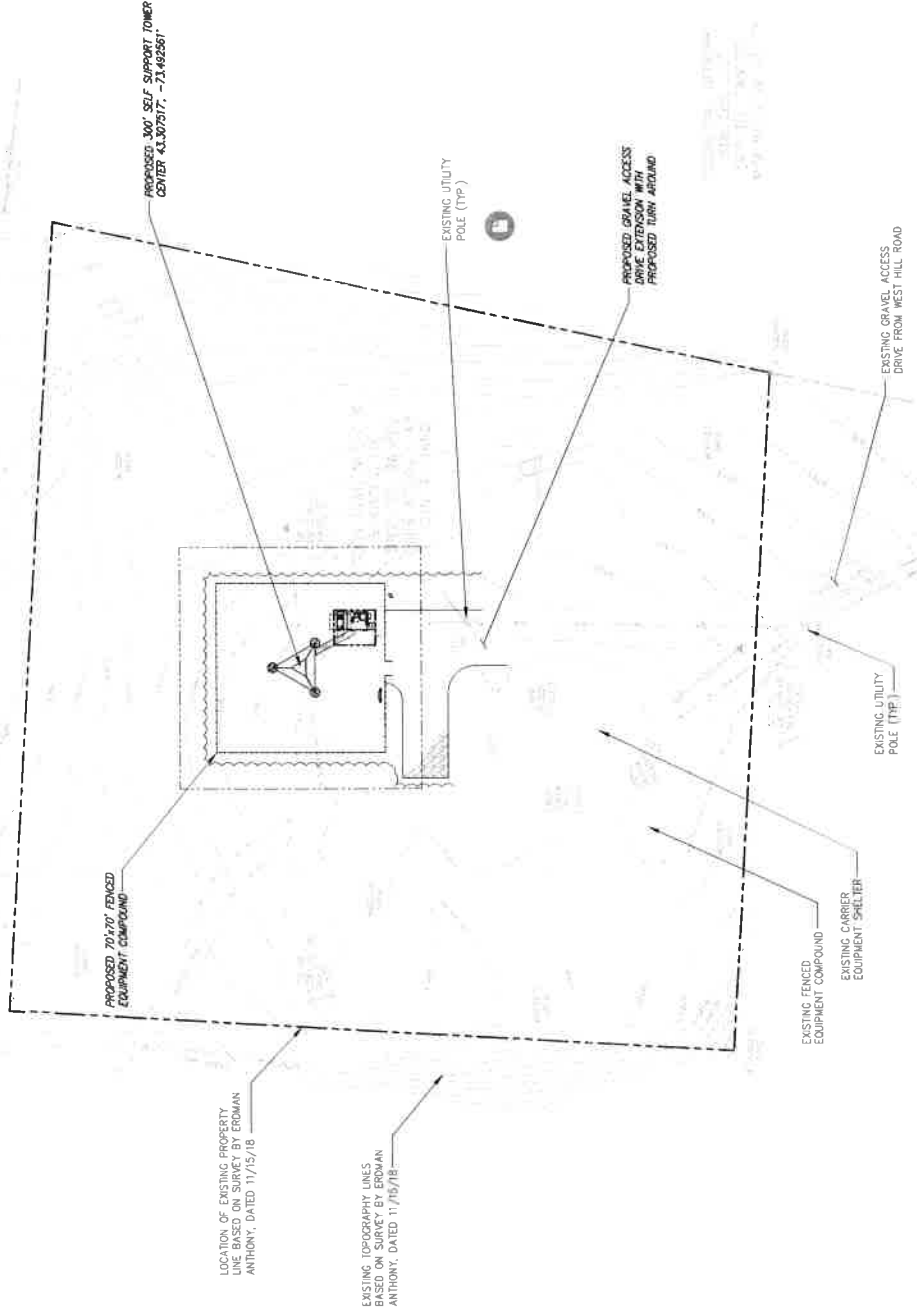
Drawing Title





NOTES:

1. EXISTING CONDITIONS INFORMATION BASED ON INFORMATION PROVIDED TO INFINITY.
2. STRUCTURAL ANALYSIS HAS NOT BEEN COMPLETED AT TIME OF ISSUANCE OF THESE DRAWINGS. FINAL INSTALLATION TO COMPLY WITH RESULTS OF PASSING STRUCTURAL ANALYSIS.
3. INSTALLER SHALL PROVIDE ALL NECESSARY CONDUITS AND CIRCUITS AS REQUIRED FOR A COMPLETED INSTALLATION AND SHALL COMPLY WITH EQUIPMENT MANUFACTURER'S INSTALLATION REQUIREMENTS.
4. INSTALLER SHALL PROVIDE ALL STRAIN RELIEF FOR ALL CABLE ASSEMBLIES ROUTING TO THE ANTENNAS. UTILIZATION OF HOSTING GRIPS ON ALL DC POWER AND FIBER OPTIC CABLES SHALL BE UTILIZED.
5. BASEMAPPING BASED ON SURVEY COMPLETED BY ERIKMAN ANTHONY, DATED 11/15/18



INFORMATION CONTAINED WITHIN DRAWINGS IS BASED ON PROVIDED INFORMATION. A SITE WALK PERFORMED BY INFINITY SOLUTIONS ON 10/24/18 AND A FIELD SURVEY COMPLETED BY ERIKMAN ANTHONY DATED 11/15/18. CONTRACTOR TO VERIFY PRIOR TO CONSTRUCTION.

1 OVERALL SITE PLAN  
SCALE: AS NOTED

GRAPHIC SCALE:  
30' 15' 0' 15' 30'  
SCALE (11x17): 1" = 30'-0"  
SCALE (22x34): 1" = 15'-0"

INFINITY  
1033 WILHELMINA SHAKER RD  
ALBANY, NY 12205  
OFFICE # (518) 690-0790  
Fax # (518) 690-0793



|                    |                         |
|--------------------|-------------------------|
| Project Name       | 300' SELF SUPPORT TOWER |
| Project Title      | NORTH RIVER             |
| FA #               | 10141760                |
| 321 WEST HILL ROAD | ASTORIA, OR 97103       |
| Presented For      |                         |

AIROSMITH  
32 GUNTON ST  
SARATOGA SPRINGS, NY 12066  
OFFICE (518) 266-3740

|                |                   |
|----------------|-------------------|
| Drawing Title  | OVERALL SITE PLAN |
| Drawing Number | C3                |

1033 Whitehall Shaker Rd  
Office # (516) 880-0790  
Fax # (516) 880-0793

|                    |                  |                |
|--------------------|------------------|----------------|
| Project Name       | Project Title    | Project Number |
| NORTH RIVER        | FA # 10141760    | 305-000        |
| 331 WEST HALL ROAD | AUSTIN, TX 78748 |                |
| Prepared For       |                  |                |

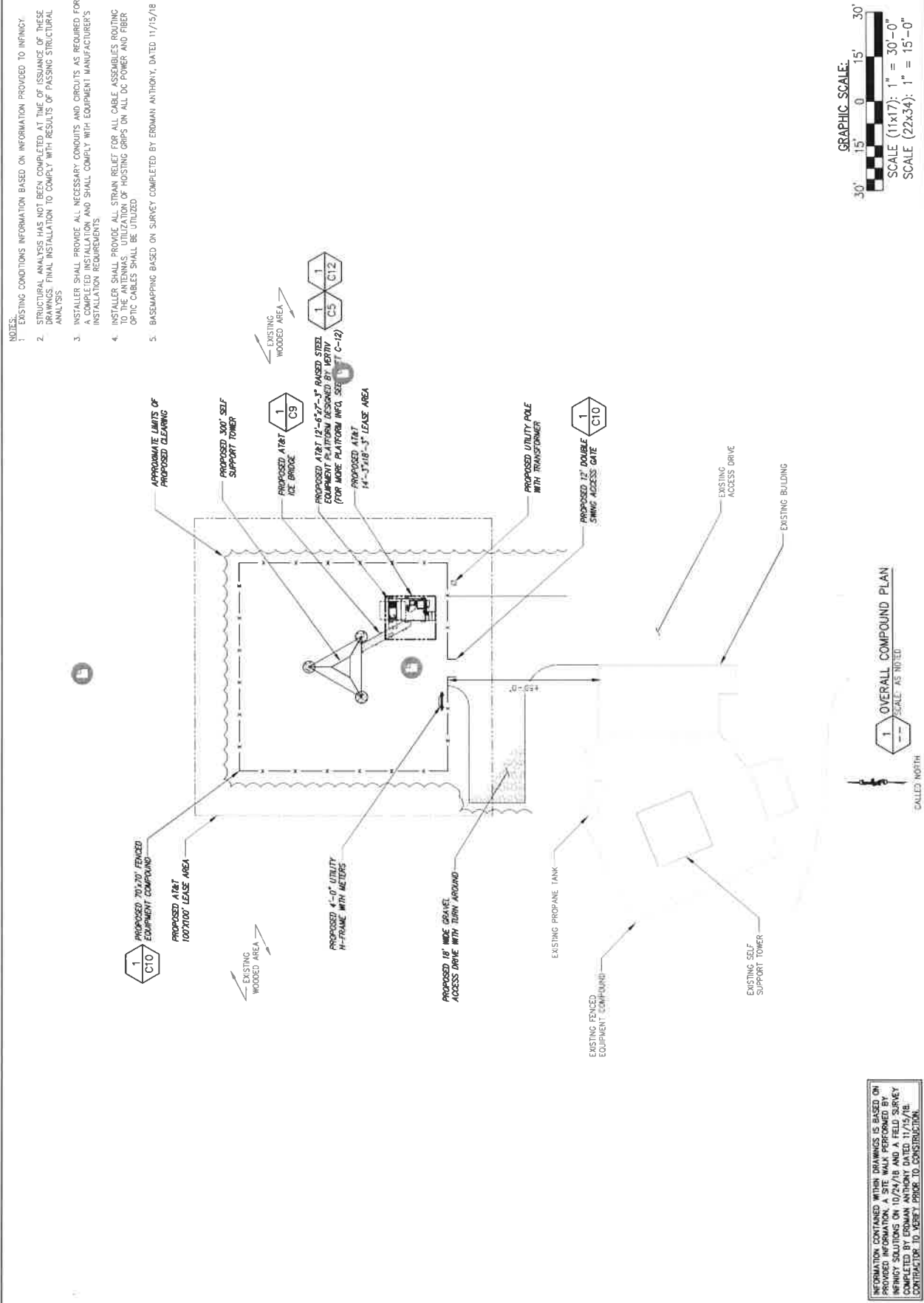
33 CLINTON ST  
SARATOGA SPRING, NY 12866  
OFFICE (516) 348-3740

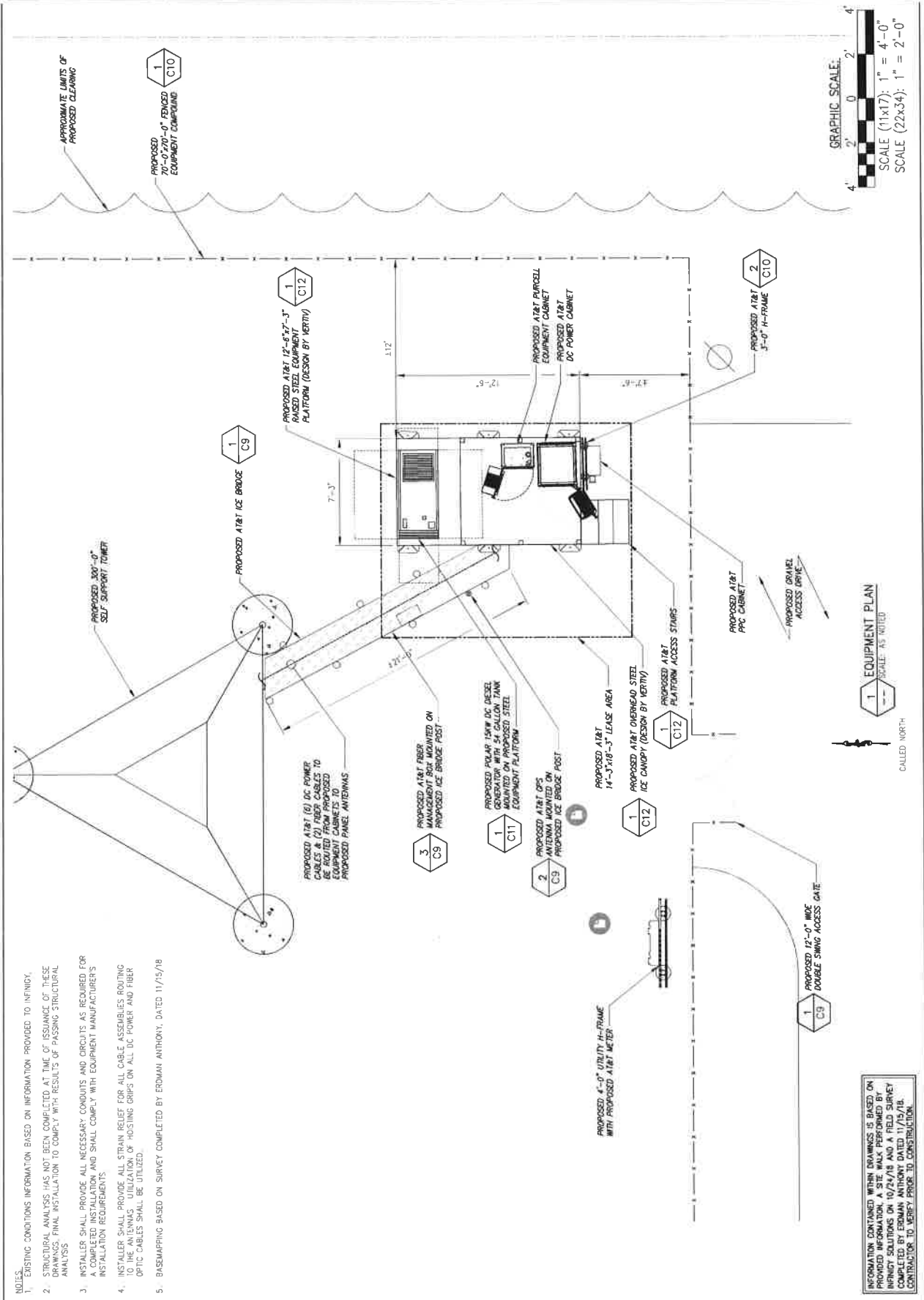
|               |          |
|---------------|----------|
| Drawing Scale | Date     |
| AS NOTED      | 11/28/18 |

**Overall Compound Plan**

C4

Drawing Number



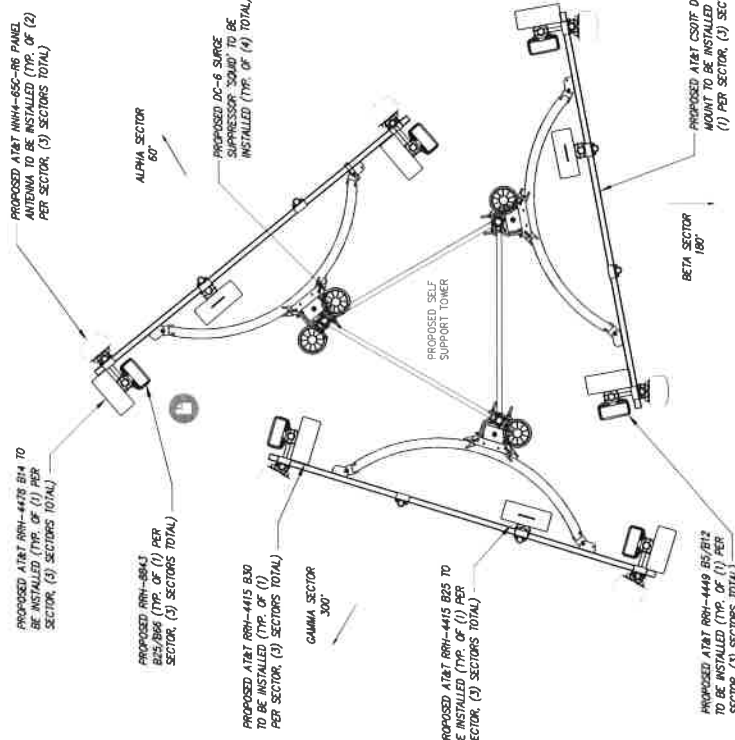




| PROPOSED ANTENNA AND RADIO MODEL NUMBERS |                       |      |                |                   |         |                                                       |              |                           |                 |
|------------------------------------------|-----------------------|------|----------------|-------------------|---------|-------------------------------------------------------|--------------|---------------------------|-----------------|
| SECTOR                                   | EXISTING/<br>PROPOSED | BAND | ANTENNA        | ANTENNA<br>HEIGHT | AZIMUTH | RRU                                                   | TMA/DUPLEXER | CABLE                     | CABLE<br>LENGTH |
| ALPHA                                    | PROPOSED              | LTE  | (1) NMH-65C-R6 | 295'-0"           | 60°     | (1) RRH-4478 B14 / (1) RRH-4415 B30 / (1) RRH-4415 B2 | ---          | (2) DC POWER<br>(1) FIBER | ±300'           |
|                                          | ---                   | ---  | ---            | ---               | ---     | ---                                                   | ---          | ---                       | ---             |
|                                          | PROPOSED              | LTE  | (1) NMH-65C-R6 | 295'-0"           | 60°     | (1) RRH-4448 B5/B12 / (1) RRH-8843 B25/B66            | ---          | SHARED                    | ---             |
| BETA                                     | PROPOSED              | LTE  | (1) NMH-65C-R6 | 295'-0"           | 180°    | (1) RRH-4478 B14 / (1) RRH-4415 B30 / (1) RRH-4415 B2 | ---          | (2) DC POWER<br>(1) FIBER | ±300'           |
|                                          | ---                   | ---  | ---            | ---               | ---     | ---                                                   | ---          | ---                       | ---             |
|                                          | PROPOSED              | LTE  | (1) NMH-65C-R6 | 295'-0"           | 180°    | (1) RRH-4448 B5/B12 / (1) RRH-8843 B25/B66            | ---          | SHARED                    | ---             |
| GAMMA                                    | PROPOSED              | LTE  | (1) NMH-65C-R6 | 295'-0"           | 300°    | (1) RRH-4478 B14 / (1) RRH-4415 B30 / (1) RRH-4415 B2 | ---          | (2) DC POWER<br>(1) FIBER | ±300'           |
|                                          | ---                   | ---  | ---            | ---               | ---     | ---                                                   | ---          | ---                       | ---             |
|                                          | PROPOSED              | LTE  | (1) NMH-65C-R6 | 295'-0"           | 300°    | (1) RRH-4448 B5/B12 / (1) RRH-8843 B25/B66            | ---          | SHARED                    | ---             |

**2** RF SCHEDULE  
NOT TO SCALE

**3** C8  
NOT TO SCALE



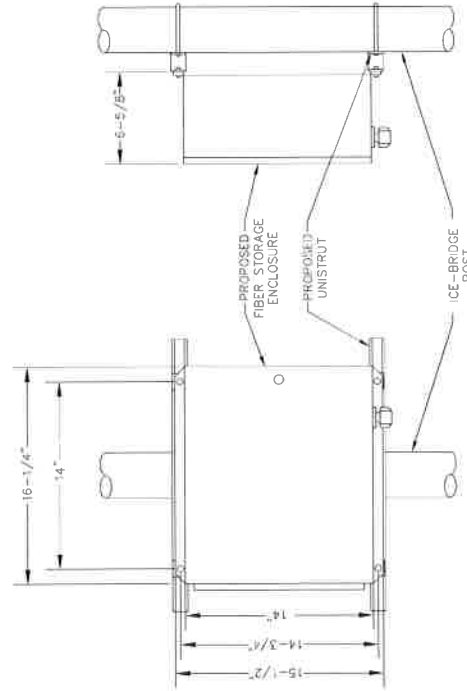
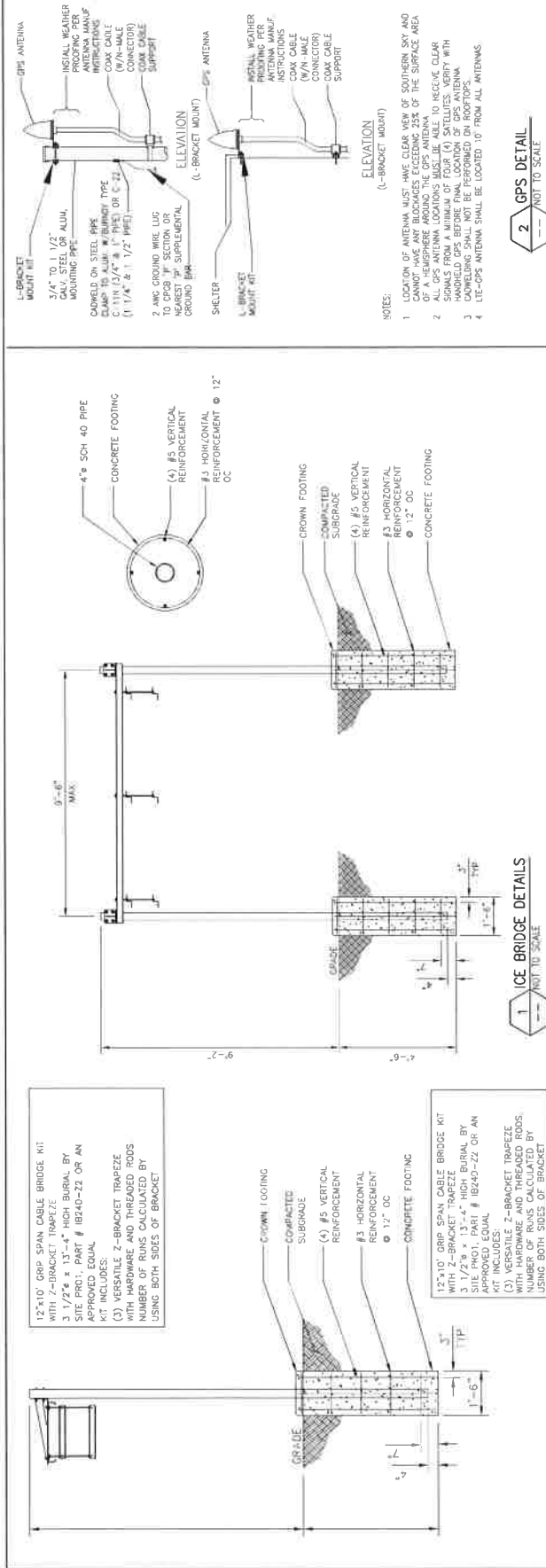
PROPOSED AT&T EQUIPMENT @ 295' RAD

**1** ANTENNA ORIENTATION PLAN  
NOT TO SCALE

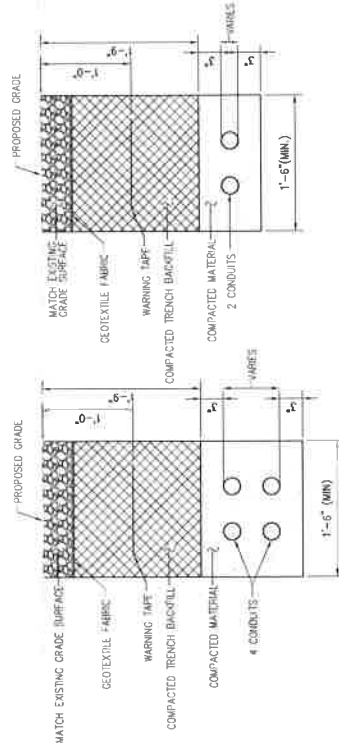
- NOTES:
- EXISTING CONDITIONS INFORMATION BASED ON INFORMATION PROVIDED TO INFINIGY.
  - STRUCTURAL ANALYSIS HAS NOT BEEN COMPLETED AT TIME OF ISSUANCE OF THESE DRAWINGS. FINAL INSTALLATION TO COMPLY WITH RESULTS OF PASSING STRUCTURAL ANALYSIS.
  - INSTALLER SHALL PROVIDE ALL NECESSARY CONDUITS AND CIRCUITS AS REQUIRED FOR A COMPLETED INSTALLATION AND SHALL COMPLY WITH EQUIPMENT MANUFACTURER'S INSTALLATION REQUIREMENTS.
  - INSTALLER SHALL PROVIDE ALL STRAIN RELIEF FOR ALL CABLE ASSEMBLIES. FIBER OPTIC CABLES SHALL BE UTILIZED.
  - BASEMAPPING BASED ON SURVEY COMPLETED BY ERODAN ANTHONY, DATED 11/15/18

INFORMATION CONTAINED WITHIN DRAWINGS IS BASED ON PROVISIONAL DATA AND FIELD SURVEY. INFINIGY SOLUTIONS ON 10/24/18 AND A FIELD SURVEY COMPLETED BY ERODAN ANTHONY DATED 11/15/18. CONTRACTOR TO VERIFY PRIOR TO CONSTRUCTION.

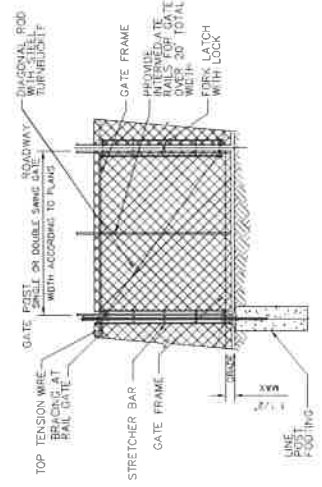
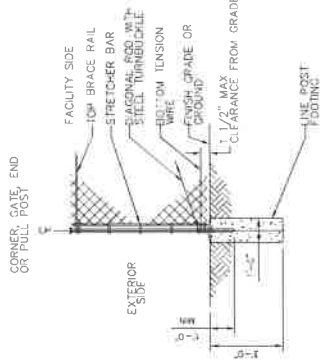
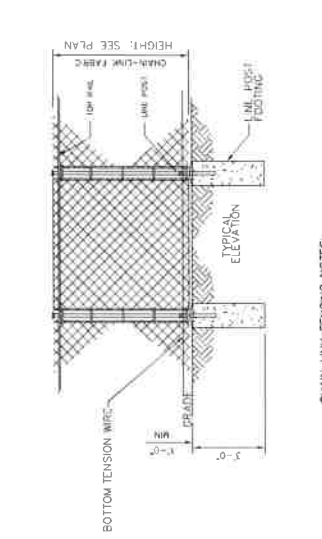




3 FIBER MANAGEMENT BOX DETAIL  
NOT TO SCALE



4 COMMUNICATION TRENCH DETAIL



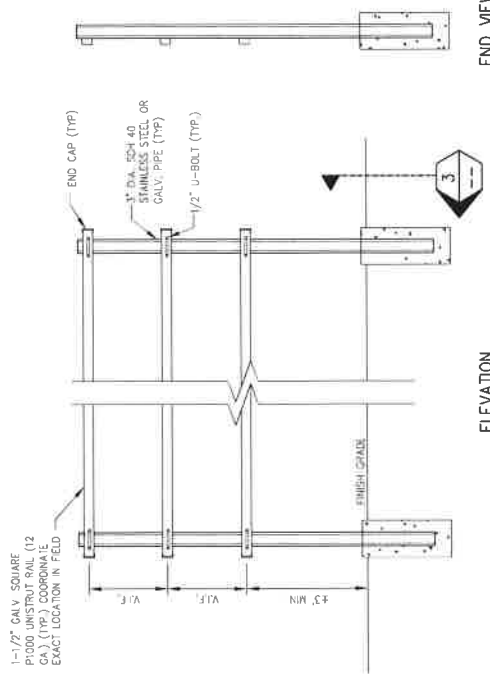
**CHAIN LINK FENCING NOTES:**

INSTALL FENCING PER ASTM F-567 SWING GATES PER ASTM  
F-900 GATE POST, CORNER TERMINAL OR RAIL POST 2'-1/2"  
SCHEDULE 40 FOR GATE WITH UP THROUGH 8' OR 12'  
DOUBLE SWING GATES PER ASTM F-900 GATE  
GATE FRAME 1-1/2" SCHEDULE 40 PIPE PER ASTMA-F1083  
TOP AND BRACE RAILS: 1-1/2" SCHEDULE 40 PIPE PER  
ASTM F-567  
FABRIC 2" GAGE COE WIRE SIZE 2" MESH  
ASTM A-952  
PAINTS: 1) GALV. STEEL FABRIC 2) GALV. STEEL AT JOISTS AND  
RAILS 3) BITE "SMALL WHIP" GALV. STEEL TENSION WIRE  
BY HOG RINGS SOAKED AT 24" INTERVALS MAXIMUM.  
4) INTERIOR DOORS TO BE PAINTED STRIKELATCH AND LOCK  
5) DETAIL DRAWING OF THE FENCE STRIKELATCH AND LOCK  
SEE SITE PLAN AND FENCE DETAILS FOR FENCE HEIGHT  
DIMENSIONS.

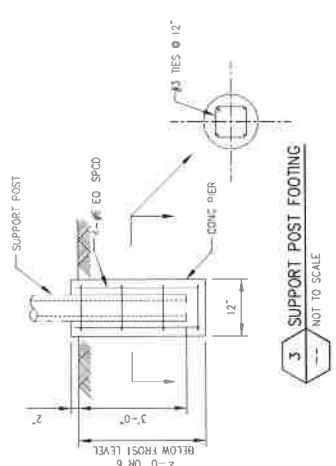
## 1 FENCE & ACCESS GATE DETAILS



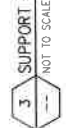
NOTE:  
1 ALTERNATE FOOTINGS FOR ALL FENCE POSTS IN ROCK. IF ROCK IS ENCOUNTERED AT GRADE, OR AT A DEPTH SHALLOWER THAN 3'-6", CORE DRILL AN 8" DIA. HOLE 18" INTO ROCK, AND SET THE FENCE POST INTO THE HOLE. SET THE POST WITH COAL TAR, AND BACKFILL BELOW-GRADE PORTION OF POST WITH COAL TAR, AND BACKFILL WITH WELL-DRAINING GRAVEL.  
2 ATTACH EACH GATE WITH 3 NON-LIFT OR FORGING, PIN-TYPE HINGES. ASSEMBLES SHALL ALLOW FOR 180° OF GATE TRAVEL. (THREE POINT HINGE)



## 2 H-FRAME FABRICATION DETAIL



### 3. SUPPORT POST FOOTING

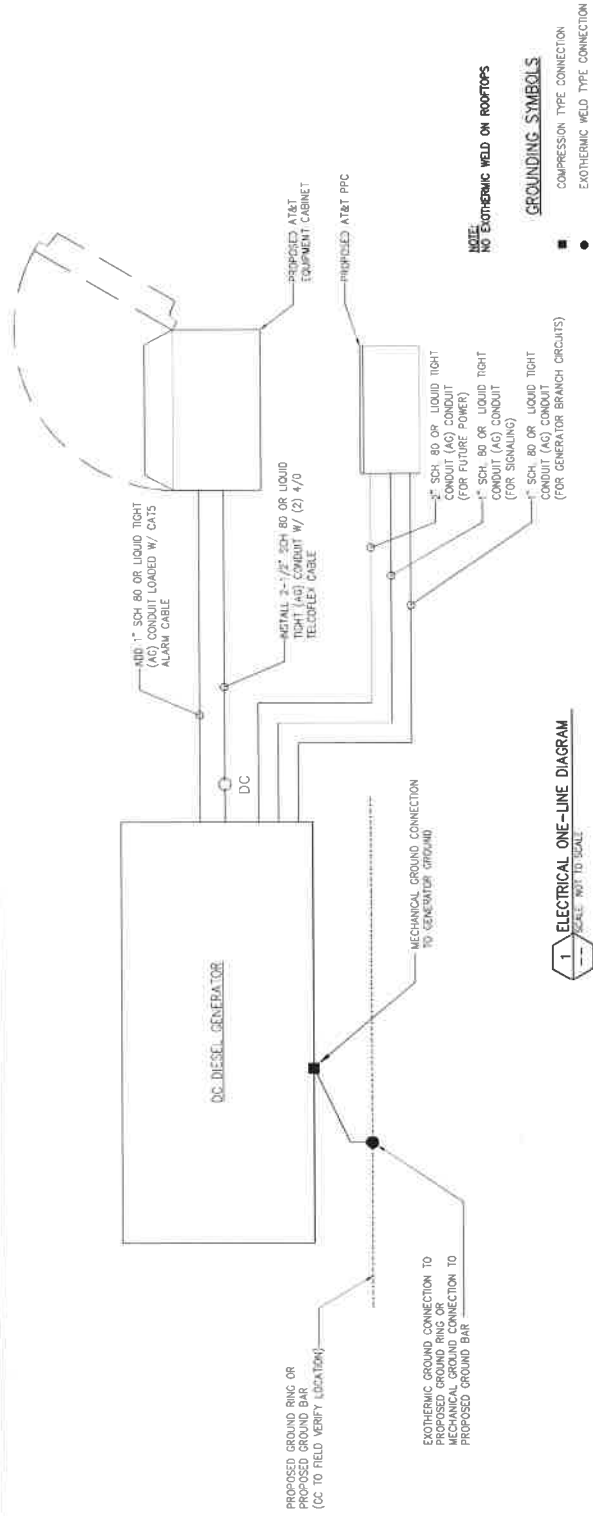












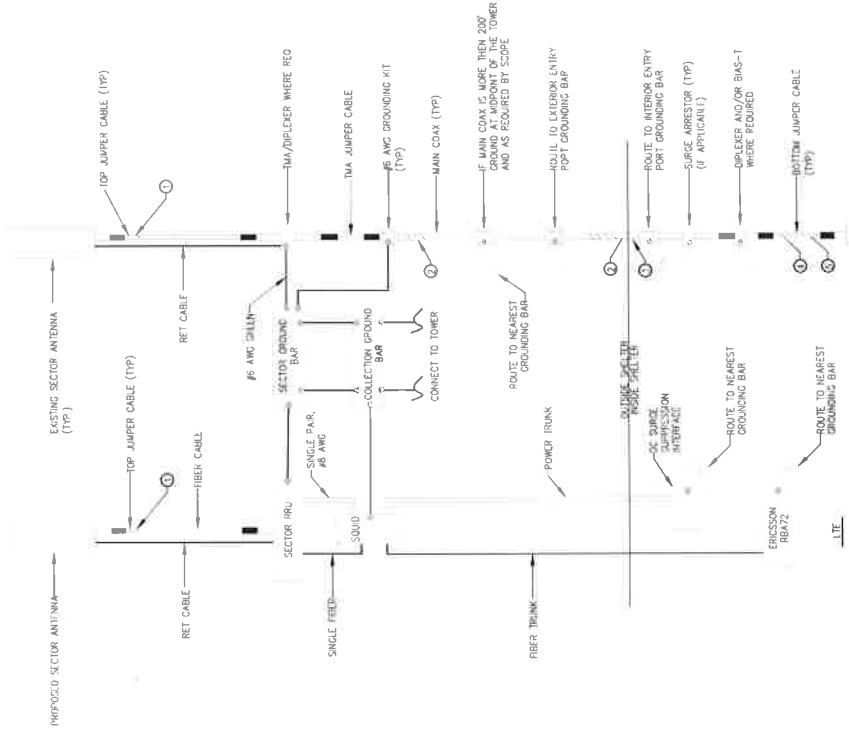
### ELECTRICAL ONE-LINE DIAGRAM

1 ELECTRICAL ONE  
SCALE NOT TO SCALE

2 DETAIL NOT USED  
NOT TO SCALE

**CABLE COLOR CODING & IDENTIFICATION NOTES:**

- SECTOR ORIENTATION/ AZIMUTH WILL VARY FROM REGION AND IS SITE SPECIFIC. REFER TO RF REPORT FOR EACH SITE TO DETERMINE THE ANTENNA LOCATION AND FUNCTION OF EACH TOWER SECTOR FACE.
- THE ANTENNA SYSTEM COAX SHALL BE LABELED WITH VINYL TAPE EXCEPT IN LOCATIONS WHERE ENVIRONMENTAL CONDITIONS CAUSE PHYSICAL DAMAGE. WHEN PHYSICAL TAPS ARE PREERRED.
- THE STANDARD IS BASED ON EIGHT COLORED TAPES- RED, BLUE, GREEN, YELLOW, ORANGE, BROWN, WHITE AND VIOLET. THESE TAPES MUST BE 3/4" WIDE AND PRESENTLY ONLY 35 VINYL TAPE COLORED TAPES ARE AVAILABLE AND SHOULD BE REQUESTED AVAILABLE TO THE ELECTRICIAN OR SUBCONTRACTOR ON SITE.
- USING COLOR BANDS ON THE CABLES MARK ALL RF CABLE BY SECTOR AND NUMBER AS SHOWN ON "CABLE MARKING COLOR CONVENTION TABLE."
- WHEN AN EXISTING COAXIAL LINE THAT IS INTENDED TO BE A SHARED LINE BETWEEN GSM/3G TDMA IS ENCOUNTERED, THE SUBCONTRACTOR SHALL REMOVE THE COLOR CODING SCHEME AND RE-INSTALL THE COLOR CODING SCHEME FOR THE NEW SERVICE. IT IS OUTLINED IN THE CURRENT VERSION OF THE STANDARD. IN THE ABSENCE OF AN EXISTING COLOR CODING AND TAGGING SCHEME, OR WHEN INSTALLING PROPOSED COAXIAL CABLES, THIS GUIDELINE SHALL BE IMPLEMENTED AT THAT SITE REGARDLESS OF TECHNOLOGY.
- ALL COLOR CODE TAPE SHALL BE 3M-35 AND SHALL BE A MINIMUM OF (3) THREE WRAPS OF TAPE AND BE NEATLY TRIMMED AND SMOOTHED OUT SO AS TO AVOID ANY UNRAVELING.
- ALL COLOR BANDS INSTALLED AT THE TOP OF THE TOWER SHALL BE A MINIMUM OF 3" WIDE AND SHALL HAVE A MINIMUM OF 3/4" OF SPACE IN BETWEEN EACH COLOR.
- ALL COLOR CODES SHALL BE INSTALLED AS TO ALIGN NEATLY WITH ONE ANOTHER FROM SOLE TO SOLE.
- IF EXISTING CABLES AT THE SITE ALREADY HAVE A COLOR CODING SCHEME AND THEY ARE NOT INTENDED TO BE REUSED OR SHARED WITH THE GSM TECHNOLOGY, THE EXISTING COLOR CODING SCHEME SHALL REMAIN UNTOUCHED.



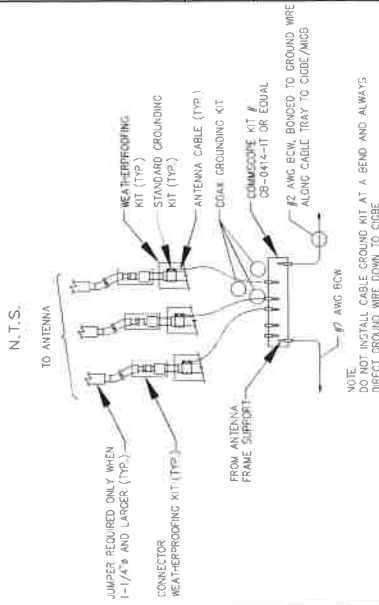
**1 ANTENNA/EQUIPMENT SCHEMATIC**

CSM/UMTS LINE TAG  
NOT TO SCALE

| CABLE MARKING LOCATIONS TABLE |                                                                                                                                                                           |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO.                           | LOCATIONS                                                                                                                                                                 |
| 1                             | EACH TOP JUMPER SHALL BE COLOR CODED WITH ONE (1) SET OF 3" WIDE BANDS                                                                                                    |
| 2                             | EACH MAIN COAX SHALL BE COLOR CODED WITH (1) SET OF 3" WIDE BANDS REAR PORT OF THE JUMPER AND (1) SET OF 3" WIDE BANDS PRIOR TO ENTERING THE BITS OR TRANSMITTER BUILDING |
| 3                             | CABLE ENTRY PORT ON THE INTERIOR OF THE SHELTER                                                                                                                           |
| 4                             | ALL BOTTOM JUMPERS SHALL BE COLOR CODED WITH (1) SET OF 3/4" WIDE BANDS ON EACH END OF THE BOTTOM JUMPER                                                                  |
| 5                             | ALL BOTTOM JUMPERS SHALL BE COLOR CODED WITH (1) SET OF 3/4" WIDE BANDS ON EACH END OF THE BOTTOM JUMPER                                                                  |

**CABLE MARKING TAGS:**  
WHEN USING THE ALTERNATIVE LABELING METHOD, EACH RF CABLE SHALL BE IDENTIFIED WITH A METAL ID TAG MADE OF STAINLESS STEEL OR BRASS. THE TAG SHALL BE 1-1 1/2" IN DIAMETER WITH "X" STAMPED LETTERS AND NUMBERS INDICATING THE SECTOR, ANTENNA POSITION, AND CABLE NUMBER. THE ID MARKING TAG SHOULD BE ATTACHED WITH CORROSION PROOF WIRE AROUND THE CABLE AT THE SAME LOCATIONS AS DEFINED ABOVE. THE TAG SHOULD BE LABELED AS SHOWN ON THE "GSM AND UMTS LINE TAG" DETAIL.

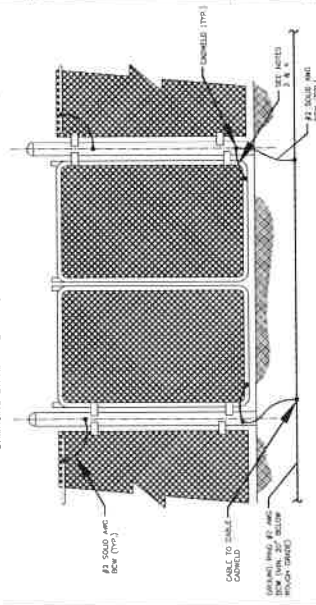




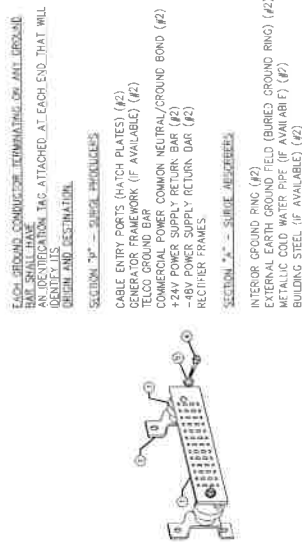
3 GROUND WIRE TO GROUND BAR CONNECTION DETAIL  
-- NOT TO SCALE

## NOTES:

1. THE JOINT ABOVE BLOW FROM THE GROUND RING SHALL BE CAD WELDED TO THE POST ABOVE GRADE.
2. DOND EACH HORIZONTAL POLE/BRACE TO EACH OTHER AND TO EACH VERTICAL JOINT.
3. JOINTS TO BE 4X/0 AWG WELDING RING.
4. JOINTS TO BE 4X/0 AWG WELDING CABLE OR FLEXIBLE COPPER BRAND BUNDLY TYPE B WITH SLEEVES ON EACH END DESIGNED FOR EXOTHERMIC WELDING.
5. EACH JOINTER SHALL BE INSTALLED SO THAT IT WILL NOT BE SUBJECTED TO TENSILE STRESS. JOINTS SHALL BE FULLY PRINTED IN EITHER DIRECTION.



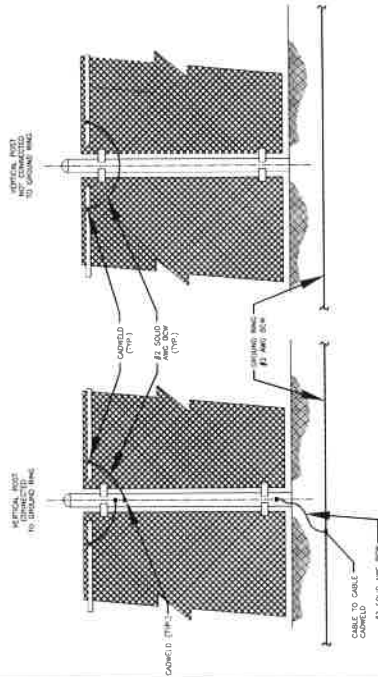
6 FENCE GATE GROUNDING DETAIL  
-- NOT TO SCALE



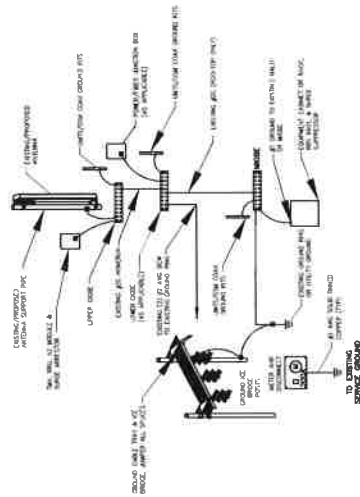
2 GROUND BAR DETAIL  
-- NOT TO SCALE

## NOTES:

1. VERTICAL POSTS SHALL BE BONDED TO THE RING AT EACH CORNER AND AT EACH GATE POST. AS A MINIMUM ONE VERTICAL POST SHALL BE BONDED TO THE GROUND RING IN EVERY 100 FOOT STRAIGHT RUN OF FENCE.
2. HORIZONTAL POLES SHALL BE BONDED TO EACH OTHER.
3. BOND EACH HORIZONTAL POLE/BRAVE TO EACH OTHER AND TO EACH VERTICAL POST THAT IS BONDED TO THE EXTERIOR GROUND RING.

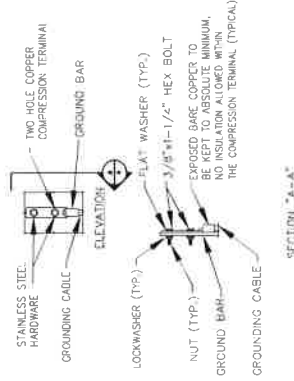


5 FENCE GROUNDING DETAIL  
-- NOT TO SCALE



1 GROUNDING RISER DIAGRAM  
NOT TO SCALE

N.T.S.



- NOTE:
1. "DOUBLING UP" OR "STACKING" OF CONNECTION IS NOT PERMITTED
  2. OXIDE INHIBITING COMPOUND TO BE USED AT ALL LOCATIONS
  3. CARWELD DOWNLEADS FROM UPPER EGB, LOWER EGB, MGB

4 GROUND BAR CONNECTION DETAIL  
-- NOT TO SCALE



Workers'  
Compensation  
Board

## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. Legal Name & Address of Insured (use street address only)<br>EMPIRE TELECOM USA, LLC<br>1150 1ST AVENUE, SUITE 600<br>KING OF PRUSSIA, PA 19406<br><br><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small> | 1b. Business Telephone Number of Insured<br><br>484-804-4500<br><br>1c. Federal Employer Identification Number of Insured<br>or Social Security Number<br><br>46-0825383                                                |
| 2. Name and Address of Entity Requesting Proof of Coverage<br>(Entity Being Listed as the Certificate Holder)<br>Town of Austerlitz<br>Po Box 238<br>Spencertown, NY 12165                                                                                                                                          | 3a. Name of Insurance Carrier<br>Standard Security Life Insurance Company of New York<br><br>3b. Policy Number of Entity Listed in Box "1a"<br>R05857-002<br><br>3c. Policy effective period<br>3/10/2013 to 11/29/2019 |

4. Policy provides the following benefits:

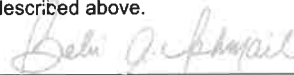
- ☒ A. Both disability and paid family leave benefits.  
☐ B. Disability benefits only.  
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
☐ B. Only the following class or classes of employer's employees:

\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 11/30/2018 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is **COMPLETE**. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is **NOT COMPLETE** for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

### PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

#### State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.**

## DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



**Workers'  
Compensation  
Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1a. Legal Name &amp; Address of Insured (use street address only)</p> <p>Empire Telecom USA, LLC<br/>1150 First Avenue, Suite 600<br/>King of Prussia PA 19406</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p> | <p>1b. Business Telephone Number of Insured</p> <p>484-804-4500</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>46-0825383</p>                                                                                                                                                                                                                                       |
| <p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Austerlitz<br/>PO Box 238<br/>Spencertown NY 12165</p>                                                                                                                                      | <p>3a. Name of Insurance Carrier</p> <p>The First Liberty Insurance Corporation</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>WC6-631-510650-018</p> <p>3c. Policy effective period</p> <p>11/30/2018 to 11/30/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input checked="" type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p> |

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

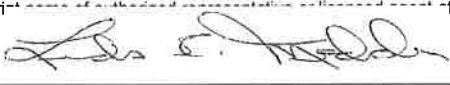
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Linda Madden  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  12/3/2018  
(Signature) (Date)

Title: Senior Client Service Coordinator

Telephone Number of authorized representative or licensed agent of insurance carrier: \_\_\_\_\_

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

**C-105.2 (9-17)**

[www.wcb.ny.gov](http://www.wcb.ny.gov)

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Arthur J. Gallagher Risk Management Services, Inc.  
4000 Midlantic Dr, Suite 200  
Mt. Laurel NJ 08054

**CONTACT NAME:** Cassie Burke  
**PHONE (A/C, No, Ext):** 856-675-1334 **FAX (A/C, No):** 856-482-1888  
**E-MAIL ADDRESS:** CherryHill.BSD.CertM@AJG.com

**INSURED**  
Empire Telecom USA, LLC  
1150 1st Avenue, Suite 600  
King of Prussia, PA 19406

| INSURER(S) AFFORDING COVERAGE                     | NAIC # |
|---------------------------------------------------|--------|
| INSURER A : ACE American Insurance Company        | 22667  |
| INSURER B : Liberty Mutual Fire Insurance Company | 23035  |
| INSURER C : AXIS Insurance Company                | 37273  |
| INSURER D : First Liberty Insurance Corporation   | 33588  |
| INSURER E : Liberty Insurance Underwriters Inc    | 19917  |
| INSURER F :                                       |        |

**COVERAGES****CERTIFICATE NUMBER:** 1185369144**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDL INSD | SUBR WVD | POLICY NUMBER                  | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS                                                                                                                                                                                                                                         |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|--------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> XCU<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | TB2-631-510650-048             | 11/30/2018               | 11/30/2019               | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000<br>\$ |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                              |           |          | AS2-631-510650-038             | 11/30/2018               | 11/30/2019               | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                |
| C        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000                                                                                                                                                                                |           |          | Q-001-000073672-01             | 11/30/2018               | 11/30/2019               | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$                                                                                                                                                                                   |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                                                 | Y/N<br>N  | N/A      | WC6-631-510650-018             | 11/30/2018               | 11/30/2019               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |
| A<br>E   | Cyber<br>Excess Liability                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |          | G25605457 003<br>1000324565-01 | 11/30/2018<br>11/30/2018 | 11/30/2019<br>11/30/2019 | Single Limit 1,000,000<br>Each Occurrence 10,000,000<br>Aggregate 10,000,000                                                                                                                                                                   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Property Policy  
Policy # 13UUMBK0148  
Policy Period: 11/30/18 - 11/30/19  
Carrier: Hartford Fire Insurance Company  
Leased/Rented Equipment:  
Limit: \$1,500,000  
Deductible: \$5,000  
BPP Limit/Deductible: \$8,265,000/\$5,000  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Town of Austerlitz  
PO Box 238  
Spencertown NY 12165

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|                                                              |           |                                                                                                     |  |
|--------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------|--|
| AGENCY<br>Arthur J. Gallagher Risk Management Services, Inc. |           | NAMED INSURED<br>Empire Telecom USA, LLC<br>1150 1st Avenue, Suite 600<br>King of Prussia, PA 19406 |  |
| POLICY NUMBER                                                |           | EFFECTIVE DATE:                                                                                     |  |
| CARRIER                                                      | NAIC CODE |                                                                                                     |  |

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Contractors Pollution Liability and Errors & Omissions Policy  
Policy # 0311-0596  
Policy Period: 11/30/2018 - 11/30/2019  
Carrier: Allied World Assurance Company, Ltd.  
Occurrence/Aggregate: \$5MM/10MM

Hartford Fire Insurance Company  
Inland Marine Policy  
Eff Date: 11/30/18 - Exp Date: 11/30/19  
Policy # 13UUMBK0148  
Installation Operations - LIMIT: \$5,000,000/ DEDUCTIBLE: \$5,000  
In Transit - LIMIT: \$1,000,000/ DEDUCTIBLE: \$5,000  
In Temporary Storage - LIMIT: \$15,000,000/ DEDUCTIBLE: \$5,000