#### TOWN OF WAPPINGER

### PLANNING BOARD

| PROJECT NAME:  | Myers Corners Solar Farm - Lightstar  |
|----------------|---|
| MEETING DATE:  | March 6, 2023   |
| ACCOUNT NUMBE  | CR: 23-3469 (Site Plan) and 23-4106 (Special Use Permit)  |
| DATE PREPARED: | February 15, 2023   |
|                | PLAN X SPECIAL USE PERMIT SUBDIVISION   |
| RECOMMENDATION | IAS BEEN REFERRED TO YOU FOR YOUR COMMENTS AND ONS. PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF NNING BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS,  |
|                | TOWN FILE TOWN OF WAPPINGER PLANNING BOARD ENGINEER TO THE TOWN PLANNER TO THE TOWN ATTORNEY TO THE TOWN HIGHWAY SUPERINTENDENT FIRE PREVENTION BUREAU RECREATION ARMY CORP. OF ENGINEERS DUTCHESS COUNTY DEPT. OF PLANNING DUTCHESS COUNTY DEPT. OF PUBLIC WORKS NEW YORK STATE DEPT. OF TRANSPORTATION DUTCHESS COUNTY DEPT. OF HEALTH DUTCHESS COUNTY SOIL & WATER NYS DEPT OF D.E.C TOWN OF FISHKILL TOWN OF EAST FISHKILL TOWN OF LAGRANGE VILLAGE OF WAPPINGER PLANNING BOARD BUILDING INSPECTOR ZONING ADMINISTRATOR-BARBARA ROBERTI TOWN CLERK CAMO POLUTION STORM WATER MANAGEMENT (WALTER ARTUS) CENTRAL HUDSON |

\*\*\*\*\*\* PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW\*\*\*\*\*\*\*



# TOWN OF WAPPINGER PLANNING BOARD SPECIAL USE PERMIT

Application No. Date Received: 2-9-23
Fee Received: \$\frac{1500.00}{3,750.00}\$

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 240-53 OF THE TOWN OF WAPPINGER ZONING LAW, I HEREBY MAKE APPLICATION TO THE PLANNING BOARD OR TOWN BOARD FOR THE ISSUANCE OF A SPECIAL PERIMIT FOR THE USE OF:

|   | 1 2011 12 TEMETHI TO   | ACTIL OSL OI.              |   |   |
|---|--|----------------------------|---|---|
| PROJECT NAME  | Myers Corne  | urs Solar Farm-Lie         | ghtstar   |   |
| GRID NO.  | 135689-6258-03-  |                            |   | G DISTRICT R-80   |
| PROPERTY LOCATION   | 189 Myers Corners Rd   |                            |   |   |
| NAME & ADDRESS OF<br>Old Myers NY LLC   | APPLICANT (Corpo   | ration or Individual):     |   |   |
| 501 Boylston Street   | Boston   | MA                         | 02116   | - COMPACT SANCARES                                      |
| Street<br>Sam Bailly  | Town   | State<br>+1 (617) 894-9461 | Zip   | sam.bailly@lightstar.com                                |
| Contact Person  | and the second s | Phone Number               |   | Email   |
| NAME & ADDRESS OF   | OWNER (Corporation   | or Individual):            |   |   |
| Sean Thompson   |  | ,                          |   |   |
| 22 Old Myers Corners Rd   | Wappingers Falls   | NY                         |   | 12590   |
| Street<br>Sean Thompson   | Town   | State<br>845-518-2437      | deligip om skullende for deligip of the | Zip<br>seanthomp@aol.com                                |
| Contact Person  |  | Phone Number               | TO SUCKE  | Email   |
| —PLAN APPROVAL OF   | TH THE ABOVE AT  | ORDINAINCE, I HEREB        | Y MAKE  | ANCE WITH THE APPLICATION FOR SITE SE ON THE AF ORESAID |
| PARCEL.<br>I.   | Myers Civil Permit I   |                            |   |   |
| PREPAREDBY: TRO   |  |                            |   |   |
| II. I HAVE, AS PART OF<br>USE" WHICH FULLY<br>IN THE APPLICATION                      | DESCRIBES THE O  | PERATION AND MAIN          | UBMITTE<br>ITENANC  | ED A "STATEMENT OF<br>E OF SAID USE LISTED              |
| 3MWdc ground mounted<br>electricity and electricity to<br>of solar panels, contributi | oill savings to local cu   | istomers but will support  | t will not o  | only provide clean<br>I farming between the rov         |

## Continued page 2 for Special Use Permit

| Old Myers Solar            |  |
|----------------------------|--|
| Type Name (Corporation, Li | LC, Individual, etc.)  |
| 2/3/23                     | from Barly   |
| Date<br>617-894-9461       | Owner or representative's signature Sam Bailly, Director of Acquisitions |
| Owner's Telephone No.      | Type Nane and Tit 501Boylston St. Boston MA 02116 Owner's Address        |

\*\*\*If this is a Corporation or LLC please provide documentation of authority to sign.

- THE REQUIRED FEES (NON-REFUNDABLE) AND PLANS MUST ACCOMPANY THE APPLICATION.
- APPLICANT IS RESPONSIBLE FOR THE COSTS INVOLVED IN PUBLISHING THE REQUIRED LEGAL NOTICE IN THE LOCAL NEWSPAPER.

## TOWN OF WAPPINGER PLAINNING BOARD

Existing No. of Parking Spaces:

Application No. 23-3469 Date Received: 2-9-23

Fee Received:

Proposed No. of Parking Spaces:

|   | APPLICATION FOR S                                     | Escrow                                  | Received:               | see sup  |
|---|---|---|-------------------------|--|
|   | r: Myers Corners                                      | 3 Solar Farm-1                          | ightsta                 | RECEIVE  |
| Lightstar Re<br>501 Boystor<br>Street Bailley<br>Contact Person         | Street BUS  LITERAL Phone Number                      | ton MA<br>State<br>Sam, bailly<br>Email | O211<br>zip<br>clightst | FEB 0 9 2023  Zoning Board of Appeal Town of Wappinger   |
| Street Sean Thompson  | OF OWNER (Corporation Town 845-518-2437               | State seanthomp@aol.co                  | Zip                     |  |
| Contact Person  Grid No135689-6  Please specify use or u  Existing Use: | Phone Number 258-03-376432 uses of building and amoun | Email                                   |                         |  |
| ProposedUse:  |   |   |                         | Annual Control of the |
| Existing Sq. Footage: _<br>Proposed Sq. footage: _                      | Use;<br>Use;  |   |                         |  |
|   | 0 00  |   |                         | described the control of the control |
| Zoning District: Anticipated No. of Emp                                 |   | Acreage: 381                            | 09                      | no 83 i o 65   |

| Old Myers NY LLC           |   |
|----------------------------|---|
| Type Name (Corporation, LL | C, Individual, etc.)  |
| 2/3/2023                   | The Saily   |
| Oate<br>617-894-9461       | Owner or representative's signature<br>Sam Bailly, Director of Acquisitions |
| Owner's Telephone No.      | Type Name and Title*** 501 Boylston St. Boston MA 02116                     |
|                            | Owner's Address   |

\*\*\*If this is a Corporation or LLC please provide documentation of authority to sign.

Note: \*The applicant is responsible for the cost involved in publishing the required legal notice in the local newspaper;

\* If Special Use Permit for the above use has been applied for, please check [X].

Application Fees are non-refundable.