TOWN OF MINA

FEE $	APPLICATION FOR SPECIAL USE PERMIT	PERMIT NO.
CASH CHECK		
RECEIPT NO.		DATE

INSTRUCTIONS TO APPLICANT:

1. SUBMIT A COMPLETE COPY OF THIS APPLICATION AND ALL DOCUMENTS THAT MUST BE SUBMITTED HEREWITH.
2. TYPE OR PRINT YOUR ANSWERS.
3. A NON-REFUNDABLE FEE OF $ SHALL ACCOMPANY THIS APPLICATION.
4. COMPLETE EACH QUESTION FULLY; IF THE QUESTION DOES NOT APPLY, PLEASE MARK "N/A."
5. ADD PAGES AS NEEDED.

APPLICANT INFORMATION	
APPLICANT'S NAME: SAI Group	OWNER'S NAME IF DIFFERENT: Mulligan Property Management LLC
ADDRESS:12 Industrial Way Salem, NH 03079	ADDRESS: PO Box 1 Findley Lake, NY 14736
TEL. NO.:603-952-0002 rsharp@saigrp.com	TEL NO.:
APPLICANT'S INTEREST IN PROPERTY: o Owner c] Lessee X Other explain Agent for Project Owner	

PROPERTY INFORMATION			
TAX MAP NUMBER	Section:342.00	Block:1	Lot:81
STREET ADDRESS: 2971 NY 426 Findley Lake, NY 14736		SIZE OF PARCEL:17.72	
		PRESENT USE:	
		ZONING DISTRICT: B-2	

USE INFORMATION
DESCRIBE SPECIFICALLY THE NATURE OF THE REQUESTED USE: Commercial Electric Vehicle Charging stations as amenity to proposed future retail facility.
DESCRIBE IN DETAIL THE SEPARATE ACTIVITIES TO BE CONDUCTED ON THE PROPERTY ALONG WITH THE PROPOSED HOURS AND SEASONS OF OPERATION FOR EACH: Level 3 Electric Vehicle charging stations would be open to the public twenty-four hours per day, seven days per week.

DESCRIBE WHY YOU BELIEVE THE PROPOSED USE WILL NOT BE DETRIMENTAL TO THE. C ARACTER OF THE NEIGHBORHOOD AND WILL BE IN HARMONY WITH THE INTENT OF THE TOWN OF ZONING LAW (in relation to existing noise, light} and traffic conditions, for example):

Level 3 charging stations would provide community members and visitors to the Findley Lake region the convenience of rapid charging while shopping. The proposed installation will have no adverse impact to the public health and safety and will further the sustainability goals of Chautauqua County.

ADDITIONAL DOCUMENTS SUBMITTED WITH APPLICATION. licable Mareasa
o If available, copies of detailed plans depicting site elevations, ponds, swamps, streams and other wetland areas , structures, accesso use areas water su l and sewa e dis osal facilities .
o A plan for the proposed development of the site depicting the location of all streets, sidewalks, buildings, parking areas, means of traffic access and circulation drives
Aco of the deed lease or other instrument describin the a licant's ro ert interest.
Short Environmental Assessment Form EAF
Other lease list :

NOTICE: A SPECIAL USE PERMIT, IF GRANTED, DOES NOT PERMIT THE APPLICANT TO CONSTRUCT, ENGLARGE, ALTER, IMPROVE, CONVERT, OR CHANGE THE LOCATION OR NATURE OF OCCUPANCY OF ANY BUILDING OR STRUCTURE, FOR WHICH A BUILDING PERMIT WOULD OTHERWISE BE REQUIRED,

APPLICANT SIGNATURE	
I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed and the premises used as described herein, unless modified by the approving Board..	
Signature of Applicant: Rebecca Sharp on behalf of NYPA	Date 04/01/2025
OWNER SIGNATURE If other than the A licant	
I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.	
Signature of Owner:	Date

DO NOT WRITE BELOW THIS POINT

Is the parcel in a County Ag District?	
Referred to Town Board	
Referred to Town Planning Board	
Referred to Village Clerk	
Referred to County Planning Board	
Public Hearing Date	
NegativePositive Declaration Adopted	
Publication of Legal Notice of Hearing	

APPROVED DENIED

Affix the following documents to and permanently file with this application:

Minutes of the Planning Board and ZBA/Town Board Public Hearings ° Response to Municipal Zoning Referral (if any) ° Negative Declaration and/or Environmental Impact Statement Special Use Permit, if approved.

Notification of Approval/Denial

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AUTHORIZATION TO MARK

This authorizes the application of the Certification Mark(s) shown below to the models described in the Product(s) Covered section when made in accordance with the conditions set forth in the Certification Agreement and Listing Report. This authorization also applies to multiple listee model(s) identified on the correlation page of the Listing Report.

This document is the property of Intertek Testing Services and is not transferable. The certification mark(s) may be applied only at the location of the Party Authorized To Apply Mark.

Applicant:	Broadband TelCom Power, Inc	**Manufacturer:**	Broadband TelCom Power, Inc
Address:	1719 S. Grand Ave. Santa Ana, CA 92705	**Address:**	1719 S. Grand Ave. Santa Ana, CA 92705
Country:	USA	**Country:**	USA
Contact:	Carlos Cortes	**Contact:**	Carlos Cortes
Phone:	714-493-1455	**Phone:**	714-493-1455
FAX:	N/A	**FAX:**	N/A
Email:	ccortes@btcpower.com	**Email:**	ccortes@btcpower.com

Party Authorized To Apply Mark: Same as Manufacturer
Report Issuing Office: Intertek Testing Services NA, Inc., Plymouth Township, MI

Control Number: *4005113* **Authorized by:** for L. Matthew Snyder, Certification Manager

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Intertek

This document supersedes all previous Authorizations to Mark for the noted Report Number.

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Intertek Testing Services NA Inc.
545 East Algonquin Road, Arlington Heights, IL 60005
Telephone 800-345-3851 or 847-439-5667 Fax 312-283-1672

Standard(s):	Electric Vehicle (EV) Charging System Equipment [UL 2202:2009 Ed.2+R:09Feb2018] Power Conversion Equipment [CSA C22.2#107.1:2016 Ed.4]
Product:	DC EV Fast Charger
Brand Name:	BTCPower

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AUTHORIZATION TO MARK

Models:	HPCT2-120-480-1, HPCT2-120-480-2 HPCT2-150-480-1, HPCT2-150-480-2 HPCT2-180-480-1, HPCT2-180-480-2 HPCT2-240-480-1, HPCT2-240-480-2 HPCT2-360-480-1, HPCT2-360-480-2 EVDSP-350-5-120-0-2-C-4-0 EVDSP-350-3-120-0-C-4-0

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Applicant:	Broadband TelCom Power, Inc	**Manufacturer:**	BTCPower Cebu, Inc.
Address:	1719 S. Grand Ave. Santa Ana, CA 92705	**Address:**	1st Ave. MEPZ 1, M.L. Quezon, National Highway, Lapu-Lapu City, Cebu 6015
Country:	USA	**Country:**	Phillipines
Contact:	Carlos Cortes	**Contact:**	Jeannie Yoo Loudette Donaire
Phone:	714-493-1455	**Phone:**	1714-746-4608 +63917-707-3866
FAX:	N/A	**FAX:**	NA
Email:	ccortes@btcpower.com	**Email:**	jeannie.yoo@btcpower.com ldoniare@btcpower.com

Party Authorized To Apply Mark: Same as Manufacturer
Report Issuing Office: Intertek Testing Services NA, Inc., Plymouth Township, MI

Control Number: 5020390 **Authorized by:** [signature]
for L. Matthew Snyder, Certification Manager

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