

Appeal Period Expires 10/25/19
 Zoning District RPD-I

Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org

Application Date 1/1
 Permit Number 2019-188

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property during the appeal period and it must remain posted throughout the construction period. You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: Brian L. Quinn

A Parcel Account Numb. (Map-Parcel-Lot) 2-072-004-000
 (found in Town Assessor's Office)
 Property Address: 30 ALLEN MARTIN DR.
 Owner: CLOVERLEAF ESSEX AMLLC (BLODGETT)
 Owner Address: 1700 TOASTMASTER DR, ELGIN IL 60120
 Owner Phone: (work) 802 860-3896 (home) _____
 Kevin Griswold (cell) 802 999 6063 (Email) kgriswold@blodgett.com
 Contractors name: VT Mechanical Phone: _____
Benoit Electrical Cell: _____
 Estimated Construction Dates: Start: 10/14/19 Completion: 12/1/19
 Sq. Feet: 90,000 Estimated Cost (labor & materials): \$ 790,000

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Private Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms already paid - has existing Allocation

C Water (Please attach Water Service Application).
 Public Private Fee \$ _____ Date Paid: 1/1
has existing allocation

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1 EXISTING

E Stormwater NA
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

G see attached floor plan (equip. + assembly lines)
 Signature of Tenant and Signature of Owner Brian L. Quinn

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

Residential:	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusions or Additions:			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stormwater: <u>(Light manufacturing)</u>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Fees:	Type	Amount	Date Pd.
Permit		\$ <u>4,000</u>	<u>1/1</u>
Recreation		\$ _____	<u>10/9/19</u>
Recording		\$ <u>30</u>	<u>1/1/19</u>
Certificate of Occ.		\$ <u>75</u>	<u>1/1/19</u>
Other		\$ _____	<u>1/1</u>

Approved: Rejected Date 10/9/19
 Issued to: Cloverleaf Essex LLC
 Zoning Administrator: Theresa Kelly
 Notes: energy cert given
 C.O. Required Yes No

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

F Diagram – Provide diagram here and include all setbacks

- Fit up permit for light manufacturing facility.

- HOURS OF OPERATION 6:00 AM - 5:00 PM FIRST SHIFT, LIMITED 2nd SHIFT 3:30 PM - 1:00 AM

- TRUCK TRAFFIC 7:00 AM - 5:00 PM

- INITIAL PHASE APPROXIMATELY 40 EMPLOYEES

BLOOD CENTER OPEN 30 ALLEN MARTIN DR

INITIAL FIT-UP OCT 2019



