

Appeal Period Expires 7/1/23 **Town of Essex, Vermont** Application Date 6/14/2023
 Zoning District MXD-RUD **Application for Zoning Permit** Permit Number 2023-102
Subzone B1 (Building Permit)

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
 - Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
 - Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
 - Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
 - Provide a diagram showing proposal and any easements, well or septic locations, etc.
- SIGN HERE:** [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2-091-006-001
 Property Address : 2 ESSEX WAY - ESSEX JCT. - VT - 05452
 Owner: UNIVERSITY OF VERMONT MEDICAL CENTER
 Owner Address: 111 COLCHESTER AVENUE - BURLINGTON - VT - 05403 X 05401
 Owner Phone: (work) 802-847-7679 (home) _____
 (cell) 617-571-9216 (Email) PETER.BERO@UVMHEALTH.ORG
 Tenants name: UVM Medical Center Phone: 802-847-7679
 Cell: 617-571-9216
 Estimated Construction Dates: Start: 7/1/23 Completion: 11/1/23
 Sq. Feet: APPROX. + 1600SF Estimated Cost (labor & materials): \$ 800,000

G

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

Residential:

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: Bill. Addition

Garage (<u>attached</u>)(detached)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
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Stormwater:

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"/>

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Septic Connection Fee \$ 2,120 Date Paid: 6/14/23
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 Public Well Fee \$ 1,180 Date Paid: 6/14/23

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

E Stormwater

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 To Be constructed pursuant to Planning Commission Approval # PC: 2023-4, issued on 2-23-2023

Signature of Tenant and Signature of Owner: [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>4,800</u>	<u>6/14/23</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>30.00</u>	<u>1/1</u>
Certificate of Occ		\$ <u>700</u>	<u>6/14/23</u>
Other		\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 6/16/23
 Issued to: UVM Med. Ctr
 Zoning Administrator: [Signature]
 Notes: CBES given

C.O. Required Yes No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

TOWN OF ESSEX WATER/SEWER HOOKUP FEES

DATE: 6/16/2023

MAP/PARCEL/LOT: 2091006001

NAME: UNIVERSITY OF VERMONT MEDICAL CENTER

LOCATION: 2 ESSEX WAY

<u>G/L A/C #</u>	<u>A/C NAME</u>	<u>AMOUNT</u>
51-34821.000	Water hookup fees - regular	(33) <u>\$1,180</u>
	Other <u>TRANSPORTATION: \$1,108.00</u> <u>PERMIT, RECORDING, CERT. OF OCC.: \$4,930</u>	
51-35522.000	CAPITAL RESERVE - # of gallons <u>200 x \$10.30 = \$2,120</u>	(36) <u>\$2,120</u>
51-35521.000	<u>SEWER CONNECTION FEE</u>	(37) <u>000.00</u>
35501.000	Special Assessment Reason	
	TOTAL REC'D	<u>\$9,338.00</u>

16649

FARRINGTON CONSTRUCTION COMPANY

4724 SPEAR STREET
SHELBURNE, VT 05482
(802) 985-8669

NORTHFIELD SAVINGS BANK
Bethel, VT 05032 7

58-7268/2116

06/02/2023

PAY TO THE
ORDER OF Town of Essex

\$ **1,108.00

One Thousand One Hundred Eight and 00/100*****
DOLLARS

Town of Essex

MEMO Transportation

DCF2
AUTHORIZED SIGNATURE

16648

FARRINGTON CONSTRUCTION COMPANY

4724 SPEAR STREET
SHELBURNE, VT 05482
(802) 985-8669

NORTHFIELD SAVINGS BANK
Bethel, VT 05032 7

58-7268/2116

06/02/2023

PAY TO THE
ORDER OF Town of Essex

\$ **4,930.00

Four Thousand Nine Hundred Thirty and 00/100*****
DOLLARS

Town of Essex

Permit + Recording + Cert. of. occ.

DCF2

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

THE
University of Vermont
MEDICAL CENTER

TD Bank
Burlington, VT 05401
58-37116

18068651

DATE 04/17/2023

PAY Three Thousand Three Hundred Dollars And 00 Cents

\$ *****3,300.00

TO THE ORDER OF

Void After 180 Days

TOWN OF ESSEX, VT
81 MAIN STREET
ESSEX JCT., VT 05452

Water + sewer fees

BW

FOR HIM NO. 9/7/35 SUPER SAFETY ANTI-FRAUD PROTECTION

Town of Essex
Application for Sewer Service

Revised Dec 2022

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 2 Essex Way Development: Essex Primary Care

Tax Map # 2091006001 Tax Parcel _____ Tax Lot _____

Does hereby request a permit to install and connect a building sewer to
serve 1 unit(s) Residential Commercial Industrial structure

Installer / Contractor:

Name: No additional construction required

Address: _____

Email: _____

Phone: _____

Property Owner:

Name: University of Vermont Medical Center LLC

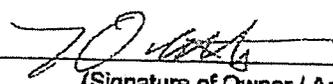
Address: 1519 Shelburne Road, South Burlington, VT 05403

Email: Dave.Keelty@uvmhealth.org

Phone: (802) 847-8443

The owner / agent agrees:

- a) That all work shall be in accordance with the Town Sewer Ordinance, the Town Public Works Specifications, and all other pertinent ordinances or regulations of the Town of Essex.
- b) To install and maintain the private building sewer at no expense to the Town.
- c) To notify the Public Works Office twenty four hours prior to the start of construction for inspection purposes. No part of the sewer line may be covered until it has been inspected by the Town Representative.
- d) To pay the sewer charges (construction and operations) which are billed as set forth in the water/sewer fee schedule.

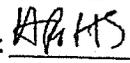
Signed: 
(Signature of Owner / Agent)

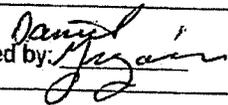
Date: 03-17-23

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT AND RETURN ALONG WITH APPLICATION TO THE COMMUNITY DEVELOPMENT OFFICE. DO NOT COMBINE WITH ZONING PERMIT FEE.

For Office Use Only

200 gallons / day x \$10.60 = \$ 2,120 + ~~\$1,000~~ = \$ 2,120 Pc Approval
2023-4

Received by:  Date: 06-14-23

Approved by:  Date: 07-18-23 Letter Sent Finance Notified

Inspected by: _____ Date: _____ Tie Drawing Finance Notified

Master List Updated: Approved Inspected

Town of Essex
Application for Water Service

Revised Dec 2022

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 2 Essex Way Development: Essex Primary Care

Tax Map # 2091006001 Tax Parcel _____ Tax Lot _____

Does hereby request a permit to initiate water service as noted below to
serve 1 unit(s) Residential Commercial Industrial structure

Installer / Contractor:

Name: No additional construction required

Address: _____

Email: _____

Phone: _____

Property Owner:

Name: University of Vermont Medical Center LLC

Address: 1519 Shelburne Road, South Burlington, VT 05403

Email: Dave.Keelty@uvmhealth.org

Phone: (802) 847-8443

Firm Performing Main Line Tap:

Name: No additional construction required

Address: _____

Email: _____

Phone: _____

- 1.) The above requested service includes the installation of a 3/4" x 5/8" water meter for residential use and up to a 2" simple meter for non-residential use. The information necessary to determine the correct meter size shall be supplied by the applicant (minimum to maximum range of use). Meters 5/8", 3/4" and 1" shall be installed by the Town. Meters above 1" shall be installed by the owner/applicant or qualified representative.
- 2.) Property owner / agent is responsible for and must provide all necessary excavation from the main to the building or structure.
- 3.) Property owner / agent agrees to provide the Town a minimum of 24 hours notice prior to installation for inspection purposes. No part of the water line may be covered until it has been inspected by the Town Representative.
- 4.) Property owner / agent agrees to restore all disturbed areas to original condition after the installation of said water service.
- 5.) The water service can be turned on only by an employee of the Town of Essex Water Department.
- 6.) Meter spacers must be obtained from the Town of Essex Water Department.
- 7.) The owner / agent agrees that all installation and work will conform to the Town Public Works Specifications and the Water Ordinance and Regulations of the Town of Essex.

8.) In consideration of water service supplied by the Town of Essex Water Department, I agree to be responsible for payment of all bills rendered and for all water used by me, my tenants, successors in tenancy or in ownership, and all persons at above locations, unless and until proper notice is given to the Town Water Department of termination of service on a specific date. I also agree to abide by all rules and regulations established by the Essex Water Department.

Signed: [Signature]

Date: 03 - 24 - 23

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT.
DO NOT COMBINE WITH ZONING PERMIT FEE.

All water services are subject to a service initiation fee as set by the Water/Sewer Fee Schedule adopted by the Selectboard. The following fee schedule shall apply to all municipal water connections.

FOR OFFICE USE ONLY:

200 gallons/day x \$ 5.90 = \$ 1,180 ~~\$5,000~~ = \$ 1,180

PC: Approval
2023-4
Condition 3

Connection Fee: \$ N/A Rcvd by: [Signature] Date: 06-14-23 Finance Notified

Approved by: [Signature] Date: 07.18.23 Letter Sent Finance Notified

Inspected by: _____ Date: _____ Tie Drawing Finance Notified

Meter Installed Date: _____

Master List Updated: Approved Inspected Metered

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 6/12/2023 FEE: \$115.00 (includes recording)

MAP/PARCEL/LOT: 2:1091/006/001 NO. _____

The undersigned herewith requests an inspection of the premises and the issuance of "Certificate of Occupancy" of premises, or portion thereof, for use or habitation.

This request is for use only of existing land or buildings.

This request is for new construction or rehabilitated or altered structure which was done under authority of zoning permit # PC: 2023-4

issued to UVM Medical Center on 2/23/2023.

Premises are at 2 Essex Way, Essex Junction, VT

Water service installation inspected and approved by N/A

Driveway location inspected and approved by N/A

Sanitary sewer connection or septic system inspected and approved by: N/A

Name: N/A Date: N/A

Construction was begun 7/1, 2023 and completed 11/1, 2023

Approval granted by P.C. or Z.B.A. on 2/23/2023, 2023. #PC: 2023-4

Use of premises intended Primary Care Mobile CT Trailer Addition
(type of use)

Applicant's Signature: Peter Bero Pet Bero Telephone: 802-847-7679 Cell: 617-571-9211
Email Address: Peter.Bero@uvmhealth.org

By issuance of this Occupancy Permit, the Town of Essex Zoning Administrator hereby acknowledges that the use and/or building construction is in complete conformity with the Zoning Regulations, unless otherwise noted. Field measurements and similar dimensions for setbacks are based in part on evidence supplied by owner. The Town of Essex is not liable for errors or mistakes when it is found that information submitted by the applicant is erroneous or inaccurate.

Certificate of Occupancy has been approved with _____ without _____ conditions.
If with conditions, see attachment outlining same.

Certificate of Occupancy denied _____. Please see attachment with reasons for denial.

Date

Zoning Administrator