

Appeal Period Expires 7/5/22 Zoning District F1 **Town of Essex, Vermont** **Application for Zoning Permit** (Building Permit) Application Date 06/16/2022 Permit Number 2022-93

- 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.
- Signed: Jeff McMahon

Parcel Account Numb. (Map-Parcel-Lot) 2-0 80-0 20-000

Property Address: 20 NEW ENGLAND DR., ESSEX JUNCTION, VT 05452

Owner: Meach, LLC et al (James Unsworth)

Owner Address: 28 Howard St. STE. 302, Burlington, VT 05401

Owner Phone: (work) 802-879-4504 Cell: \_\_\_\_\_ (cell) \_\_\_\_\_ (Email) james@unsworthproperties.com

Tenants name: UNITED PARCEL SERVICE, INC. Phone: 704-564-1250  
contact Kevin Woolrich - 603-315-9584

Estimated Construction Dates: Start: 6/16/22 Completion: 7/13/22

Sq. Feet: 10,000 Estimated Cost (labor & materials): \$ 781,121.00

**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 (home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inclusions or Additions:</b>			
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"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
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 \$ EXISTING Date Paid: 1/1

Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms: EXISTING

**C** Water (Please attach Water Service Application).

Public  Well  Fee \$ EXISTING Date Paid: 1/1

**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** James Unsworth, owner

Signature of Tenant and Signature of Owner X [Signature] TENANT

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>4854</u>	<u>6/13/22</u>
Recreation		\$ _____	<u>6/13/22</u>
Recording		\$ <u>30</u>	<u>1/1</u>
Certificate of Occ		\$ <u>100</u>	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Approved  Rejected  Date 6/23/22

Issued to: Meach LLC

Zoning Administrator: Sharon Kelley

Notes: \_\_\_\_\_

C.O. Required Yes  No

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

## Sharon Kelley

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**From:** Rogers, Jason <Jason.Rogers@isi-pa.com>  
**Sent:** Thursday, June 23, 2022 3:11 PM  
**To:** Sharon Kelley  
**Cc:** McCloskey, Roy; Rogers, Jason  
**Subject:** UPS - Essex Junction, VT  
**Attachments:** UPS - Essex Junction, VT - Signed Permit App.pdf; RE: UPS - 20 New England Drive, Essex Junction, VT

This email originated from **OUTSIDE** our organization. **STOP & CONSIDER** before responding, clicking on links, or opening attachments.

Hi Sharon,

Please find attached the signed permit application. I apologize for missing that initially.

Looking back over my notes; I did reach out to Jeff McMahon. He felt we did not need any permit from the state to install the conveyor. He did advise contacting the state natural resources board to determine if we would be subjected to ACT 250. I contacted Stephanie Monaghan at Vermont.gov and she said we would not fall under ACT 250. Here email response is attached if you need it for your records.

Thank you for all your help,

Regards,

***Jason P. Rogers***

Compliance Specialist/Project Coordinator



**Industrial Service & Installation, Inc.**

P.O. Box 436

Emigsville, PA 17318-0436

PH: 717-767-1129 Ext. 4005

FAX: 717-767-1705

This message contains confidential information and is intended only for the individual(s) addressed in the message. If you aren't the named addressee, you should not disseminate, distribute, or copy this e-mail. If you aren't the intended recipient, you are notified that disclosing, distributing, or copying this e-mail is strictly prohibited.

22-DrJ-0093  
June 13, 2022

Mr. Victor Prevost  
Industrial Service and Installation Inc  
290 Emig Rd  
Emigsville, PA 17318-2015

Re: Industrial Service and Installation Essex Junction Vermont UPS Equipment Drawing Review<sup>1,2,3</sup>

Dear Mr. Prevost:

DrJ Engineering was hired by Industrial Service and Installation (ISI) to provide sealed documentation for the UPS Essex Junction Vermont 2K 35 Car Positions at 20 New England Drive, Essex Junction, VT, permit submittal. The drawings prepared by ISI have been included in Appendix A to clarify the scope of our review.

DrJ Engineering has reviewed the structural design loads and statement of special inspections on sheet T-00. The platforms included in our reviewed were classified as structural when they served as occupied worker platforms. The layout plan on sheet S-01 shows the structural platforms within our scope as clouded. Details for these structural platforms on sheets S-01, S-02, and S-04 have been reviewed and deemed adequate for the applied dead and live loads. Note, no portion of the structure was specifically designed to resist vehicular impact. Stability and strength during a seismic event has been reviewed and is adequate.

Finally, the life safety plan on sheet LS-01 was reviewed confirming adequacy of travel distances to structural platform exits and building exits. It is assumed that the occupant load of the platforms will not increase the occupant load for facility.

Please contact us if we can help further in any way.

Prepared and Respectfully Submitted by:



Eric Helmueller, P.E.  
Senior Structural Engineer  
608-310-6743

Reviewed and Respectfully Submitted by:



Ryan Dexter, P.E.  
Vice President of Engineering  
608-310-6744

RYAN J DEXTER

Digitally signed by RYAN J DEXTER  
DN: cn=US, ou=Florida,  
dnQualifier=A01410D0000017AED3A89  
CE000A494, cn=RYAN J DEXTER  
Date: 2022.06.13 13:11:08 -0400



<sup>1</sup> The scope of work contained herein is limited to the specific engineering and/or code compliance analysis undertaken in this Research Report, which is also known as a duly authenticated report. This work has been prepared by an Approved Source, who is a Registered Design Professional (RDP). No representation or warranty is expressed or implied by this Research Report beyond the scope of work performed. Information, data, and/or analysis that becomes available in the future may justify modifications to this Research Report.

<sup>2</sup> Approval of an RDP takes place when the RDP is properly licensed in this state. Professional engineering laws grant the RDP the ability to undertake commerce applying engineering principles in their area of expertise.

<sup>3</sup> Capitalized terms are defined in the building code, reference standards, TPI 1, the NDS, AISI S202, professional engineering law, and Appendix A: Definitions/Commentary. Otherwise, terms not defined shall have ordinarily accepted meanings as the context implies.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/14/2022

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).

<b>PRODUCER</b> Gunn Mowery, LLC P O Box 900  Camp Hill PA 17001-0900		<b>CONTACT NAME:</b> Ashlea Harhigh <b>PHONE (A/C, No, Ext):</b> (717) 761-4600 <b>E-MAIL ADDRESS:</b> aharhigh@gunnmowery.com <b>FAX (A/C, No):</b> (717) 761-6159	
<b>INSURED</b> Industrial Service & Installation PO Box 436  Emigsville PA 17318-0436		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A : Phoenix Ins.	NAIC # 25623
		INSURER B : Travelers Property Casualty Company of America	25674
		INSURER C : Insurance Company of the West	27847
		INSURER D :	
		INSURER E :	
		INSURER F :	

**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 Master                      **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6302J388633	04/22/2022	04/22/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			810-9M283018-22-14-G	04/22/2022	04/22/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP2J626210	04/22/2022	04/22/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N    N / A			WPH5029947	04/22/2022	04/22/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Leased/Rented/Borrowed Equipment			6604J373664TIL	04/22/2022	04/22/2023	Limit \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Project Location: 20 New England Drive, Essex Junction, VT 05452

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
Town of Essex Permit Office 81 Main Street  Essex Junction VT 05452		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 	