

Appeal Period Expires 2/18/2022 **Town of Essex, Vermont**  
 Zoning District RPD-I **Application for Zoning Permit**  
 (Building Permit) Application Date 1/1  
 Permit Number 2022-6

- 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: Renee LaFontaine

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-072-003-019  
 Property Address: 19 Corporate Dr.  
 Owner: Lot 19 LLC (BRAD LAFontaine)  
 Owner Address: 125 Bixby Hill Rd. Essex  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 802573 2334 (Email) lvrmyk250@comcast.net  
 Tenants name: Cedar Creek Home Phone: \_\_\_\_\_  
Improvements Inc. Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 1/1 Completion: 1/1  
 Sq. Feet: 3600 Estimated Cost (labor & materials): \$250,000

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Septic  Connection Fee \$ 3,375.00 Date Paid: 1/3/22  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C** Water (Please attach Water Service Application).  
 Public  Well  Fee \$ 2,300.50 Date Paid: 1/3/22

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

**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.  
To be constructed pursuant to P.C. approval

**G** TC 2021-17 issued on 6/24/21  
To be constructed pursuant to P.C. approval # 2021-17, issued on 6-24-21  
 Signature of Tenant and Signature of Owner Renee LaFontaine

**G**

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

<b>Residential:</b>	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"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>1,500</u>	<u>1/31/2022</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>30</u>	<u>1/31/2022</u>
Certificate of Occ.		\$ <u>100</u>	<u>1/31/2022</u>
Other	<u>After the fact</u>	\$ <u>1,515</u>	<u>2/21/2022</u>

**Building Permit**  
 Approved  Rejected  Date 2/3/2022  
 Issued to: Lot 19 LLC (Brad LaFontaine)  
 Zoning Administrator: Thomas J. Keller  
 Notes: Emergency  
give  
 C.O. Required Yes  No

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

Z.P. # 2022-6

### Town of Essex Application for Water Service

Revised May 2021

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

Street Address: 19 Corporate Dr Development: Forest Heights  
Tax Map # 072 Tax Parcel 003 Tax Lot 019

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

Installer / Contractor:

Name: Courtney Bennett  
Address: Chester Arthur Rd  
Phone: 802-782-2799  
Cell: \_\_\_\_\_

Property Owner:

Name: Lot 19 LLC  
Address: 125 Bixby Hill Rd  
Phone: 802 598-2334  
Cell: \_\_\_\_\_

Firm Performing Main Line Tap:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

- 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 form 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: S/ Lafontain Date: 1-31-2022

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:**

225 gallons/day x \$ 5.78 = \$ 1,300.50 + \$1,000 = \$ 2,300.50

Connection Fee: \$ \_\_\_\_\_ Rcvd by: [Signature] Date: 1-31-2022  Finance Notified

Approved by: [Signature] Date: 01-31-22  Letter Sent  Finance Notified

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_  Tie Drawing  Finance Notified

Meter Installed Date: \_\_\_\_\_

Master List Updated:  Approved  Inspected  Metered

O'Leary-Burke Civil Associates, PLC

13 Corporate Drive, Essex Jct., VT 05452

(802) 878-9990 Fax (802) 878-9989

Water Main Pressure, Leakage & Chlorination Test Form

Project Name: Lot 19 Corporate Drive
Date of Test: 9/23/21
Town Representative Witnessing Testing (If applicable):

Project #: 2021-11
Contractor: R.J. Piche

Specific Location: (Attach sketch or plan)
Street
From Station to Station

Pipe Information
Pipe Size 6
Pipe Type C900
Length 317'

Pressure Test Information

Start Finish
Time 11:45 AM 1:15 PM
Pressure 200 psi 200 psi

Test Results

Passed Failed Tester Piche Inspector RCM

Note: The pressure shall be 200 psi or 150% of the working pressure, whichever is greater, for a minimum of two hours. Pressure shall be maintained for 2 hours, and shall not be allowed to drop below 195 PSI.

Leakage Test Information \* 2 hour test

Gallons measured as leakage 0 gallons/ 2 hour Test
Allowable leakage, L, = 0.18 gallons/ 2 hour Test

L = 2 \* [(317' \* (6") \* (sqrt(200)))] / 148,000

L = 0.18 gallons = 23 ounces

Where L = 2(SD (Square root of P) / 148,000) D = diameter of pipe in inches S = Length of pipeline tested
L = leakage in gallons/ 2 hour P = Average test pressure in psi

Test Results

Passed Failed Tester Piche Inspector RCM

Disinfection Test

Initial Test Time/Date 9/23 2:00 PM

Residual Test Time/Date 9/27 8:00 AM
(minimum of 24 hours after initial)

Chl. Conc. 720 mg/L
Must be > 20 mg/L to pass

Chl. Conc. 710 mg/L
Must be > 10 mg/L to pass

Passed Failed Inspector RCM

Flushing Time/Date 9/27 8:15 AM Chlorine Conc. after flushing <1 mg/L
Must be <1 mg/L (if >1 mg/L check another nearby system location)

Bacteriological Testing

(2) Samples taken: Taken to VT Health Lab Time/Date 9/29 + 9/30

Passed Failed Inspector RCM

(Attach a copy of the Health Dept. Lab results)

Initial:

Inspector
Project Engineer

<i>Drinking Water Results Report</i>	<b>State Health Dept #</b>	<b>21-WB-02039</b>
	<b>Report Status</b>	<b>Final</b>
	<b>Date Report Released</b>	<b>09/30/2021</b>

<b>Report To</b>	O Leary Burke Civil Assoc PLC	<b>Account Name</b>	O Leary Burke Civil Assoc PLC
<b>ATTN of</b>	Paul O Leary	<b>Date Received</b>	09/29/2021
<b>Address</b>	13 Corporate Dr Essex, VT 05452	<b>Time Received</b>	16:09

<b>Sample Desc.</b>	KIT A	<b>Sample Type</b>	N/A
<b>Collection Date</b>	09/29/2021	<b>Collection Type</b>	N/A
<b>Collection Time</b>	15:30	<b>Free Chlorine Residual</b>	N/A
<b>Sampled By</b>	Ryan Morse	<b>Total Chlorine Residual</b>	N/A
<b>Sampling Location</b>	6" Building Service	<b>Chlorinated?</b>	N/A
<b>Street Address</b>	19 Corporate Drive	<b>Field Temp.</b>	N/A
<b>Town</b>	Essex Junction	<b>Field Fluoride</b>	N/A
	<b>State</b> VT	<b>Temp at Receipt</b>	N/A

<b>Test</b> <i>Enzyme Substrate Test</i>	<b>Date/Time of Analysis</b> 09/30/2021 11:08
	<b>Test Method</b> SM20 9223B
<b>Analyte</b>	<b>Result</b>
Total Coliform	Not detected
E.coli	Not detected

■ This water sample DOES NOT contain total coliform or E.coli bacteria. THE WATER COULD CONTAIN OTHER CONTAMINANTS. For guidance on water testing, please visit [www.healthvermont.gov/water](http://www.healthvermont.gov/water). Be sure to have your water tested at least once a year, since the number of bacteria in your water can change due to groundwater contamination, poor water system maintenance, flooding, or other problems.

**Units of Measurement and Definitions:**  
N/A = Not Available; mL = milliliter; ">" = greater than; "<" = less than; MPN = Most Probable Number; CFU = Colony Forming Unit; TNTC = Too Numerous To Count  
These results are for a grab sample; collected at one location and at one point in time unless otherwise noted.

Unless otherwise noted all analyses performed under NELAP certification have complied with all the requirements for the TNI standard.  
Test results relate only to the samples tested and are representative of the samples as they were received at the laboratory.  
This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont Access to Public Documents law (1 V.S.A. 315-320). For guidance and treatment recommendations, please visit [www.healthvermont.gov/water-contaminants](http://www.healthvermont.gov/water-contaminants).

This report shall not be reproduced, except in full, without the written approval of the laboratory.

**Test Report Authorized By:** Cheryl Achilles  
Laboratory Program Chief - Microbiology

If you have received this document in error or if you have questions about this report, please call 802-338-4724

Please tell us about your experience with the VDH Laboratory by completing the customer survey at <https://www.healthvermont.gov/lab>

<i>Drinking Water Results Report</i>	<b>State Health Dept #</b>	<b>21-WB-02040</b>
	<b>Report Status</b>	<b>Final</b>
	<b>Date Report Released</b>	<b>10/01/2021</b>

<b>Report To</b>	O Leary Burke Civil Assoc PLC	<b>Account Name</b>	O Leary Burke Civil Assoc PLC
<b>ATTN of</b>	Paul O Leary	<b>Date Received</b>	09/30/2021
<b>Address</b>	13 Corporate Dr Essex, VT 05452	<b>Time Received</b>	16:03

<b>Sample Desc.</b>	KIT A	<b>Sample Type</b>	N/A
<b>Collection Date</b>	09/30/2021	<b>Collection Type</b>	N/A
<b>Collection Time</b>	14:25	<b>Free Chlorine Residual</b>	N/A
<b>Sampled By</b>	Shawn Cunningham	<b>Total Chlorine Residual</b>	N/A
<b>Sampling Location</b>	6" Bldg Service	<b>Chlorinated?</b>	N/A
<b>Street Address</b>	19 Corporate Dr	<b>Field Temp.</b>	N/A
<b>Town</b>	Essex Junction	<b>Field Fluoride</b>	N/A
	<b>State</b> VT	<b>Temp at Receipt</b>	N/A

<b>Test</b> <i>Enzyme Substrate Test</i>	<b>Date/Time of Analysis</b> 10/01/2021 11:06
	<b>Test Method</b> SM20 9223B

Analyte	Result
Total Coliform	Not detected
E.coli	Not detected

■ This water sample DOES NOT contain total coliform or E.coli bacteria. THE WATER COULD CONTAIN OTHER CONTAMINANTS. For guidance on water testing, please visit [www.healthvermont.gov/water](http://www.healthvermont.gov/water). Be sure to have your water tested at least once a year, since the number of bacteria in your water can change due to groundwater contamination, poor water system maintenance, flooding, or other problems.

**Units of Measurement and Definitions:**

N/A = Not Available; mL = milliliter; ">" = greater than; "<" = less than; MPN = Most Probable Number; CFU = Colony Forming Unit; TNTC = Too Numerous To Count  
These results are for a grab sample; collected at one location and at one point in time unless otherwise noted.

Unless otherwise noted all analyses performed under NELAP certification have complied with all the requirements for the TNI standard.

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Access to Public Documents law (1 V.S.A. 315-320). For guidance and treatment recommendations, please visit

[www.healthvermont.gov/water-contaminants](http://www.healthvermont.gov/water-contaminants).

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<b>Test Report Authorized By:</b>	Cheryl Achilles Laboratory Program Chief - Microbiology
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## Aaron Martin

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**From:** Ryan Morse <[rmorse@olearyburke.com](mailto:rmorse@olearyburke.com)>  
**Sent:** Friday, October 1, 2021 1:30 PM  
**To:** Aaron Martin  
**Subject:** 19 Corporate Drive Water Service Testing  
**Attachments:** Water Service Testing.pdf

CAUTION: EXTERNAL MAIL. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS YOU DO NOT TRUST

Good afternoon Aaron,

We have completed the testing associated with the 6" water line that was installed at 19 Corporate Drive. The pressure test, leakage test, and chlorination test all passed. Two (2) samples were taken to Vermont Department of Health lab and came back good. All of this information can be found in the attached PDF.

Please let me know if you need any more information regarding the installed water line.

Thank you,

**Ryan Morse, E.I.**

O'Leary-Burke Civil Associates, PLC

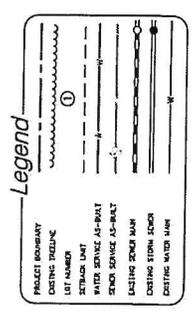
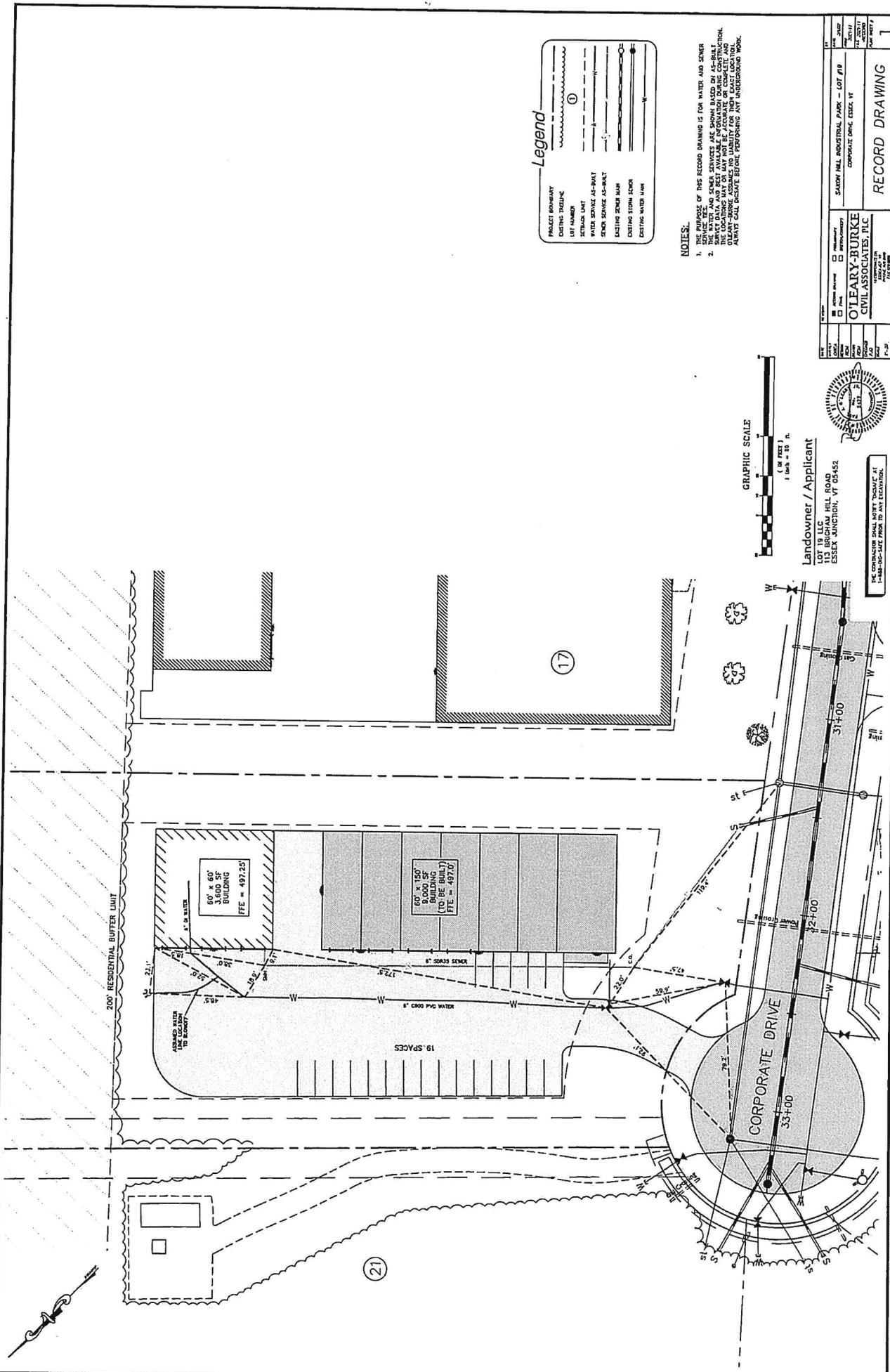
13 Corporate Drive

Essex Junction, VT 05452

email: [rmorse@olearyburke.com](mailto:rmorse@olearyburke.com)

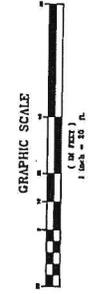
phone: (802) 878-9990 | fax: (802) 878-9989

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.



**NOTES:**

1. THE PURPOSE OF THIS RECORD DRAWING IS FOR WATER AND SEWER SERVICE CONNECTIONS.
2. THE WATER AND SEWER SERVICES ARE SHOWN BASED ON AS-BUILT DATA AND BEST AVAILABLE INFORMATION DURING CONSTRUCTION. O'LEARY-BURKE ASSOCIATES, P.L.C. ACCEPTS NO LIABILITY FOR THEIR EXACT LOCATION. CLIENTS SHALL VERIFY THE LOCATION OF ALL UTILITIES BEFORE ANY UNDERGROUND WORK.



**Landowner / Applicant**  
 LOT 19 LLC  
 SHAW HILL PARK  
 ESSEX JUNCTION, VT 05453

DATE	NO.	DESCRIPTION
10/11/17	1	RECORD DRAWING

**O'LEARY-BURKE CIVIL ASSOCIATES, P.L.C.**  
 100 WOODS DRIVE  
 SOUTH BURLINGTON, VT 05403  
 TEL: 802-253-1111  
 FAX: 802-253-1117



THE CONTRACTOR SHALL NOTIFY NEIGHBORS AT LEAST 48 HOURS BEFORE THE START OF WORK.

Boning Permit #  
2022-6

Town of Essex  
Application for Sewer Service

Revised April 2016

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

Street Address: 19 Corporate Dr. Development: Forestdale Heights  
Tax Map # 072 Tax Parcel 003 Tax Lot 019

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

Installer / Contractor: Bennette Plumbing & Heating Property Owner: Lot 19 LLC  
Name: Bennette Plumbing & Heating Name: Lot 19 LLC  
Address: Chester Arthur Rd. Address: 125 Bixby Hill Rd.  
Phone: 802-782-2799 Phone: 802-598-2334  
Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

- 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] Date: 01-31-22  
(Signature of Owner / Agent)

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**  
225 gallons / day x \$10.30 = \$ 3,317.50 + \$1,000 = \$ 3,317.50

Received by: [Signature] Date: 1-31-2022

Approved by: ALM Date: 01-31-22  Letter Sent  Finance Notified

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_  Tie Drawing  Finance Notified

Master List Updated:  Approved  Inspected

1016

50-755/213

LOT 19 LLC  
125 BIXBY HILL RD  
ESSEX JCT, VT 05452

*Jan 31, 2022*  
date

*Pay to the order of Town of Essex* \$1630 -

*Sixteen hundred thirty dollars* dollars

ESSEX COUNTY  
DEPT OF TAXES  
DATE IN FULL

Community  
Bank N.A.  
Essex Junction, Vermont 05452 451

*for zoning permit*

*Prereq to build*

1016

MP

1017

50-755/213

LOT 19 LLC  
125 BIXBY HILL RD  
ESSEX JCT, VT 05452

*Jan 31, 2022*  
date

*Pay to the order of Town of Essex* \$5616

*Five thousand six hundred sixteen dollars* dollars

ESSEX COUNTY  
DEPT OF TAXES  
DATE IN FULL

Community  
Bank N.A.  
Essex Junction, Vermont 05452 451

*for water & sewer hookup*

*Prereq to build*

1017

MP



2.P. # 2022-6

### TOWN OF ESSEX, VERMONT APPLICATION FOR CURB CUT / UTILITY PERMIT

Pursuant to Title 19 V.S.A. Section 43. Application for curb cut and Utility Installation in Town Right-of-Way

All applications for curb cuts and utility installations shall be submitted to the Director of Public Works / Town Engineer for review. Applicants shall submit the information requested on this form and any additional information requested by the Director of Public Works / Town Engineer for a clear understanding of this application. The permit is issued under authority of the Town Manager in accordance with Section 601 of the Town Charter and 24 V.S.A. paragraph 1236 (2).

Application No. \_\_\_\_\_  
Date 1/13/22

Property Address: 19 Corporate Dr.

Owner Address: 125 Bixby Hill Rd.

Owner Name: Lot 19 LLC

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) 802-595-2334

Tax Map # 072 Tax Parcel 003 Tax Lot 019

Application is for: (check one)

A) New Curb Cut  B) Utility Installation: Overhead  Underground

Please use attached diagram to describe location and type of installation.

Comments by Director of Public Works / Town Engineer:

Culvert: Yes  No  Water Bar(s): Yes  No

*SEE COMMENTS, CONDITIONS*

Culvert Diameter: (18 inch minimum) 18" Total length of Culvert: (30 foot minimum) \_\_\_\_\_

\*\*\* FOR OFFICE USE ONLY \*\*\*

Signature of Owner:

Renee J. Lusk

Fee Paid \$ N/A

Approved  Rejected

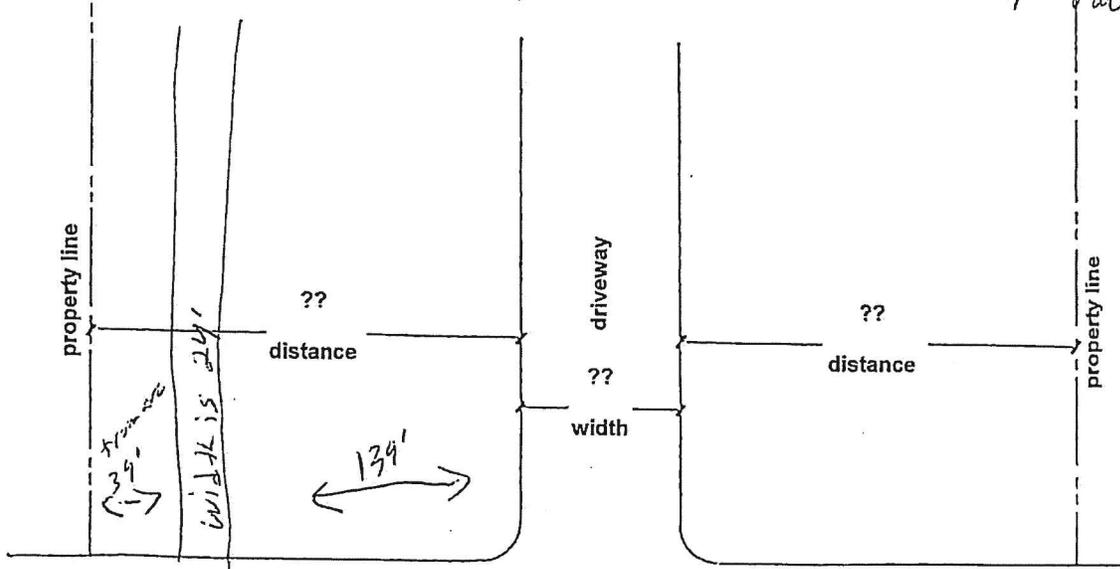
*\* SEE COMMENTS & CONDITIONS*

Donald J. Lusk

Per Authority of the Town Manager by the Director of Public Works / Town Engineer

1. Culvert must be HIGH DENSITY POLYETHYLENE (HDPE) PIPE
2. Culvert will be purchased by the Applicant  
Culvert will be purchased and installed by the applicant. The Town of Essex Department of Public Works will inspect.
3. Note: A MINIMUM OF 24 HOURS NOTICE IS REQUIRED PRIOR TO COMMENCEMENT OF CONSTRUCTION. WITHIN 24 HOURS OF COMPLETION, THE APPLICANT IS REQUIRED TO NOTIFY THE DIRECTOR OF PUBLIC WORKS / TOWN ENGINEER FOR INSPECTION PURPOSES.

to be constructed pursuant to  
 PC approval # 2021-17 + Public Works  
 Specs.



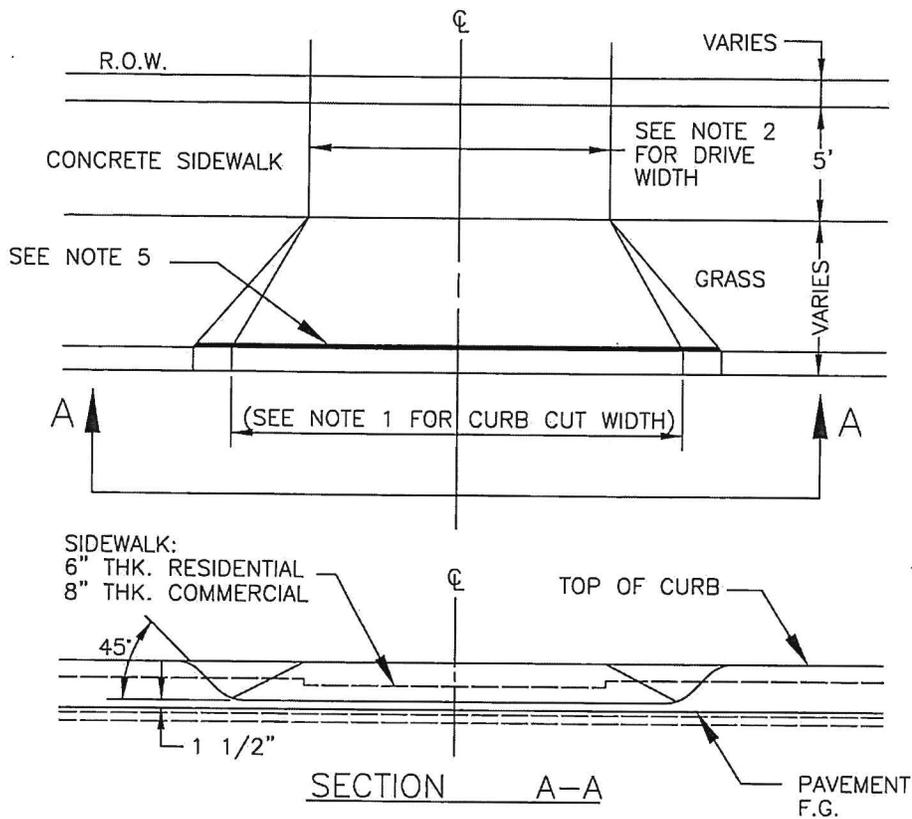
Corporate Dr.  
 STREET NAME

Comments and / or special instructions from Director of Public Works / Town Engineer :

CURB CUT AND APRON TO BE CONSTRUCTED AS PER  
 APPROVED SITE PLAN AND DETAILS 100.08, 100.09, AND  
 100.11, ATTACHED.

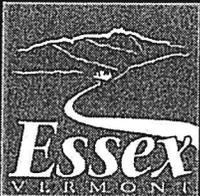
ALTHOUGH NOT SHOWN ON THE SITE PLAN, THE  
 CULVERT AND DRAINAGE WORK STARTED BY THE  
 CONTRACTOR IS TO BE COMPLETED AND REMAIN  
 IN PLACE

**NOTE:** A MINIMUM OF 24 HOURS IS REQUIRED PRIOR TO COMMENCEMENT OF  
 CONSTRUCTION. WITHIN 24 HOURS OF COMPLETION, THE APPLICANT IS REQUIRED TO NOTIFY  
 THE DIRECTOR OF PUBLIC WORKS / TOWN ENGINEER FOR INSPECTION PURPOSES.



**NOTES :**

- 1) CURB CUT WIDTHS SHALL BE AS FOLLOWS  
 SINGLE DRIVE: 15 FEET (MIN.)  
 DOUBLE DRIVE: 20 FEET (MAX.)  
 COMMERCIAL DRIVE: 45 FEET (MAX.)
- 2) DRIVE WIDTHS SHALL BE AS FOLLOWS  
 SINGLE DRIVE: 10 FEET (MIN.)  
 DOUBLE DRIVE: 15 FEET (MAX.)  
 COMMERCIAL DRIVE: 40 FEET (MAX.)
- 3) ALL APRONS WITHIN PUBLIC RIGHTS-OF-WAY SHALL BE PAVED.
- 4) APRON SUBBASE SHALL MATCH THE ROADWAY SUBBASE FOR MATERIALS AND THICKNESS.
- 5) CURBING EXPANSION JOINTS SHALL BE CONSTRUCTED BETWEEN DRIVE APRON AND CURB. (SEE DETAIL 100.07)



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

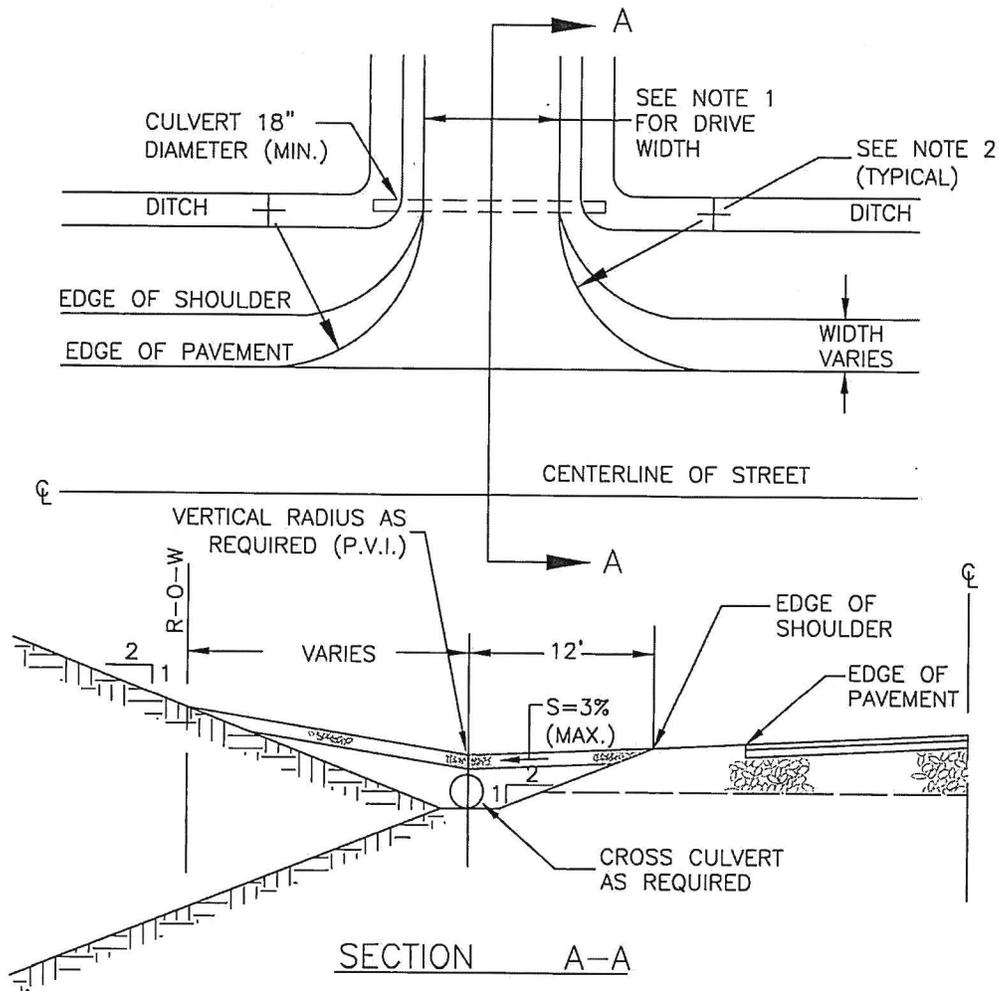
Ph 802 878-1344  
 Fx 802 878-1355  
 Et www.essex.org

TOWN OF ESSEX, VERMONT  
 STANDARD SPECIFICATIONS FOR CONSTRUCTION

DRIVEWAY APRON

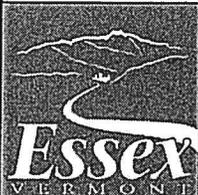
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 Date: JAN. 2017

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**NOTES :**

- 1) DRIVE WIDTHS SHALL BE AS FOLLOWS  
 SINGLE DRIVE: 10 FEET (MIN.)  
 DOUBLE DRIVE: 15 FEET (MAX.)  
 COMMERCIAL DRIVE: 40 FEET (MAX.)
  
- 2) EDGE OF PAVEMENT RADII  
 MAJOR / COLLECTOR ROAD: 30 FEET  
 MINOR ROAD / DEAD END: 25 FEET  
 COMMERCIAL / INDUSTRIAL: 30 FEET (MIN.)
  
- 3) MAXIMUM DRIVE GRADE SHALL BE 3%  
 FROM PVI TO EDGE OF SHOULDER



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TOWN OF ESSEX, VERMONT  
 STANDARD SPECIFICATIONS FOR CONSTRUCTION

RURAL DRIVEWAY

Detail No: 100.09  
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 Date: JAN. 2017

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