

Appeal Period Expires 9/10/09
Zoning District R2

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

Application Date 8/5/09
Permit Number 2009-119

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 and it must remain posted throughout the construction period.

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.

Occupancy of the premises shall not take place until a Certificate of Occupancy is obtained.

Approval is subject to accuracy of information provided by the applicant.

A Parcel Account Numb. (Map-Parcel-Lot) 2- 092-001-001
(found in Town Assessor's Office)
Property Address: 23 Essex Way
Owner: Hannaford Bros. Co.
Owner Address: 145 Pleasant Hill Road, Scarborough, ME 04074
Owner Phone: (work) (800) 442-6049 (home) 8
(cell) _____ (Email) _____
Contractors name: Chris D. Donnelly Phone: 617 972-1884
Cell: 401 334 3433
Estimated Construction Dates: Start: 9/10/09 Completion: 9/10/09
Sq. Feet: _____ Estimated Cost (labor & materials): \$ _____

B Sewage Disposal (Please attach Sewer or Septic Application).
Public Private Connection Fee \$ _____ Date Paid: / /
Proposed New Bedrooms: _____ Existing Bedrooms _____

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

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

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. (Instruction sheet available upon request.)
see attached

G Signature of Owner Christopher D. Donnelly

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 type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <u>1 Day Use Permit</u>			
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>90.00</u>	<u>08/13/09</u>
	School	\$ _____	<u> / /</u>
	Recreation	\$ _____	<u> / /</u>
	Recording	\$ <u>10.00</u>	<u>08/13/09</u>
	Other	\$ _____	<u> / /</u>

Building Permit
Approved Rejected Date 8/26/09
Issued to: Hannaford Bros Co
Zoning Administrator: Sharon L. Kelly
Notes: _____

C.O. Required Yes No

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

(web) 01/25/06

CLIENT:

MASTERTENT USA
2322 Cuss Rd.
Traverse City, Michigan 49684

Attn: Rob Young

SAMPLE IDENTIFICATION:

OXFORD 500 - WHITE

FLAMMABILITY

NFPA 701 (1999) TEST 2

FOLDS

SPECIMEN *

#1
#2
#3
#4After Flame
(Seconds)Char Length
(mm)

Drip Burn

0.0	240.0	0.9
0.0	240.0	1.6
0.0	235.0	1.1
0.0	250.0	1.8

* Specimens were conditioned at least 24 hours at 20±5°C before testing.

CRITERIA:

PASS/FAIL

REQUIREMENTS:

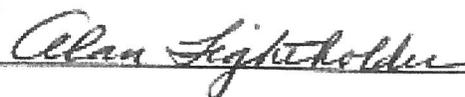
CHAR: 1050 mm Maximum Individual
DRIP BURN: 2 Seconds Maximum Individual
AFTER FLAME: 2 Seconds Maximum Individual

COMMENTS:

The submitted sample passes the requirements of NFPA 701 (1999)
Test 2 Flammability.

TEXTTEST

Signed by



CONDITIONS OF TESTING
See Reverse

CLIENT: MASTERTENT USA
2322 Cass Rd.
Traverse City, Michigan 49684
Attn: Rob Young

SAMPLE IDENTIFICATION: POLYESTER FABRIC - FROM LANDSKROON

CPAI-84 SECTION 6

AS RECEIVED

FLAMMABILITY

(Revision 1995)

Wall & Tops

<u>SPECIMEN</u>		<u>After Flame (Seconds)</u>	<u>Char Length (mm)</u>	<u>Drip Burn (Seconds)</u>
1W		0.0	149.0	0.0
2W		0.0	149.0	0.0
3W		0.0	135.0	0.0
4W		0.0	125.0	0.0
5F		0.0	119.0	0.0
6F		0.0	128.0	0.0
7F		0.0	127.0	0.0
8F		0.0	140.0	0.0
AVG.		0.0	134.0	0.0

WEIGHT: ASTM D 3776

g/m²

237

CRITERIA: PASS/FAIL

REQUIREMENTS:

WEIGHT(g/m²)

Over 200, not over 270

CHAR: Max. Avg. 165 mm, Max. Ind. 255 mm
DRIP BURN: Shall not continue to flame after they reach the floor.
AFTER FLAME: Max. Avg. 2.0 Sec., Max. Ind. 4.0 Sec.

COMMENTS: The submitted sample passes the requirements of CPAI 84 Section 6 Flammability as received.

TEXTTEST

Signed by

Alan Fitchholder



CONDITIONS OF TESTING
See Reverse

PRODUCER HCC Specialty Underwriters 401 Edgewater Place Suite 400 Wakefield Ma, 01880	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Allen & Gerritsen, Inc 311 Arsenal St. Watertown, MA 02472	INSURER A: Lexington Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPL IFR PFR <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	014-782957	7/17/2009	7/17/2010	EACH OCCURRENCE	\$1,000,000.00
						DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$300,000.00
						MED EXP (ANY ONE PERSON)	\$5,000.00
						PERSONAL & ADV INJURY	\$1,000,000.00
						GENERAL AGGREGATE	\$2,000,000.00
						PRODUCTS - COMP/OP AGG	\$1,000,000.00
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	014-782957	39678	40376	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000.00
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	
						OTHER THAN EA ACC	
						AUTO ONLY: AGG	
		EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						EL EACH ACCIDENT	
						EL DISEASE EA EMPLOYEE	
						EL DISEASE POLICY LIMIT	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Proof of Insurance Only

CERTIFICATE HOLDER

Proof of Insurance Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

