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TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 10-27-15

FEE: \$85.00 pd (includes recording)

MAP/PARCEL/LOT: Map 69, Parcel 1

NO. 2014-72

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 # 2014-72

issued to LNP Inc., c/o Al Senecal on 6-10-14.

Premises are at 9 Joshua Way

Water service installation inspected and approved by Brian Bertsch, O'Leary-Burke Civil Associates

Driveway location inspected and approved by N/A, building utilizes existing access

Sanitary sewer connection or septic system inspected and approved by:

Name: Brian Bertsch, O'Leary-Burke Civil Associates Date: February 9, 2015

Construction was begun June 10, 2014 and completed October 2, 2015

Approval granted by P.C. on November 13, 2014. *Reference approval #'s 2007-4 AND 2013-26, 2014-15, 2014-32*

Use of premises intended Commercial Residential 50-unit congregate housing
(type of use)

Applicant's Signature: [Signature] Telephone: (802) 862-0517 Cell: (802) 338-0911

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.

11-16-15
Date

[Signature]
Zoning Administrator



O'Leary-Burke Civil Associates, PLC

CIVIL ENGINEERING | REGULATORY AND PERMIT PREPARATION | LAND SURVEYING | CONSTRUCTION SERVICES | LAND USE PLANNING

April 14, 2014

Sharon Kelley
Zoning Administrator
Town of Essex
81 Main Street
Essex, VT 05452

RE: Planning Commission Approval #PC: 2014-14 & 2014-15
9 Joshua Way & 241 Pearl Street, Essex

Dear Sharon:

We are writing on behalf of LNP, Inc., c/o Al Senecal, to submit revised plans for a boundary line adjustment, between 9 Joshua Way and 241 Pearl Street, and for a building addition which would add twenty (20) additional congregate housing units to a previously approved thirty (30) unit congregate housing building located at 9 Joshua Way. The project received Boundary Adjustment Approval and Final/Site Plan Amendment Approval on March 13, 2014.

The following changes have been made per the Planning Commissions' approval #PC-2014-14:

- **Condition #1, Approval Conditions:** Understood, the project will be built to the approved plans and per the conditions of approval.
- **Condition #2, Previous Approvals:** Understood.
- **Condition #3, Mylar:** Attached please find a signed Mylar for recording in the land records.
- **Condition #4, Village Approval:** Attached please find a letter from Terry Hass, Assistant Zoning Administrator for the Village of Essex Junction, approving the boundary line adjustment.
- **Condition #5, Approval Acceptance:** Understood.

The following changes have been made per the Planning Commissions' approval #PC-2014-15:

- **Condition #1, Approval Conditions:** Understood, the project will be built to the approved plans and per the conditions of approval.
- **Condition #2, Previous Approvals:** Understood.
- **Condition #3, Mylar:** Attached please find a signed Mylar for recording in the land records.
- **Condition #4, Connection Fees:** Understood, the applicant will pay \$73,750 to connect to the water and sewer system prior to receiving a zoning permit. The \$48,611 additional sewer allocation fee will be paid prior to issuance of a Certificate of Occupancy.

- **Condition #5, Traffic Impact Fee:** Understood, the applicant will pay \$12,804 prior to receiving a zoning permit.
- **Condition #6, Water and Sewer Installation:** Understood.
- **Condition #7, Bicycle/Pedestrian easement:** As requested a 20-foot bicycle and pedestrian easement has been extended over the lands to be conveyed to LNP, Inc., see SH. 1 '60-Scale Overall Plan' and SH. PL1 'Boundary Line Adjustment Plat'.
- **Condition #8, Street Trees:** Understood.
- **Condition #9, Stormwater Calculations:** Attached please find a copy of the amended stormwater discharge permit and copy of the state application.
- **Condition #10, Legal Documents:** All applicable legal documents for review by the town attorney will be submitted under a separate cover.
- **Condition #11, Signage:** Understood, no new signage has been proposed.
- **Condition #12, Handicapped Parking Spaces:** As requested the final plans have been revised to show five ADA-accessible parking spaces which includes one van-accessible spot.
- **Condition #13, Lighting Plan:** As requested the lighting plan has been revised.
- **Condition #14, Fire Chief:** Understood.
- **Condition #15, Final Plat:** As requested the date and recording information of the original plat has been listed under note 1m. Through recording of this Boundary Line Adjustment Plat the 'original' plat has been superseded.
- **Condition #16, Property Plat and DXF File:** Attached please find three paper copies, recordable mylar and a DXF File of the SH PL1 'Boundary Line Adjustment Plat'.
- **Condition #17, Property Corners:** Understood.
- **Condition #18, State Permits:** Attached please find copies of Wastewater System and Potable Water Supply Permit #WW-4-2589-1, Authorization of Notice of Intent #4212-9020.2A under Construction General Permit #3-9020, Individual Stormwater Discharge Permit #4212-INDS.A1 and Land Use Permit #4C1177-1.
- **Condition #19, Approval Acceptance:** Understood.

Attached please find three (3) full size sets and three (3) reduced 11"x17" sets of revised plans. If you have any questions, please call.

Sincerely,



Brian J. Bertsch, P.E.



O'Leary-Burke Civil Associates, PLC

CIVIL ENGINEERING | REGULATORY AND PERMIT PREPARATION | LAND SURVEYING | CONSTRUCTION SERVICES | LAND USE PLANNING

February 9, 2015

Aaron Martin, P.E.
Utilities Director
Town of Essex
81 Main Street
Essex, VT 05452

Re: Water & Sewer Inspection
9 Joshua Way, Essex, VT

Dear Aaron:

Attached please find a sketch detailing the sanitary sewer and water connections for the 50-unit congregate housing building located at 9 Joshua Way. The sanitary sewer and water connections were inspected by personnel from our office who verified that the installation was performed correctly including the use of crushed stone bedding and a satisfactory gradient from the building to the sewer main for the sanitary sewer connection.

The water and sewer main were also inspected; have been properly tested; and have successfully met those tests. Enclosed is a copy of all testing which occurred in conjunction with this certification.

Upon completion of all site work a final record drawing will be submitted for you records. If you have any questions, or require any additional information, please do not hesitate to call.

Sincerely,

Brian J. Bertsch, P.E.

Enc.

cc: Al Senecal
Z:\4060\4060\MARTIN-Services.doc

O'Leary-Burke Civil Associates, PLC

1 Corporate Drive, Suite #1 Essex Jct., VT 05452

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

Water Main Pressure, Leakage & Chlorination Test Form

Project Name: PINECREST II
Date of Test: 2/4/15
Town Representative Witnessing Testing (If applicable): _____

Project #: 4060
Contractor: OMEGA

Specific Location (Attach sketch or plan)
Street 9 JESUITA WAY, BURLINGTON
From Station _____ to Station _____

Pipe Information
Pipe Size 6"
Pipe Type D.I.
Length 60'

Pressure Test Information

Start 1:00 PM Finish 3:00 PM
Time _____
Pressure 203 psi _____ psi

Test Results

Passed Failed _____ Tester Omega Inspector WTL
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 _____ gallons/ 2 hour Test L = 2 ((60 * 6 * sqrt(200)) / 148000)
Allowable leakage, L, = 9.02 gallons/ 2 hour Test 0.069 GAL/2 (9.02)

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 Omega Inspector WTL

Disinfection Test

Initial Test Time/Date _____ Residual Test Time/Date _____
(minimum of 24 hours after initial)

Chl. Conc. _____ mg/L Must be > 20 mg/L to pass
Chl. Conc. _____ mg/L Must be > 10 mg/L to pass

Passed _____ Failed _____ Inspector _____
Flushing Time/Date _____ Chlorine Conc. after flushing _____ 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 2/4/15 & 2/5/15
Passed Failed _____ Inspector _____

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

Initial:
WTL Inspector
RJB Project Engineer

Results Report

State Health Dept # : 14-WB-08332

Report To O Leary Burke Civil Assoc PLC
ATTN OF Paul O Leary
Address 1 Corporate Dr Ste 1
 Essex Jct, VT 05452

WSID
Account Name O Leary Burke Civil Assoc PLC
Date Received 02/05/2015
Time Received 16:00
Approved Date 02/06/2015

Sample Desc. KIT A
Collection Date 02/05/2015
Collection Time 14:30
Sampled By Tatum Lauten
Sampling Location Water Pipe/Basement
Street Address 7 & 9 Joshua Way
 Essex

Sample Type
Free Chlorine Residual
Total Chlorine Residual
Chlorinated?
Field Temp.
Field Fluoride
Temp at Receipt

Test *Enzyme Substrate Test* **Date/Time of Analysis** 02/06/2015 11:15
Test Method: SM20 9223B

Analyte	Result
Total Coliform	Not detected
E.coli	Not detected

■ THE WATER SAMPLE TESTED IS BACTERIOLOGICALLY SUITABLE FOR DRINKING(POTABLE).
 **IMPORTANT: Bacteriological testing of a single sample of water is only one means of determining the suitability of water for drinking. It is also critical that the water source location, system construction and ongoing maintenance/treatment are adequate to consistently protect against bacterial contamination.

Units of Measurement and Definitions: mL = milliliter, > equals greater than, MPN = Most Probable Number, CFU = Colony Forming Unit, TNTC = Too Numerous To Count

The test results included on this report meet all National Environmental Laboratory Accreditation Program requirements unless noted otherwise.
 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).
 This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By: *Mary Celotti*
 Mary Celotti, Laboratory Director

If you have received this report in error or have questions about this report, please call the laboratory at (802) 863-7336.

Results Report

State Health Dept # : 14-WB-08693

Report To O Leary Burke Civil Assoc PLC
 ATTN OF Paul O Leary
 Address 1 Corporate Dr Ste 1
 Essex Jct, VT 05452

WSID
 Account Name O Leary Burke Civil Assoc PLC
 Date Received 02/04/2015
 Time Received 15:06
 Approved Date 02/05/2015

Sample Desc.	KIT A	Sample Type
Collection Date	02/04/2015	Free Chlorine Residual
Collection Time	14:30	Total Chlorine Residual
Sampled By	Tatum Lauten	Chlorinated?
Sampling Location	Water Supply Pipe/Basement	Field Temp.
Street Address	7 & 9 Joshua Way	Field Fluoride
City/Town	Essex	Temp at Receipt

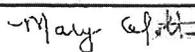
<u>Test</u>	<i>Enzyme Substrate Test</i>	Date/Time of Analysis	02/05/2015	11:15
		Test Method:	SM20 9223B	

Analyte	Result
Total Coliform	Not detected
E.coli	Not detected

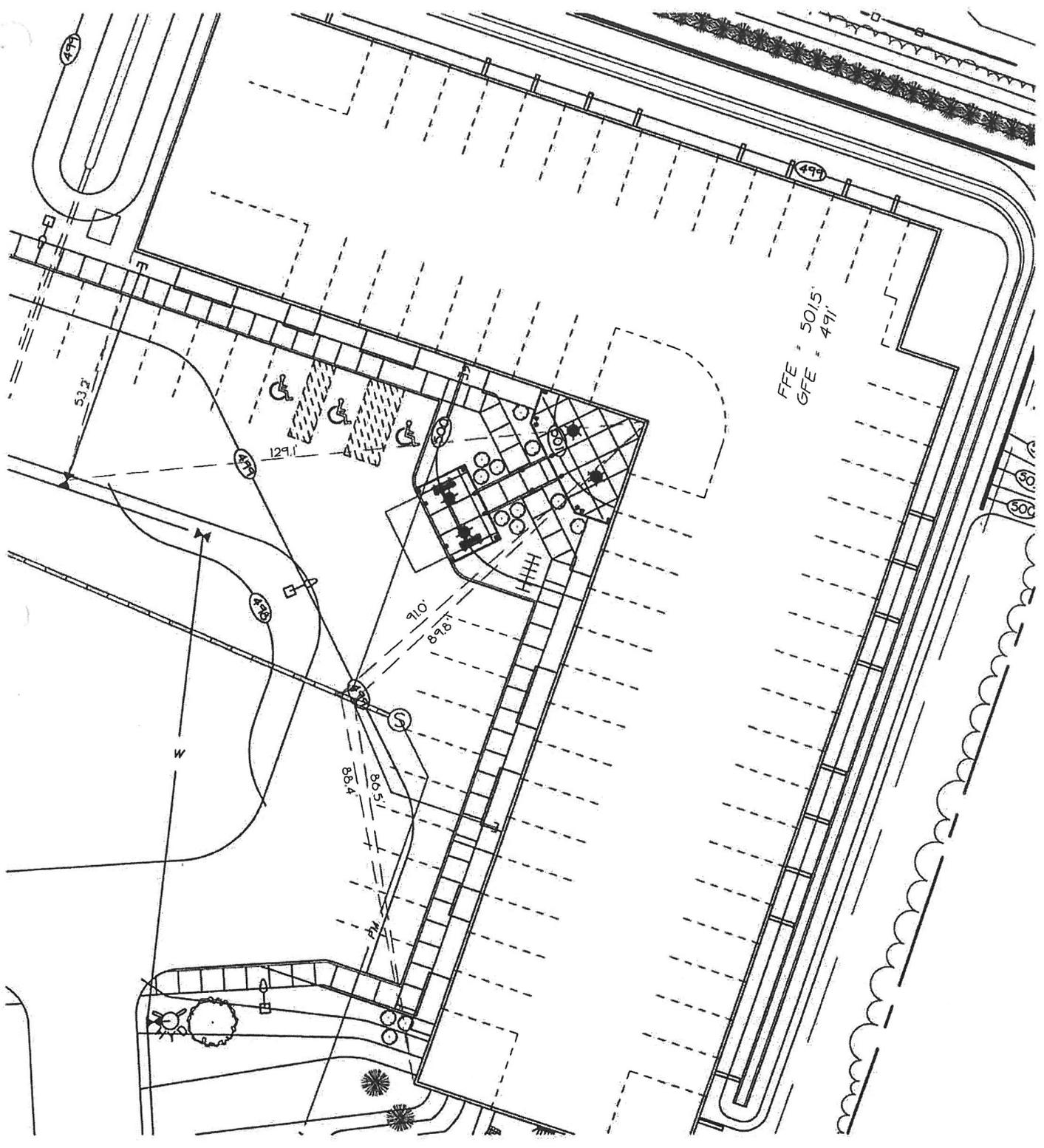
■ THE WATER SAMPLE TESTED IS BACTERIOLOGICALLY SUITABLE FOR DRINKING(POTABLE).
 **IMPORTANT: Bacteriological testing of a single sample of water is only one means of determining the suitability of water for drinking. It is also critical that the water source location, system construction and ongoing maintenance/treatment are adequate to consistently protect against bacterial contamination.

Units of Measurement and Definitions: mL = milliliter, > equals greater than, MPN = Most Probable Number, CFU = Colony Forming Unit, TNTC = Too Numerous To Count

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Test Report Authorized By: 
 Mary Celotti, Laboratory Director

*If you have received this report in error or have questions about this report,
 please call the laboratory at (802) 863-7336.*





Vermont Department of Public Safety
DIVISION OF FIRE SAFETY



Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team
 firesafety.vermont.gov

Barre Regional Office
 1311 U.S. Route 302 - Berlin, Suite 500
 Barre, VT 05641
 [phone] 802-479-4434
 [fax] 802-479-4446

Rutland Regional Office
 56 Howe Street, Building A, Suite 200
 Rutland, VT 05701-3449
 [phone] 802-786-5867
 [fax] 802-786-5872

Williston Regional Office
 372 Hurricane Lane, Suite 102
 Williston, VT 05495-2080
 [phone] 802-879-2300
 [fax] 802-879-2312

Springfield Regional Office
 100 Mineral Street, Suite 307
 Springfield, VT 05156-3168
 [phone] 802-885-8883
 [fax] 802-885-8885

FIRE INSPECTION RESULTS

Site Id: 92319

Structure Information

Name: Pinecrest II Congregate Housing Address: 9 Joshua Way
 Structure Id: 92319 ESSEX, VT 05452

Owner Information

Owner: LNP, INC (N 73612) Address: 31 Commerce Avenue
 Phone: 802-862-0517 S BURLINGTON, VT 05403

Building Description

Risk Index: H1	Smoke Det: Yes	Occupants:	Units: 50
Const Type: VA	CO Detect: Yes	Stand Pipe: Yes	Floors: 3
Occ Type: R2	Fire Alarm: Automatic	Sprinkler: Complete	Sq Feet: 22204
Heating: Gas			

Project Description

Name: New construction - March 2014
 Type: Building Project Received: 03/26/2014 Workitem Id: 361481

Inspection Detail

Insp Date: 10/12/2015 Insp Type: Partial Final Violations:
 Comply By: 12/31/2015 Occ Granted: Conditional Hazard Index: Level 2
 Inspector: CHRIS A BOYD (S 58514)
 With: Jim Rice; Al Senecal; Chris Letourneau

Violations and Notes

This was a final inspection for the building, including all dwelling units, common areas, and both the fire alarm and sprinkler systems. This was not a final inspection with regards to the building's elevator and shaft/machine room. This component will be inspected at a later date once installation is complete. The following issues were documented during this inspection and will be completed for the inspection of the elevator and elevator shaft/machine room:

- 1) All common areas must have fire alarm notification appliances within them. Depending on the area notification me only need to be achieved by a strobe only device or if the audibility is less than acceptable in NFPA 72 then it will have to be provided by a horn/strobe device. For clarification purposes common areas include but are not limited to: storage rooms, public restrooms, common laundry areas, and meeting rooms.
- 2) At the time of inspection it was noted during fire alarm testing that the addresses shown in the fire alarm control panel were in need of correction with regards to device location descriptions. When updated review the new addressing was Captain Dave Sheerann of the Essex town fire department.
- 3) The signage package for the building (for dwelling units, stairways, and all other rooms) was not in place of the time of inspection. This will be installed as soon as it has received.
- 4) There were multiple penetrations in rated assemblies that were noted as needing to be fire stopped. All fire stopping must be completed by the final inspection for the elevator.
- 5) There multiple sprinkler heads that were missing their eschusion covers. These must be installed and the stand pipes in the stairways must have the proper caps installed (2-1/2 inch to 1-1/2 inch).
- 6) The building keys must be provided to the fire department for insertion into the key box. This is to include any door that accesses the building, secures an area within the building, or any equipment that requires a key to open it.
- 7) All issues documented by the state electrical Inspector must be corrected as documented.

Vermont Department of Public Safety



Division of Fire Safety
CONVEYANCE
CERTIFICATE OF OPERATION

VERMONT FIRE & BUILDING
SAFETY CODE
CONVEYANCE PROOF OF INSPECTION
INSP. NO. 15- 3988

VIOLATIONS
 YES **NO** **CORRECTED**

DIVISION OF FIRE SAFETY
VERMONT DEPT. OF PUBLIC SAFETY

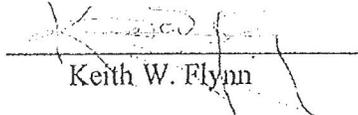
Location: PINECREST II

State Site #: 92319 Conveyance #: VTEL-6900 Exp. Date: 10/16/2016

Maximum Capacity: 3500 Pounds Maximum Speed: 100 Ft. per minute

Inspector License #: ELI - 14

Commissioner:


Keith W. Flynn

- * Report any incident involving personal injury to 802-479-7561.
- * The permit shall be clearly displayed on or in each conveyance.

Revised: June 2014