

PERMIT LETTER

Permit Date: 03/07/2025

Parcel Number: 14031131

Permit Number: B25-000008

Parcel

Owner: NORTHWESTERN
MEDICAL CENTER INC

Permit

Type: Renovation/Addition

Parcel Address: 131 FAIRFIELD ST St Albans City, VT 05478

Project Summary: Interior cosmetic work, flooring, construction of 2 new offices, 4 interior doors.

Decision: Approved

Conditions:

The application and submittals for the above referenced project have been reviewed and the

1. permit is **APPROVED. This approval applies only to the information listed on the drawings and specifications that have been submitted.**

2. The Permit Placard shall be displayed on the subject premises and be clearly visible from a public way. Notice shall be displayed at the time of application and shall not be removed until after the appeals expiration date or until the project is completed, whichever is longer
3. In addition to periodic inspections, a final inspection may be required.
4. This project shall adhere to all Land Development Regulations.
 - a. Approved per scope of work submitted
5. This project shall adhere to all Board Conditions.
 - a. N/A

This permit expires after 3/19/26.

- o If work has not been completed, **prior** to reaching the expiration date of the permit/approval, please consult with the Zoning Administrator for renewal details OR to seek new Development Review Board approval if previously required. See Article 9 of the St. Albans City Land Use Regulations for details on expirations.
- o This permit does not satisfy the requirements of the state. You must contact the state permitting specialist to determine those requirements
- o This permit does not certify the legal size of the lot and is not a legal determination of boundary lines.
- o If you have any questions or if I can be of further assistance, please contact me at 802-524-1500 ext *262 or s.bennett@stalbanstv.com.


Property Services

March 07, 2025
Date

RECEIVED

Permit No. B25-000008

MAR 07 2025



CITY OF ST. ALBANS Zoning Office

PERMIT APPLICATION for BUILDING, CONSTRUCTION, USE or OTHER APPROVAL
under the CITY OF SAINT ALBANS LAND DEVELOPMENT REGULATIONS

Applicant(s) Northern Building & Remodeling LLC **Daytime Phone** 802-782-5180
Landowner(s) Northwestern Medical Center **Daytime Phone** 802-524-5911
Mailing Address 133 Fairfield Street **Parcel ID #** 14031131
Parcel Address 133 Fairfield Street **Zoning District** M-Inst.
Email nbrllcvt@gmail.com

Proposed Activity (check all that apply)

New Use - \$20 / \$50 ¹		New Single Family Dwelling \$30 / \$90 ¹	
Accessory Use - \$20 / \$50 ¹		Two-Family Dwelling \$30 / \$90 ¹	
Temporary/Seasonal Use - \$20 / \$50 ¹		Multi-Family Dwelling \$30 / \$90 ¹	
New Commercial Structure \$50 / \$300 ¹		Renovation/Addition to Resident. Structure \$30 / \$90 ¹	
Renovation/Addition to Comm. Structure \$50 / \$300 ¹	\$50	Pool - above ground \$20 / \$50 ¹ or in-ground \$30 / \$60 ¹	
Accessory Structure - \$20 / \$50 ¹		Fence - \$20 / \$50 ¹ (waived if under 6 feet in height)	
Boundary Line Adjustment ² - \$90 / \$140 ¹		Demolition - \$50 / \$100 ¹	
Subdivision ² \$90 / \$140 ¹		Other - specify	

¹ After the fact ² Exempt if paid as part of a DRB Hearing

Description of Proposed Activity (attach additional pages as needed)	Fees Continued:	
		Total of Fees from Above:
<u>See attached description</u>	Residential Construction Fee - \$4.00 per \$1,000 in work cost estimate	
	Commercial Construction fee - \$5.00 per \$1,000 in work cost estimate	\$500
	City Clerk Recording Fee (for each permit) \$15.00	\$15
	Records Management Fee (for each permit) \$12.00	\$12
Cost of work: \$100,000	Total Permitting and Recording fees:	\$577
Expected Completion Date:	Check # <u>589</u> or Cash	Amt Remitted: \$577.00

I certify the submitted information to be true and accurate:

All fees are non-refundable, except the Construction Fee and Recording Fee for a DENIED application.

Signed by: Peter J. Wright
 Signature of Owner: Peter J. Wright

Date: 3/6/2025

Signature of Applicant: Anthony Grogio

Date: 2-27-2025

APPEAL: You have the right to appeal this decision to the City of St. Albans Development Review Board within 15 days of the date of the decision (St. Albans City Land Development Regulations Sec. 905). **No construction is allowed during the appeal period.** If you do not appeal, this decision shall become final.

EXPIRATION: An approved permit shall expire after a period of time determined by Section 903 of the City Land Development Regulations.

FOR COMPLETION BY ADMINISTRATIVE OFFICER

Water/Wastewater Allocation change needed: Y N **PW Initial for submitted application:** _____

1) **Approved:** 3/7/25 Posted: 3/19/25 This approval shall not become effective until 4/3/25

2) **Denied:** _____
3/7/25 Sara Bauritt
 Date of Action Administrative Officer

From: Anthony <nbrlcv@gmail.com>
Sent: Sunday, January 5, 2025 1:26 PM
To: Sara Bennett <s.bennett@stalban.vt.com>
Subject: Permit Requirements

Hello Sara,

I am working on a proposal for some office space renovations at Northwest Medical Center at 133 Fairfield street in St Albans. The work would consist of mostly cosmetic work such as paint and flooring, we will be constructing two new offices in the HR suite and adding four interior doors in different phases of the project. Would we be required to obtain a permit from the city for this proposed project? If so, could you please let me know what the rates are for permits? Thank you in advance for your help.
We will be pulling a permit with the Vermont Division of Life Safety if we are to obtain the project.

Kind regards,

Tony Gregoire
Member
Northern Building & Remodeling LLC
802-782-5180
www.northernbuildingandremodeling.com
Like us on Facebook
<image002.png>
<Construction-Use Permit Application 2025.pdf>



PERMIT NO: B25-000008

City of St. Albans
Certificate of Posting

The municipality shall fulfill all posting requirements listed below, while the applicant shall be responsible for all of the following postings, as part of the permit application requirements:

Posting of Notice of Permit (24 V.S.A. § 4449 and Section 905 of the City of St. Albans Zoning Bylaws)


- The applicant shall post the notice of permit, on the form prescribed by the town, within view from the public right of way most nearly adjacent to the subject property, until time for appeal has passed.

Date of Posting: 3/19/25

Location: 131 FAIRFIELD ST, St Albans City, VT 05478

CERTIFICATION:

I, the undersigned, attest that I have completed the posting and notice requirements listed above, and fully understand and assume all responsibility, as part of my permit / permit application requirements, to properly post and maintain this notice for the required time period. Failure to do so may void my permit.



Applicants' Signature

3-19-2025
Date

PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 133 Fairfield St.

Applicant: Northern Building & Remodeling LLC

Project Description: Interior & new office door, & misc. Cosmetic work

Permit / Approval

Type: B25 - 000008

Date Issued: 3/19/25

Appeal by: 4/3/25

Public Hearing Notice

Date / Time: _____

Place: _____

Purpose: _____

FOR MORE INFORMATION, CONTACT:

PLANNING & PERMITTING ADMINISTRATOR, CITY OF ST. ALBANS, PO BOX 867,

100 NO. MAIN ST., ST. ALBANS, VT 05478, PHONE: 802-524-1500 X 262

EMAIL: INFO@STALBANSVT.COM

WEB: WWW.STALBANSVT.COM/PLANNING

Applicant: This notice shall be displayed on the subject premises and be clearly visible from the public way. Notice shall be displayed at the time of application and shall not be removed until after the appeals expiration date.

Sara Buntz
ADMINISTRATIVE OFFICIAL

