

# TOWN OF STURBRIDGE

## Planning Board

### Permit Application

#### For Official Use:

Date of Receipt: 07-18-2022

Received By: y.mls.

File Number: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Completed: \_\_\_\_\_

Not Completed: \_\_\_\_\_

#### Application Type

- Special Permit     Site Plan Review     Waiver

#### Part A General Information

1. NAME OF REGISTERED OWNER Stan Kaitbenski Inc.

Address 110 Brookfield Rd

City Hskdale State Ma Zip Code 01518

Telephone No. 508-450-5070

Email Address CKaitbenski@gmail.com

2. NAME OF APPLICANT/ AGENT Joshua Roy Cruise Control Trans Inc

Address 210 Charlton Rd

City Sturbridge State Ma Zip Code 01566

Telephone No. (508) 667-4677

Email Address Tounguy.josh@qol.com

3. MATTERS RELATED TO THE APPLICATION SHOULD BE ADDRES TO (check one or more):

- Owner     Applicant/Agent

4. PROOF OF OWNERSHIP ACCOMPANYING APPLICATION: (check one):

- Copy of front page of deed                       Parcel Registry

**Part B      Details of Application**

5. Location of Subject Property

Municipal Address: 110 Brookfield Rd Fiskdale, ms

Lot(s): 110                      Plan: Book 04799 / 0135

Assessment Lot Number(s): 173-01936-110

6. Is the subject property subject to any easements, rights-of-way, or other rights over adjacent properties (i.e. mutual driveway)?

- Yes     No

7. Existing use of Property: Construction / Trucking

8. Date of construction of all existing and proposed buildings and structures on the subject property:

Services available to the subject property:	Existing	Proposed
Type of water services (i.e. municipal water or private well)	municipal	
Type of sewage disposal (i.e. municipal sewage disposal or private septic system)	municipal	
Type of storm drainage (i.e. sewers, ditches, swales or other means)	municipal	

9. Project Details

	Total Gross Floor Area		Total Gross Leasable Area		Number of Units	
	Existing	Proposed	Existing	Proposed	Existing	Proposed
Industrial	7926	7926	7926	7926	1	1
Office						
Commercial						
Institutional						
Residential						
Total						

**Part C**

**Project Narrative** *Must be completed by applicant or agent*

Describe the proposed project in terms of use, design elements and construction timeframe.

Adding towing and storage of vehicles as shown on plan submitted. No changes to existing parking lot.

Explain how the design and layout of the development or use constitutes suitable development without detriment to the neighborhood or to the environment.

There will be no changes to the layout or design of the existing operation.

Describe any special processes, mitigation measures or unique circumstances which may have a bearing on project approval

None other than the standard operating procedures for hazardous materials.

10. Please list any technical studies or background material being submitted to support the application.

None

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11. Please indicate (✓) if the applicant or owner has submitted any of the following applications for all or part of the subject property and complete the following chart:

Other Applications	Required		Submitted		File Number	Status of Application
	Yes	No	Yes	No		
Conservation Commission (Notice of Intent or Request for Determination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DPW (Curb Cut Permit)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DPW (Street entrance, water or sewer tie in)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board of Health (Septic, food, other)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Zoning Board of Appeals (Special Permit, Variance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Board of Selectmen (Liquor License)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other:

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# SITE PLAN CHECK LIST

See plan and narrative provided

## 1. Existing Site Plan – note any non-conformance

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input type="checkbox"/> Locus	_____
<input type="checkbox"/>	<input type="checkbox"/> North arrow	_____
<input type="checkbox"/>	<input type="checkbox"/> Survey	_____
<input type="checkbox"/>	<input type="checkbox"/> Existing Structures	_____
<input type="checkbox"/>	<input type="checkbox"/> Existing roads and curbs	_____
<input type="checkbox"/>	<input type="checkbox"/> Contours and elevations	_____
<input type="checkbox"/>	<input type="checkbox"/> Abutters within 300 feet	_____
<input type="checkbox"/>	<input type="checkbox"/> Zone and dimensional requirements	_____
<input type="checkbox"/>	<input type="checkbox"/> Setbacks	_____

### Additional comments

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## 2. Proposed – meets zoning unless noted

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input type="checkbox"/> Lot dimensions	_____
<input type="checkbox"/>	<input type="checkbox"/> Proposed buildings	_____
<input type="checkbox"/>	<input type="checkbox"/> Percent building & impervious areas	_____
<input type="checkbox"/>	<input type="checkbox"/> Sidewalks and buffer areas	_____
<input type="checkbox"/>	<input type="checkbox"/> Streets, driveways and access	_____
<input type="checkbox"/>	<input type="checkbox"/> Circulation patterns	_____
<input type="checkbox"/>	<input type="checkbox"/> Parking spaces and calculations	_____
<input type="checkbox"/>	<input type="checkbox"/> Allowed use reference	_____
<input type="checkbox"/>	<input type="checkbox"/> Loading areas	_____
<input type="checkbox"/>	<input type="checkbox"/> Building mean height	_____
<input type="checkbox"/>	<input type="checkbox"/> Dumpsters & screening	_____
<input type="checkbox"/>	<input type="checkbox"/> Outdoor storage areas	_____

### Additional comments

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### 3. Grading

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input type="checkbox"/> Buffer zones and distances	_____
<input type="checkbox"/>	<input type="checkbox"/> Wetlands and vernal pools	_____
<input type="checkbox"/>	<input type="checkbox"/> Riparian features	_____
<input type="checkbox"/>	<input type="checkbox"/> Flood zones	_____
<input type="checkbox"/>	<input type="checkbox"/> Ground water elevations	_____
<input type="checkbox"/>	<input type="checkbox"/> Siltation fencing	_____
<input type="checkbox"/>	<input type="checkbox"/> Significant species type and habitat	_____
<input type="checkbox"/>	<input type="checkbox"/> Detention and Retention Basins	_____
<input type="checkbox"/>	<input type="checkbox"/> Grading plan	_____

### Additional comments

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### 4. Utilities

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input type="checkbox"/> Water lines and connections	_____
<input type="checkbox"/>	<input type="checkbox"/> Hydrants and sprinklers	_____
<input type="checkbox"/>	<input type="checkbox"/> Sewer lines and connections	_____
<input type="checkbox"/>	<input type="checkbox"/> Electric and wire lines	_____
<input type="checkbox"/>	<input type="checkbox"/> Drainage structures	_____
<input type="checkbox"/>	<input type="checkbox"/> Oil and propane tanks	_____
<input type="checkbox"/>	<input type="checkbox"/> Snow storage area	_____
<input type="checkbox"/>	<input type="checkbox"/> Public and private wells	_____

### Additional comments

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## 5. Landscaping, Lighting and Signs

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input type="checkbox"/> Landscaping and calculations	_____
<input type="checkbox"/>	<input type="checkbox"/> Lighting location, size, type, direction	_____
<input type="checkbox"/>	<input type="checkbox"/> Open space as percent of lot	_____
<input type="checkbox"/>	<input type="checkbox"/> Sign location size and detail	_____
<input type="checkbox"/>	<input type="checkbox"/> Geologic features	_____
<input type="checkbox"/>	<input type="checkbox"/> Dust and noise control measures	_____
<input type="checkbox"/>	<input type="checkbox"/> Fencing permanent and temporary	_____

### Additional comments

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## 6. Detail Sheets

YES	NO – must give reason below	For Planning Board use
<input type="checkbox"/>	<input type="checkbox"/> Tree planting	_____
<input type="checkbox"/>	<input type="checkbox"/> Shrub planting	_____
<input type="checkbox"/>	<input type="checkbox"/> Light poles	_____
<input type="checkbox"/>	<input type="checkbox"/> Hydrants	_____
<input type="checkbox"/>	<input type="checkbox"/> Catch basins	_____
<input type="checkbox"/>	<input type="checkbox"/> Man holes	_____
<input type="checkbox"/>	<input type="checkbox"/> Traps	_____
<input type="checkbox"/>	<input type="checkbox"/> Trenching	_____
<input type="checkbox"/>	<input type="checkbox"/> Road profiles	_____
<input type="checkbox"/>	<input type="checkbox"/> Curbing and Burms	_____
<input type="checkbox"/>	<input type="checkbox"/> Signs and support	_____
<input type="checkbox"/>	<input type="checkbox"/> Sewer fixtures	_____
<input type="checkbox"/>	<input type="checkbox"/> Water lines	_____
<input type="checkbox"/>	<input type="checkbox"/> Fencing	_____
<input type="checkbox"/>	<input type="checkbox"/> Headwalls	_____
<input type="checkbox"/>	<input type="checkbox"/> Siltation fencing	_____
<input type="checkbox"/>	<input type="checkbox"/> Facades	_____
<input type="checkbox"/>	<input type="checkbox"/> External materials & colors	_____
<input type="checkbox"/>	<input type="checkbox"/> Fenestration	_____

## Additional comments

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## 7. Calculations and Studies unless waived

YES

NO – must give reason below

For Planning Board use

- |                                     |                          |                                    |
|-------------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/> | Lot coverage                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | ITE trip generation calculations   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Planting calculations and schedule |
| <input type="checkbox"/>            | <input type="checkbox"/> | Traffic impacts                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Drainage calculations              |
| <input type="checkbox"/>            | <input type="checkbox"/> | Water and sewer demands            |
| <input type="checkbox"/>            | <input type="checkbox"/> | Hydrant pressure tests             |
| <input type="checkbox"/>            | <input type="checkbox"/> | Water and aquifer studies          |
| <input type="checkbox"/>            |                          | Other                              |

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## Additional comments

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## 8. Permits applied for / received from other boards, agencies or commissions

Board/Agency

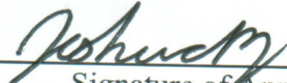
Action or Conditions

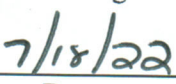
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**AUTHORIZATION (Must be signed by applicant)**

I hereby request that the Town of Sturbridge Planning Board review this application for Site Plan approval, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Site Plan Review Regulations of the Planning Board of the Town of Sturbridge.

  
\_\_\_\_\_  
Signature of Applicant

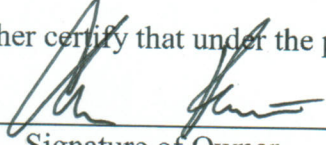
  
\_\_\_\_\_  
Date

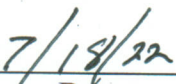
**AUTHORIZATION (Must be signed by owner)**

I am the record owner of the property for which this application is being filed and as such, I am familiar with the work proposed to be carried out on my property.

I hereby give permission for this application to be filed with the full understanding that certain restrictions may be placed on the property relative to the approval of the proposed work.

I further certify that under the penalties of perjury, I am authorized to sign this application.

  
\_\_\_\_\_  
Signature of Owner

  
\_\_\_\_\_  
Date

If someone is representing the applicant or the owner, the applicant must designate such representative below:

Name of Representative: \_\_\_\_\_

Address of Representative: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Relationship of representative to owner or applicant: \_\_\_\_\_

If representing a group, corporation or other organization please attach a copy of the vote authorizing you to act on behalf of such organization for the purposes of this application.

*An application will not be considered complete and will not be submitted to the Planning Board for its action until all required documentation/information has been submitted to the Town Planner and filed with the Town Clerk.*

**Incomplete applications will be automatically rejected and returned to the applicant.**

Applications should be submitted to:

Town of Sturbridge Planning Department  
Center Office Building  
301 Main Street  
Sturbridge, MA, 01566  
508-347-2508

Applicants are *strongly* encouraged to schedule a submittal meeting with the Town Planner.

## Standard Operating Procedures for Hazardous Materials

### Introduction:

A hazardous material is any chemical or physical material with properties that make it dangerous or potentially harmful to human health or the environment. Cruise Control Towing & Recovery is responsible for any contaminated spills or release that occurs during an accident. Our responders are trained to be able to recognize different types of hazardous materials, as well as pertinent regulations on how to handle and dispose of the identified material. The goal of this written procedure is to develop a uniform approach and method to tasks and situation which may be encountered by members of the team.

### Training:

Cruise Control Transportation Inc employees who handle hazardous material are trained every year on these procedures. They are also trained on the proper Personal Protection Equipment to maintain their own safety.

### Procedures:

Cruise Control Transportation Inc. has implemented the following responses to spill and cleanup procedures.

- The first step toward gaining control of any hazardous materials incident is to isolate the public from the problem and to determine what type and severity of the hazardous material we will be working with. (Use the right equipment for the job: Ex Do not use metal shovel when cleaning a gas spill)
- Contact our certified hazmat supervisor and ask they report to the scene (Josh or James)
- Put on all required PPE (Each incident may require certain PPE)
- Locate the spill relative to the damaged vehicle, and if additional resources will be needed. (Spills over 10 gal, we must notify MASSDEP @ 888-304-1133 and local fire department)
- Stop/contain the spill
- Protect the area using absorbents, booms, spill pads or and emergency leak sealant.
- Clean up the spill using proper equipment for that specific hazardous material.
- Transporting debris may not exceed 220 lb or 27.5 gal per incident. Anything more than that we must contact Millennium Environmental @ 197 M Boston Post Rd Marlborough, MA 01752 P: 617-299-8468
- Dispose of all contaminated in accordance with federal and local regulations. (Safey- Kleen 224 E Main St West Brookfield, MA 01585 Phone: 508-867-7184)

Storage and Disposal:

- Any vehicle involved in a motor vehicle accident and is leaking fluids will be brought into our garage and drained of all fluids. All fluids will be properly stored in marked hazardous waste containers.
- Confine material storage indoors whenever possible.
- Material being stored must be in approved sealed containers
  
- Confine outdoor material storage to designated areas that are covered and away from high traffic or drainage pathways
  
- Store materials and waste in materially compatible containment units.
- Recycle materials where possible.
- We have a regular schedule for pick-up and disposal of waste materials.

Cruise Control Transportation presently employs two who have successfully completed the 40 hr OSHA Hazardous Waste Operations and Emergency Response as well as the 30 hr of supervisory instructions per OSHA 29CFR 1910.120 & OSHA 29 CFR 1910.1200

Joshua Roy – Certified 40 hr & 30 hr Supervisor

James Rolfe - Certified 40 hr & 30 hr Supervisor

Cruise Control Transportation Inc.  
110 Brookfield Rd Fiskdale, Ma 01518  
Telephone – 508 347 2444 Fax – 774 241 0127