



Town of Deerfield
Office of the Town Administrator

Deerfield Municipal Offices
8 Conway Street
South Deerfield, MA 01373
Ph: 413-665-1400
Fax: 413-665-1411
Email: townadmin@town.deerfield.ma.us

Expedited Permitting Project - Application Cover Sheet

1. Applicant or Representative

Name: NUPRO LLC. - Jeff Ethier Phone #: 413-350-5020

Full Mailing Address: 10 Sandy Lane, South Deerfield, MA 01373

E-mail Address: jethier@nupro-films.com

2. Property Owner or Representative

(If different from above. All entities listed on deed must be included. Please attach additional sheets if necessary.)

Name: NUPRO LLC. Phone #: 413-350-5020

Full Mailing Address: 8 Conway Street, South Deerfield, MA 01373

E-mail Address: _____

3. Registered Land Surveyor/Engineer

Name: SVE Associates - Mark Stadnicki, P.E. Phone #: 802-257-0561

Full Mailing Address: P.O. Box 1818, 439 West River Road, Brattleboro, VT 05302

E-mail Address: mstadnicki@sveassoc.com

4. Parcel Identification

Street Address: Off Merrigan Way - Oxford Food Site

Map:* 168 Lot/Parcel #:* 21 & 21.2

**This information is on your tax bill, or can be obtained from the Board of Assessors.*

5. Deed Reference:

Book: 8052 Page: 32 (Parcel 21) & 37 (Parcel 21.2)

6. Plan Reference:

Book: 140 Page: 41

7. Parcel Area: *(all figures should be in square feet)*

Total Land Area: +/.387,470 sf Area of Disturbed Land: +/.335,412 sf

Gross Floor Area of proposed construction: 100,000 sf Net Floor Area: 124,680 sf

8. Proposed Use: (mark all that apply)

- Parking lot New Construction Alteration/Expansion
 Municipal Institutional Commercial
 Industrial Mixed Use Outdoor retail
 Solar Electric Installation

9. Modification of Existing Plan? Yes No

10. List any other Federal or State Permits required:

Mass DEP Notice of Intent; Order of Conditions; NPEDS's Construction General Permit/Stormwater Pollution Prevention Plan (SWPPP)

13. Estimated Total Cost of Project: \$ 16,550,000.00

14. I hereby certify that the information contained in this application is true and complete.

Applicant's Signature:  Date: 8/24/2022

Owner(s) Signature(s): _____ Date: _____
(if different from applicant; attach additional sheets if necessary)

_____ Date: _____

_____ Date: _____

APPLICATION PROGRESS CHART

Completed Application Received (Refer to Application Checklist): _____

Initial Review by Selectboard (Date): _____

Peer Review Fee account name: _____

Peer Review Fee Acct. #: _____ conforms to MGL Ch. 44, §53g: _____

Initials of Town Accountant:

Peer Review Fee Paid: \$ _____ Date: _____ Town Clerk: _____

Funds deposited to Peer Review Fee account: Date: _____ Treasurer: _____

Additional funds deposited: \$ _____ Date: _____ Treasurer: _____

Unused funds returned: \$ _____ Date: _____ Treasurer: _____

(with interest)

RECEIVED:

Filing Fee Rec'd: _____

Check #: _____

Clerk's Initials: _____

FOR STAFF USE ONLY