

Appeal Period Expires <u>4/13/07</u> Zoning District <u>CF01</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>3/28/07</u> Permit Number <u>2007-26</u>
---	--	---

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- 010-022-000
 (found in Town Assessor's Office)
 Property Address: 150 Indian Brook Rd.
 Owner: Town of Essex / Epilepsy Foundation
 Owner Address: 81 Main St
 Owner Phone: (work) 878-1342 (home) _____
 (cell) _____ (Email) _____
 Contractors name: _____ Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: / / Completion: / /
 Sq. Feet: _____ Estimated Cost (labor & materials): \$ _____

G			
Check box(es) which describe proposed use or construction (circle choice in parenthesis).			
N = New A = Addition R = Remodel			
<i>Residential:</i>	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"/>
<i>Inclusions or Additions:</i>			
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"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
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"/>

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

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

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

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.)
The Big Chill - Sat., April 14th 2007
One Day Event - Indian Brook Reservoir
Use existing parking lot, portolet, no need for security - small event
Epilepsy Foundation Audrey G. Butler

G Signature of Owner [Signature]

Office Use Only			
Fees:	Type	Amount	Date Paid
	Permit	\$ <u>None</u>	<u>Copy</u>
	School	\$ _____	<u> </u> / <u> </u> / <u> </u>
	Recreation	\$ _____	<u> </u> / <u> </u> / <u> </u>
	Recording	\$ _____	<u> </u> / <u> </u> / <u> </u>
	Other	\$ _____	<u> </u> / <u> </u> / <u> </u>
Building Permit			
Approved <input checked="" type="checkbox"/>	Rejected <input type="checkbox"/>	Date	<u>3/28/07</u>
Issued to: <u>Town of Essex</u>			
Zoning Administrator: <u>[Signature]</u>			
Notes: _____			
C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

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

(web) 01/25/06

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SG
EPILE-1

DATE (MM/DD/YYYY)
03/23/07

PRODUCER
C.G. McCullough Ins. Agy, Inc.
One Birchwood
Killington VT 05751
Phone: 802-773-2222 Fax: 802-773-6372

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 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Epilepsy Foundation of VT
P.O. Box 6292
Rutland VT 05702

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Vermont Mutual Insurance Group	26018
INSURER B: Travelers Property & Casualty	
INSURER C:	
INSURER D:	
INSURER E:	

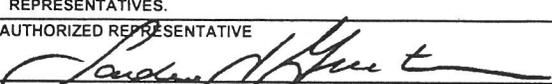
COVERAGES

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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	BP17032669	05/05/06	05/05/07	EACH OCCURRENCE \$
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 1,000,000
						PRODUCTS - COMP/OP AGG \$
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
						\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	6KUB-549X197-1-06	08/01/06	08/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is named as Additional Insured for the Big Chill-Be A Hero for Epilepsy on 4/14/07.

CERTIFICATE HOLDER
 ESSEX
 Town of Essex
 81 MainStreet
 Essex Jct VT 05452

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 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




**EPILEPSY
FOUNDATION®**

VERMONT



P.O. BOX 6292
RUTLAND, VT 05702

BOARD OF DIRECTORS

March 28, 2007

PRESIDENT
John FitzGerald

Mr. Jerry Firkey, Zoning Administrator
Town of Essex
81 Main St.
Essex Junction, VT 05452

VICE PRESIDENT
James Girard
Mary Parisi

TREASURER
Chris Rabtoy

SECRETARY
Patricia King

Dear Jerry:

DIRECTORS
Lisa Brownell
Robert Buzzell
Kevin Candon
Nanette Carpenter
Kathy Clark
Mike Faulner
Deonie Finkbeiner
Cindy Hogan
Penny La Pointe
Karin Lime
Elizabeth Linder
Jodi Litchfield
Jake Mathon
Thomas Mott
Diane Reilly
James Stuart
Scott Whittemore

We are very excited about our upcoming 1st Annual The Big Chill-Be a Subzero Hero for Epilepsy on Saturday, April 14th. We are hopeful that this Event will be very successful.

Please find enclosed the completed Zoning Form and a copy of our Insurance Form. If you have any questions or if you need any additional information, please let me know.

Thank you again for your assistance on this important Event. Your support of the Epilepsy Foundation of Vermont is greatly appreciated.

EXECUTIVE DIRECTOR
Audrey E. Butler

Sincerely,
Audrey
Audrey E. Butler
Executive Director

COMMUNITY RESOURCE
DIRECTOR
Ivor B. Sosnoff

COMMUNITY SERVICE
DIRECTOR
Colleen E. Carson



Member of United Way of
Rutland, Southern Windsor
and Addison Counties

(802)775-1686

FAX:(802)773-2150

EMAIL: epilepsy@sover.net

An independently incorporated affiliate of the Epilepsy Foundation



EPILEPSY
FOUNDATION®

VERMONT

P.O. BOX 6292
RUTLAND, VT 05702

BOARD OF DIRECTORS

May 1, 2007

PRESIDENT

John FitzGerald

VICE PRESIDENT

James Girard
Mary Parisi

TREASURER

Chris Rabtoy

SECRETARY

Patricia King

DIRECTORS

Lisa Brownell
Robert Buzzell
Kevin Candon
Nanette Carpenter
Kathy Clark
Mike Feulner
Deonie Finkbeiner
Cindy Hogan
Penny La Pointe
Karin Lime
Elizabeth Linder
Jodi Litchfield
Jake Mathon
Thomas Mott
Diane Reilly
James Stuart
Scott Whittemore

EXECUTIVE DIRECTOR

Audrey E. Butler

COMMUNITY RESOURCE

DIRECTOR
Ivor B. Sosnoff

COMMUNITY SERVICE

DIRECTOR
Colleen E. Carson

Mr. Jerry Firkey, Zoning Administrator
Town of Essex
81 Main St.
Essex Junction, VT 05452

Dear Jerry:

We are very excited about our upcoming 1st Annual The Big Chill-Be a Hero for Epilepsy on Sunday, May 20th. We are hopeful that this Event will be very successful.

Please find enclosed a copy of our Insurance Form with the new date of The Big Chill. If you have any questions or if you need any additional information, please let me know.

Thank you again for your assistance on this important Event. Your support of the Epilepsy Foundation of Vermont is greatly appreciated.

Sincerely,

Colleen Carson
Community Service Director



Member of United Way of
Rutland, Southern Windsor
and Addison Counties

(802)775-1686

FAX: (802)773-2150

EMAIL: epilepsy@sover.net

An independently incorporated affiliate of the Epilepsy Foundation

PRODUCER C.G. McCullough Ins. Agy, Inc. One Birchwood Killington VT 05751 Phone: 802-773-2222 Fax: 802-773-6372	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 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Epilepsy Foundation of VT P.O. Box 6292 Rutland VT 05702	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Vermont Mutual Insurance Group</td> <td>26018</td> </tr> <tr> <td>INSURER B: Travelers Property & Casualty</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Vermont Mutual Insurance Group	26018	INSURER B: Travelers Property & Casualty		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Vermont Mutual Insurance Group	26018												
INSURER B: Travelers Property & Casualty													
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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BP17032669	05/05/06	05/05/07	EACH OCCURRENCE \$
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$				
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				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 \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	6KUB-549X197-1-06	08/01/06	08/01/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 100000
						E.L. DISEASE - EA EMPLOYEE \$ 100000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is named as Additional Insured for the Big Chill-Be A Hero for Epilepsy on 5/20/07.

CERTIFICATE HOLDER <div style="text-align: center;">ESSEX</div> Town of Essex 81 Main Street Essex Jct VT 05452	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> 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 
--	--