

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- 097-003-003
 (found in Town Assessor's Office)
 Property Address: 1 Chapin Rd. Essex Center, Vermont
 Owner: Town of Essex 81 Main St. Essex Jct, VT
Epilepsy Foundation of VT PO Box 6292 Rutland
 Owner Address: 81 Main St. Essex Jct, VT
 Owner Phone: (work) 802 775-1086 (home) 775-0511
 (cell) _____ (Email) epilepsy@essexvt.org
 Contractors name: N/A Phone: 775-0511
 Cell: (802) 318-1525
 Estimated Construction Dates: Start: 8/4/07 Completion: 8/6/07
 Sq. Feet: _____ Estimated Cost (labor & materials): \$ 0

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 \$ N/A Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 Public Private Fee \$ N/A Date Paid: 1/1

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.)
18th Annual Mud Volleyball Tournament held on Sunday, August 5, 2007

G Signature of Owner Audrey E Butler

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ _____	<u>1/1</u>
	School	\$ _____	<u>1/1</u>
	Recreation	\$ _____	<u>1/1</u>
	Recording	\$ <u>7</u>	<u>7/19/07</u>
	Other	\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 7/19/07
Audrey Butler - epilepsy foundation
 Issued to: Town of Essex
 Zoning Administrator: Bri-Bj
 Notes: 1 day fundraising event on municipal property
 C.O. Required Yes No

(web) 01/25/06

ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/07
 OP ID # 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.

INSURERS AFFORDING COVERAGE

INSURER A: Town of Essex
 INSURER B: Town of Essex
 INSURER C:
 INSURER D:
 INSURER E:

INSURED: Town of Essex
 81 Main Street
 Essex Jct VT 05452

TYPE OF INSURANCE	POLICY NUMBER	ISSUANCE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLANSNIDE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> AUTO <input type="checkbox"/> LOC	3217032669	05/05/07	05/05/08	EACH OCCURRENCE DAMAGE TO REALTY \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & AUTO LIABILITY GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ UNLIMITED SINGLE LIMIT (if accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)
B AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NONOWNED AUTOS DAMAGE LIABILITY ANY AUTO EMPLOYER'S LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ NURSES CONSULTATION AND EMPLOYER'S LIABILITY ANY PROFESSIONAL SERVICE EXCLUDED SPECIAL PROVISIONS to be	6X0B-5492197-1-07	08/01/07	08/01/08	AUTO ONLY - ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH OCCURRENCE \$ AGGREGATE \$ AUTO ONLY - ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH OCCURRENCE \$ AGGREGATE \$ NURSES CONSULTATION AND EMPLOYER'S LIABILITY \$ EL EACH ACCIDENT \$ 100,000 EL DISEASE - EX EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000

COVERAGE DESCRIPTION

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 IS ISSUED AS A MATTER OF INFORMATION, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN & SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN INCREASED BY PAID CLAIMS.

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.

Town of Essex
 81 Main Street
 Essex Jct VT 05452

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**EPILEPSY
FOUNDATION®**

VERMONT

P.O. BOX 6292
RUTLAND, VT 05702

BOARD OF DIRECTORS

July 20, 2007

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VICE PRESIDENT

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Mary Parisi

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EXECUTIVE DIRECTOR

Audrey E. Butler

COMMUNITY RESOURCE

DIRECTOR

Ivor B. Sosnoff

COMMUNITY SERVICE

DIRECTOR

Colleen E. Carson

Attn: Sharon, Zoning Department
Town of Essex
81 Main St.
Essex Junction, VT 05452

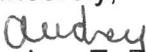
Dear Sharon:

We are very excited about our upcoming 18th Annual Mud Volleyball Tournament on Sunday, August 5th. We are hopeful that this Event will once again be very successful.

Please find enclosed an original copy of our Insurance Certificate. 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,


Audrey E. Butler
Executive Director



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

(802)775-1686

FAX:(802)773-2150

EMAIL: enlensy@essexvt.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

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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

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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	05/05/07	05/05/08	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) \$
	<input type="checkbox"/> HIRED AUTOS				
	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-549X197-1-07	08/01/07	08/01/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	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

18th Annual Mud Volley Ball Tournament, Sunday 8/5/07.

CERTIFICATE HOLDER

Town of Essex
81 MainStreet
Essex Jct VT 05452

CANCELLATION

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AUTHORIZED REPRESENTATIVE

