

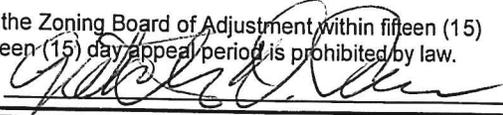
Appeal Period Expires 2/29/2020
 Zoning District R2

Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org

Application Date 1/29/2020
 Permit Number 2020-015

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 during the appeal period and it must remain posted throughout the construction period. You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).

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.

Signed: 

A Parcel Account Numb. (Map-Parcel-Lot) 2-044-057-000
 (found in Town Assessor's Office)
 Property Address: Essex Middle School SB Founders Rd
 Owner: EWSD
 Owner Address: SB Founders Rd.
 Owner Phone: (work) 878-8168 (home) _____
 (cell) _____ (Email) _____
 Contractors name: Pretchen Owens Phone: 878-0541
Dream Big SK, EOD Adaptive Sport Cell: 399-4366
 Estimated Construction Dates: Start: 4/26/20 Completion: 4/26/20
 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> <u>SK Fun Run 4-26-20</u>			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input checked="" 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 1/1 existing

E Stormwater
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application. N/A
 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.

G OVER + see attached.
 Signature of Tenant and Signature of Owner 

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>85</u>	<u>1/29/20</u>
Recreation		\$ _____	<u>1/29/20</u>
Recording		\$ <u>15</u>	<u>1/1</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 2/14/2020
 Issued to: Essex Town School District
 Zoning Administrator: John J. Kelley
 Notes: Permit shall be posted while in C.O.
 C.O. Required Yes No

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

F **Diagram** – Provide diagram here and include all setbacks

Sharon Kelley

From: Gretchen Owens <events@eddfund.org>
Sent: Thursday, February 13, 2020 2:41 PM
To: Sharon Kelley
Cc: Allyson Vile; Adriane Martin
Subject: Re: Dream Big Run Essex Middle School

CAUTION: EXTERNAL MAIL. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS YOU DO NOT TRUST

Hi Sharon,

Yes we have approval from EMS for the race. Kevin Briggs, Principal at EMS signed the application form. I signed the letter I submitted, but Kevin's signature is on the Application for Zoning Permit. Do you still need additional confirmation from them?

Gretchen

On Thu, Feb 13, 2020 at 2:27 PM Sharon Kelley <skelley@essex.org> wrote:

Hi Gretchen,

I see you signed the permit for the EWSD. Did you get approval from them? I need an email from them noting their approval, or their signature on the application form. TY!

SK

From: Gretchen Owens <events@eddfund.org>
Sent: Monday, February 10, 2020 2:37 PM
To: Sharon Kelley <skelley@ESSEX.ORG>
Cc: Allyson Vile <avile@ESSEX.ORG>; Adriane Martin <AEMartin@ESSEX.ORG>
Subject: Re: Dream Big Run Essex Middle School

CAUTION: EXTERNAL MAIL. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS YOU DO NOT TRUST

Dear Sharon,



EDD



ADAPTIVE SPORTS

January 29, 2020

Mrs. Sharon Kelley
Town of Essex
81 Main St
Essex, VT 05452

Dear Mrs. Kelley:

I am writing on behalf of EDD Adaptive Sports (aka EDD Memorial Fund), a local non-profit organization that provides adaptive sports programs to children and adults with disabilities. Our mission is to share the joy of sports with individuals with cognitive, developmental and/or physical disabilities. I am contacting you to request a permit for the 4th Annual Dream Big 5K race in Essex on April 26, 2020. Our application is enclosed.

The Dream Big 5K is an inclusive community race open to folks with and without disabilities. Essex Westford School District is collaborating with EDD Adaptive Sports on this event. The race is an opportunity for athletes with disabilities to run, walk or roll a road race in a supportive environment. It is also a fundraiser to support EDD Adaptive Sports programs.

The Dream Big 5K will follow the same course as prior years. The 5K race will begin at Essex Middle School, turn left onto Sand Hill Road and continue to Tanglewood where it will turn left again, making a loop through the Tanglewood and Glenwood neighborhoods and return via the same route. At no point will the runners cross Sand Hill Road; they will cross the side streets of Clara Hill Lane and Foster Road. Racers will run on the sidewalks and the street surfaces at Founders and through the Tanglewood/Glenwood neighborhoods.

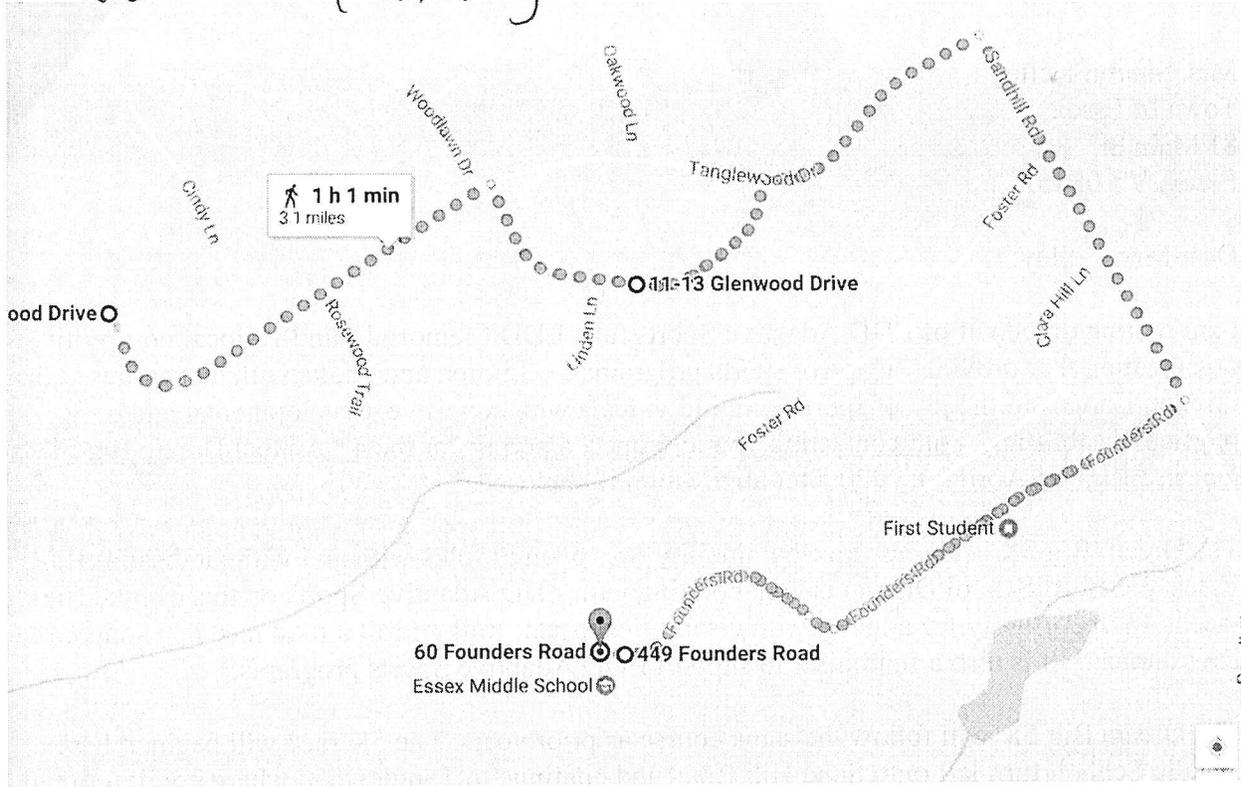
The turnout for the event has grown significantly and we estimate that between 200-300 people will participate in 2020. We are discussing the impact of a larger crowd, particularly as it affects safety on the race course. We seek advice from the Town of Essex in determining whether we need to close one lane of Sandhill Rd for the race. Please advise whether you have a rule of thumb regarding road closures for a community race of this size. If it is necessary to close the road for 30-60 minutes, please advise how we proceed with that.

Thank you for your consideration of this request. Please let me know if you have questions or concerns about this project.

Sincerely,

Gretchen D. Owens
Gretchen D. Owens
Executive Director

399-4366 or events@edbfund.org





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: Mass Merchandising Underwriting		
	PHONE (A/C, No, Ext): 800-426-2889	FAX (A/C, No): 260-459-5105	
	E-MAIL ADDRESS: info@sportsinsurance-kk.com		
	PRODUCER CUSTOMER ID:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED Eric Douglas Dettnerieder Memorial Fund DBA: EDD Adaptive Sports PO Box 1252 Williston, VT 05495 A Member of the Sports, Leisure & Entertainment RPG	INSURER A:	Nationwide Mutual Insurance Company	23787
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** W01678355 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6BRPG0000007258700	04/26/2020 12:01 AM EDT	04/29/2020 12:01 AM	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
							PROFESSIONAL LIABILITY	
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000007258700	04/26/2020 12:01 AM EDT	04/29/2020 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability to Participants (LLP) limit is a per occurrence limit.
Event Name: Dream Big 5K Type of Event: Walk and Run Distance:5K
Event Date (including ancillary events and set-up/tear-down): 4/26/2020 to 4/28/2020 Number of Participants: 250 Event Location: Essex Middle School

CERTIFICATE HOLDER Evidence of Coverage	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Scott Furbush</i>
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Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

