

UNRECORDED

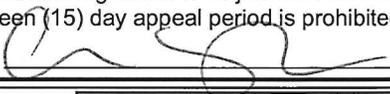
Appeal Period Expires 6/27/19  
Zoning District RPD-I

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

Application Date 6/12/2019  
Permit Number 2019-114

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: 

**Parcel Account Numb. (Map-Parcel-Lot) 2-008-001-000**  
(found in Town Assessor's Office)  
Property Address: 95 SAXON HILL  
Owner: ESSEX SCHOOL DIST. / TOWN OF ESSEX  
Owner Address: \_\_\_\_\_  
Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Email) cameron@alpineshopvt.com  
**Contractors name:** ALPINE SHOP Phone: \_\_\_\_\_ Cell: 315 2618486  
Estimated Construction Dates: Start: 8/18/19 Completion: 8/18/19  
Sq. Feet: 0 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

<b>Residential:</b>	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"/>
<b>Inclusions or Additions:</b>			
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"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> <u>USE PERMIT:</u>			
Change-in-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous <u>BIKE DEMO</u>	<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: N/A  
Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms: \_\_\_\_\_

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

**D Driveway** (Please attach copy of approved Curbcut / Utility Application).  
Date of approval: 1/1/19

**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**

See attached Schedule + Liability.

Signature of Tenant and Signature of Owner: 

**Office Use Only**

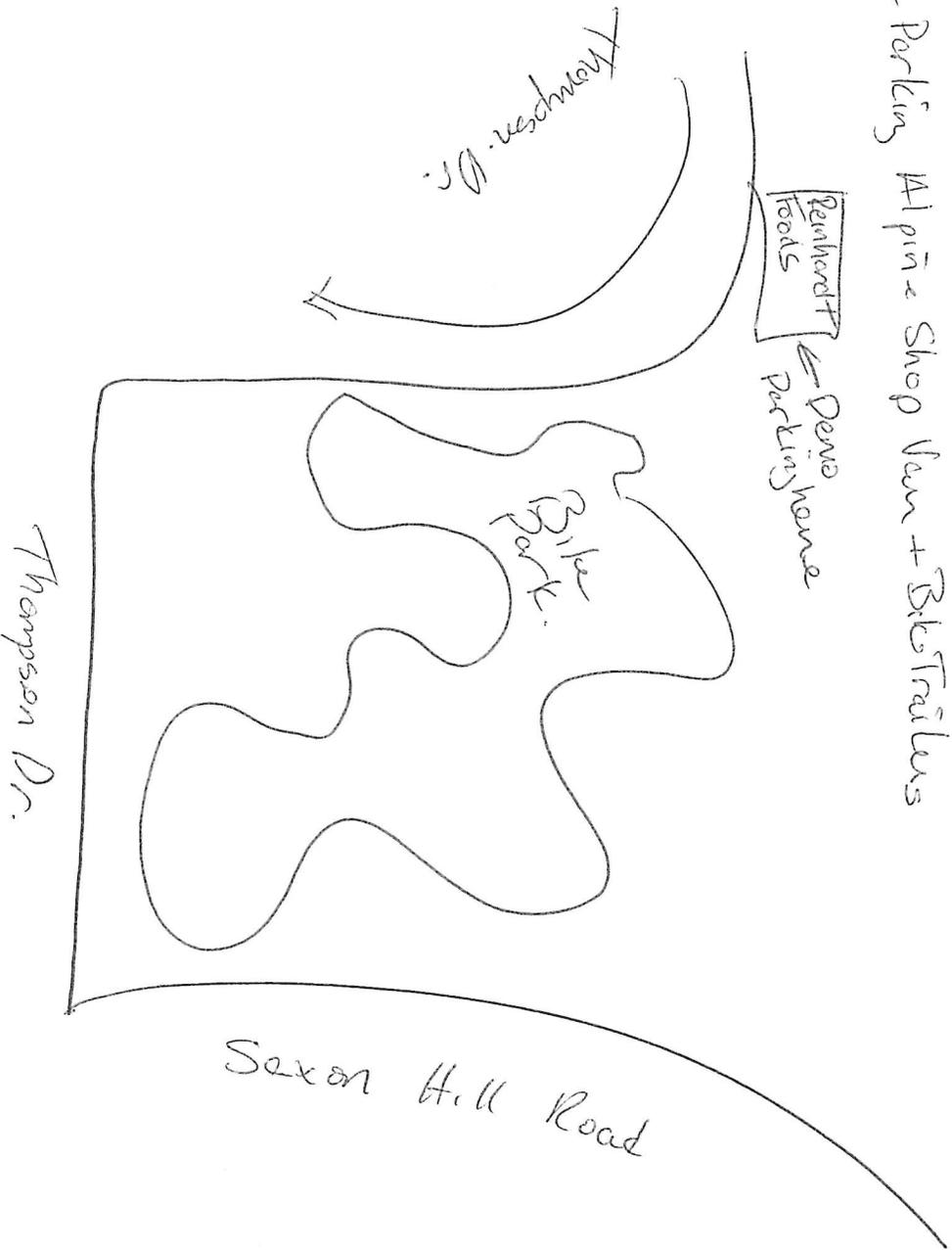
Fees:	Type	Amount	Date Pd
Permit		\$ <u>85</u>	<u>6/14/19</u>
Recreation		\$ _____	_____
Recording		\$ <u>OK</u>	_____
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____

**Building Permit**  
Approved  Rejected  Date 6/14/19  
Issued to: Essex Town School / TOE  
Zoning Administrator: Thomas L. Kelley  
Notes: \_\_\_\_\_  
C.O. Required Yes  No

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

- x We will Be Providing 20-25 Bikes From Noree & Deineri
- x We will Park in Renhart Lot (Permission Granted)
- x No Alcohol Beverages will be served or consumed on-site
- x Demos will be used in Saxon Hill Park.
- x Will be Parking Alpine Shop Van + Bike Trailers

Bike Demo Dates  
July 6, 2019  
July 28, 2019  
August 18, 2019





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/13/2019

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).

<b>PRODUCER</b> Noyle W Johnson Insurance 119 River Street P.O. Box 279 Montpelier VT 05601-0279	<b>CONTACT NAME:</b> Natalie Boivin, ACSR, CISR, CPIA <b>PHONE (A/C, No, Ext):</b> (802) 223-7735 <b>E-MAIL ADDRESS:</b> nboivin@nwjinsurance.com	<b>FAX (A/C, No):</b> (802) 223-7515
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Alpine Tracks, Inc d/b/a The Alpine Shop 1184 Williston Rd South Burlington VT 05403	<b>INSURER A:</b> American Fire	<b>NAIC #</b> 24066
	<b>INSURER B:</b> West American	44393
	<b>INSURER C:</b> Peerless Comp.	24074
	<b>INSURER D:</b> Security National	19879
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1961337483      **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BZA55922163	01/20/2019	01/20/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Employee Dishonesty \$ 50,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAW55922163	01/20/2019	01/20/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO55922163	01/20/2019	01/20/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y N/A	SWC1240917 0	06/15/2019	06/15/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. DISEASE - POLICY LIMIT \$ 500,000

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

As an officer of the corporation, Rebecca Kingston has elected to be excluded from the workers compensation coverage.

<b>CERTIFICATE HOLDER</b> Town of Essex 81 Main Street, 1st Floor Essex Jct. VT 05452	<b>CANCELLATION</b> 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 
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