

Appeal Period Expires 7/16/19 Town of Essex, Vermont Application Date 1/1/19
 Zoning District 01 Application for Zoning Permit Permit Number 2019-124
 www.essex.org

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: Audrey Butler

Parcel Account Numb. (Map-Parcel-Lot) 2- 097-003-000
 (found in Town Assessor's Office)
 Property Address: 1 Chapin Road Essex Center, VT
 Owner: Town of Essex Applicant - Epilepsy Found. of VT
 Owner Address: P.O. Box 6292 Rutland, VT 05702
 Owner Phone: (work) 802-318-1575 (home) 802-318-1575
 (cell) 802-318-1575 (Email) epilepsy@essexvt.net
 Contractors name: _____ Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: 3/9/19 Completion: 8/12/19
 Sq. Feet: 0 Estimated Cost (labor & materials): \$ 0

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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 checked="" 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: 0 Existing Bedrooms 0

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 N/A

E Stormwater N/A
 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.

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Mvd Volleyball Tournament - Sunday, Aug 11, 2019
 Signature of Tenant and Signature of Owner Audrey Butler, Exec. Director

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>0</u>	<u>7/11/19</u>
Recreation		\$	
Recording		\$ <u>10</u>	
Certificate of Occ		\$	
Other		\$	

Building Permit Approved Rejected Date 7.1.19
 Issued to: TOE & Epilepsy Found. of VT
 Zoning Administrator: James S. Kelley
 Notes: Must adhere to all requirements from past years.
 C.O. Required Yes No



EPILFOU-01

MANJUSHAPUR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2019

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).

PRODUCER NFP Property & Casualty Services, Inc. 54 Woodstock Avenue Rutland, VT 05701	CONTACT NAME: Sandra Guertin
	PHONE (A/C, No, Ext): (802) 417-3118 FAX (A/C, No): (802) 773-6372
	E-MAIL ADDRESS: sandy.guertin@nfp.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Philadelphia Indemnity Insurance Company NAIC # 18058
	INSURER B : Concord General Mutual Insurance Co 20672
	INSURER C : AmGUARD Insurance Company 42390
	INSURER D :
	INSURER E :
	INSURER F :

INSURED
Epilepsy Foundation Of VT
PO Box 6292
Rutland, VT 05702

COVERAGES

CERTIFICATE NUMBER:

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"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1955541	5/15/2019	5/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			20001055	4/17/2019	4/17/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			EPWC032908	6/15/2019	6/15/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Section 3A State: **VT**

Members/Owners Excluded: **Board Of Directors**

Event: **30th Annual Mud Volleyball Tournament-August 9th – August 12th on Chapin Road.**

CERTIFICATE HOLDER

CANCELLATION

Town of Essex 81 Main Street Essex Junction, VT 05452	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>Daniel P. Guerin</i>



EPILEPSY FOUNDATION

Vermont

P.O. Box 6292
Rutland, VT 05702
(802) 775-1686

June 26, 2019

BOARD OF DIRECTORS

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Deb Fennell

VICE PRESIDENT
Kathy Clark
Bret Dale

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Penny LaPointe
Barry Mansfield
Kassidy O'Connell
Scott Whittemore
Beth Younce

EXECUTIVE DIRECTOR
Audrey E. Butler

COMMUNITY SERVICE
COORDINATOR
Colleen E. Carson

Ms. Sharon Kelley, Zoning Administrator
Town of Essex
81 Main St.
Essex Junction, VT 05452

Dear Sharon:

We are very excited about our upcoming 30th Annual Mud Volleyball Tournament on Sunday, August 11th. We are hopeful that this Event will once again be very successful.

Please find enclosed the completed Zoning Form, the check for \$10 to cover the fee, and the Certificate of Insurance. 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
Audrey E. Butler
Executive Director

Thank you so much!



Member of United Way of
Rutland County

1-800-565-0972

epilepsy@sever.net

www.epilepsyvt.org

An independently incorporate affiliate of the Epilepsy Foundation