

Appeal Period Expires 4/13/18
 Zoning District R2

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

Application Date 1/1/
 Permit Number 2018-053

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: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2-044-059-000
 (found in Town Assessor's Office)
 Property Address: 58 Founders Rd
 Owner: Essex Town School District
 Owner Address: SAMO
 Owner Phone: (work) _____ (home) _____
 (cell) _____ (Email) _____
 Contractors name: Gretchen Owens Phone: _____
events@redfund.org Cell: 399-4366
 Estimated Construction Dates: Start: 1/1/ Completion: 1/1/
 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

Residential:	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"/>
Inclusions or Additions:			
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"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
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"/>

5K Full Run APRIL 15th, 2018

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Private Connection Fee \$ _____ Date Paid: 1/1/
 Proposed New Bedrooms: 1 Existing Bedrooms _____

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

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

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.

G See attached
 Signature of Tenant and
 Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>85.</u>	<u>[Signature]</u>
Recreation		\$ _____	
Recording		\$ <u>10.-</u>	<u>[Signature]</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

Building Permit
 Approved Rejected Date 3/29/18
 Issued to: Essex Town School District
 Zoning Administrator: Sharon L. Kelley
 Notes: _____
 C.O. Required Yes No

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2018

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 Dettenrieder Memorial Fund, Inc. DBA: EDD Memorial Fund 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: W01183522 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6BRPG000006055900	04/13/2018 12:01 AM EDT	04/17/2018 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 <input 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 <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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			6BRPG000006055900	04/13/2018 12:01 AM EDT	04/17/2018 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: Run, Walk, Roll Type of Event: Walk and Run Distance:5K
Event Date (including ancillary events and set-up/tear-down): 4/13/2018 to 4/16/2018 Number of Participants: 175 Event Location: Essex Middle School , 60 Founders Rd, Essex

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER Essex Westford Town School District 58 Founders Rd Essex, VT 05452 (Owner/Lessor of Premises)	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 
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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



March 1, 2018

Mr. Evan Teich
Essex Town Manager
81 Main Street
Essex Junction, VT 05452

Dear Mr. Teich:

We are writing on behalf of the Eric D. Dettenrieder Memorial Fund, a 501(c)3 non-profit organization that provides adaptive sports programs to individuals with disabilities. Our mission is to share the joy of sports with children and adults with cognitive, developmental and/or physical disabilities. We are contacting the Town to let you know of our plans for a 5K race in Essex on April 15, 2018. This is the second year of the Dream Big 5K. The 2017 race did not require any road closures, police presence or permits, and the 2018 race follows the same route. Please advise if we will need a permit for this year.

We are planning the Dream Big 5K: Walk, Run and Roll as both a fundraiser for our organization and a program opportunity for athletes with disabilities. The race will be open to athletes with and without disabilities. The Essex Westford School District is partnering with us on this project. We will use a flat, wheelchair-friendly 5K course that begins and ends at the Essex Middle School. We will also have a shorter fun run on Founders Rd.

The race course is very similar to the course for the Essex CHIPS 5K, and the distance will be certified by USATF. The 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 be crossing Sand Hill Road. However, 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. Please see the attached map.

We intend to follow the same safety protocols as we did last year at our inaugural race, after consulting with the Essex Police Department and Public Works. We will place cones along the race course to clearly mark where runners should be. We will also have volunteers stationed at each road crossing to make sure that racers can cross safely. We estimate that between 100 - 150 people will participate in the race.

We are very excited to offer an adaptive 5K race to the citizens of Essex and surrounding towns. While there are 5Ks nearly every weekend throughout the warmer months, adaptive races are few and far between. Please let us know if you have questions or concerns about this project, or if we will require a permit for the event this year. Thank you for your time.

Sincerely,



Gretchen Dettenrieder Owens
Executive Director
802-399-4366
events@eddfund.org

Sharon D. Dettenrieder
Treasurer
802-871-5308
dettenriedes@hartwick.edu

Map of 5K Course

