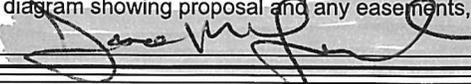


Appeal Period Expires 5/10/24
 Zoning District R2

Town of Essex, Vermont
Application for Zoning Permit
 (Building Permit)

Application Date 4/25/24
 Permit Number 2024-62

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
- Provide a diagram showing proposal and any easements, well or septic locations, etc.

SIGN HERE: 

A Parcel Account Num. (Map-Parcel-Lot) 2-044-057-000
 Property Address: FOUNDERS Rd & FOSTER Rd
 Owner: EWSD
 Owner Address: ETLL/EWSD BASEBALL FIELDS
 Owner Phone: (work) _____ (Cell) _____
 (Email) JASON LAROCHE, PRESIDENT
 Tenants name: EWSD/ETLL Phone: 802-578-8287
 (or contractor) _____ (Cell) _____
 Estimated Construction Dates: Start: 5/11/24 Completion: 5/11/24
 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

<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 checked="" 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"/>

ETLL PARADE

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: N/A / /
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application if applicable).
 Public Well Fee \$ _____ Date Paid: N/A / /

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

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.

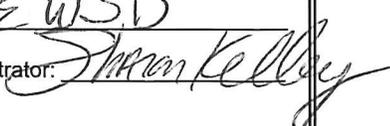
F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

SEE ATTACHED

Signature of Tenant and
 Signature of Owner 

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ 150	<u>4/25/24</u>
Recreation		\$	<u>in mark</u>
Recording		\$ 15	
Certificate of Occ		\$	
Other		\$	

Building Permit
 Approved Rejected Date 4/25/24
 Issued to: EWSD
 Zoning Administrator: 
 Notes: _____
 C.O. Required (Certificate of Occupancy) Yes No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

Hello Sharon,

Attached is our application, map of the event and proof of insurance.
Essex Town Little League (ETLL) is also a 50C3 non-profit organization.

Our parade is scheduled for Saturday, May 11th, 2024. We will line up at the Founder Rd drop-off lane. We have arranged for a police escort from Essex Police with the approval of Chief Ron Hoague.

The parade route is Founders Rd to Sand Hill Rd, then turning north (left) and proceeding to Foster Rd. The parade will end in the Recreation Fields of the EWSD / EP&R / ETLL fields.

The step off time is 10:00 with completion time of 10:30.

Parade Committee:

Zach Smith

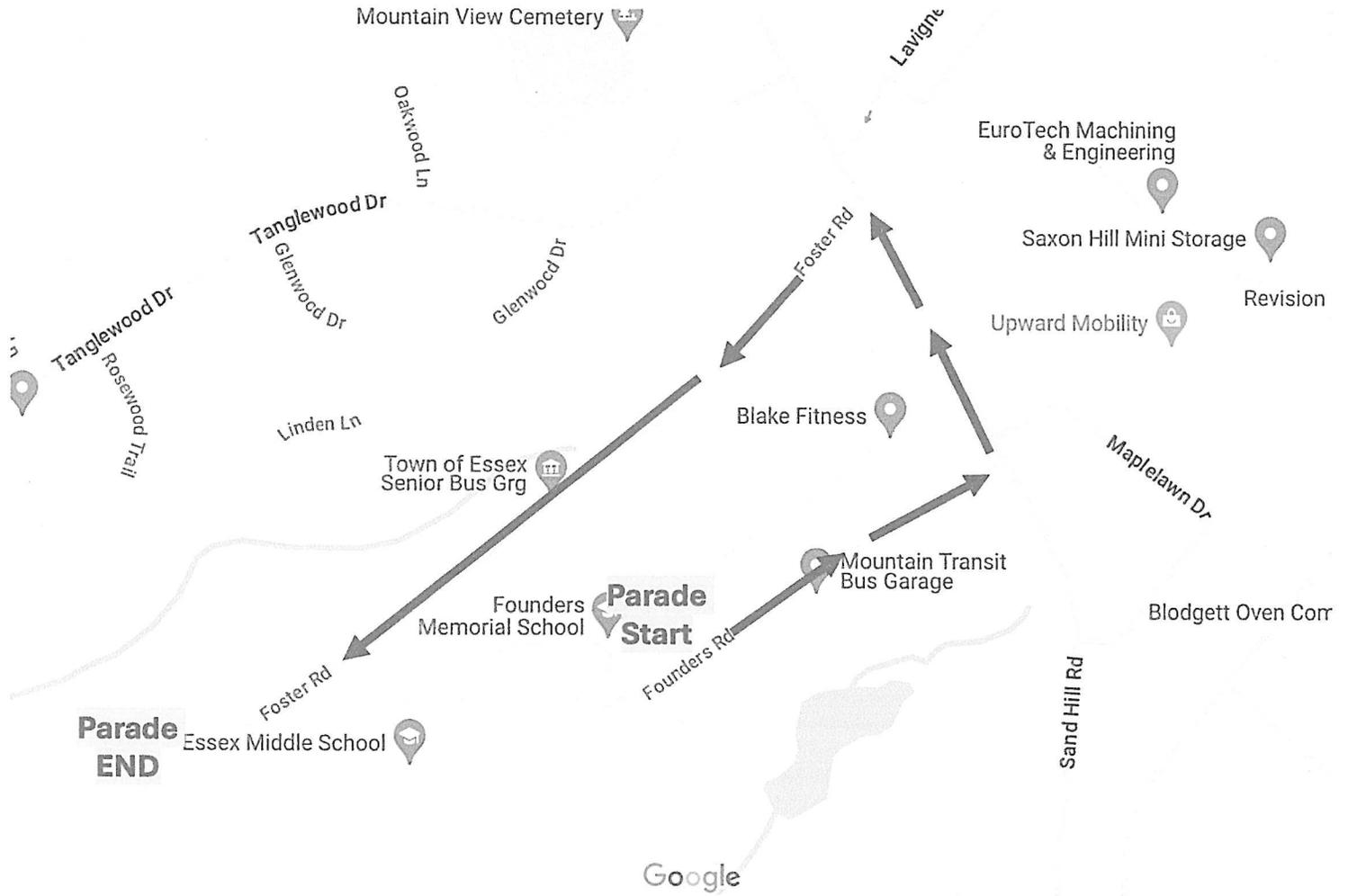
Jason Ziter

ETLL President:

Jason Laroche

A handwritten signature in black ink, appearing to read "Jason Laroche", written in a cursive style.

ESSEX TOWN LITTLE LEAGUE Parade Route 2024: May 11, 2024 10:00 AM - 10:30 AM



CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
02/14/24

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867	CERTIFICATE #: 2450302-2024-1 2 45 03
	INSURERS AFFORDING COVERAGE:
ADDITIONAL NAMED INSURED: ESSEX TOWN LL 1 Suffolk Lane Essex Junction, VT 05452	INSURER A: Interstate Fire & Casualty Company
	INSURER B: National Union Fire Insurance Company of Pittsburgh, PA
	INSURER C: AIG Specialty Insurance Company
	INSURER D: Markel American Insurance Company

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
 * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.
 ** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS					
A	X	GENERAL LIABILITY	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000				
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000				
		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000		
		X SEXUAL ABUSE						Sexual Abuse OCCURRENCE	\$1,000,000		
								Sexual Abuse AGGREGATE	\$1,000,000		
		MEDICAL PAYMENTS				Any One Person					
C	X	DIRECTORS & OFFICERS	014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*				
						AGGREGATE	\$1,000,000				
C	X	CYBER LIABILITY COVERAGE	014681404	01/01/2024	01/01/2025	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE				
						S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY**		RETROACTIVE DATE	CONTINUITY DATE
								\$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION	
							REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY			
		\$1,000 PER LEAGUE RETENTION									
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY**		NOT APPLICABLE	POLICY INCEPTION					
		\$1,000 PER LEAGUE RETENTION									
D	X	INLAND MARINE/PROPERTY FLOATER	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500				
A	X	CRIME	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000				
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2024	01/01/2025	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess				

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
 1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and
 2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S. RT. 15 Highway
South Williamsport, PA 17702

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



State of Vermont
Department of Taxes
 133 State Street
 Montpelier, VT 05633-1401

Agency of Administration

00377

Apr 30, 2019

ESSEX TOWN LITTLE LEAGUE
 2 DEER CROSSING LN
 ESSEX JUNCTION VT 05452-3410

Letter ID: L0790878720
Account ID: SUT-11007224
Tax: Sales and Use

Re: New Vermont Tax Account Registration

Dear Taxpayer:

The Vermont Department of Taxes has processed your registration application for the following account.

Tax Type	Account Number	Liability Date	Filing Frequency
Sales and Use	SUT-11007224	04-01-2019	Seasonal

As a seasonal filer, you are only required to file returns for the months listed below. Returns must be filed for the required months even if no tax is due.

Filing Months

April	May	June	July
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How to File and Pay Your Taxes

You may file and pay your taxes electronically through myVTax, our online filing site, available through the Department's website at www.myvtax.vermont.gov. You can use myVTax to:

- File returns securely
- Make payments
- Request a payment plan
- View copies of your correspondence
- Update and verify your account information
- Communicate securely with the Vermont Department of Taxes

When you register your account in myVTax, you will need your access code: L0790878720
 Your access code will expire 30 days from the date of this letter.

If you have any questions regarding your account, please contact us at the number listed below.

Sincerely,

Vermont Department of Taxes
 Taxpayer Services Division
 Business Tax Section

Phone: (802) 828-2551
 Fax: (802) 828-5787
 Email: tax.business@vermont.gov



Vermont Department of Taxes

133 State Street PO Box 547 Montpelier, VT 05601-0547

SALES AND USE TAX LICENSE

This License is hereby issued to ESSEX TOWN LITTLE LEAGUE in accordance with the provisions of Chapter 233 of Title 32, V.S.A., to operate an establishment known as ESSEX TOWN LITTLE LEAGUE, a 501(c)(3) exempt organization, located at FOSTER ROAD PARK, ESSEX JUNCTION, VT

00376

ESSEX TOWN LITTLE LEAGUE
ESSEX TOWN LITTLE LEAGUE
2 DEER CROSSING LN
ESSEX JUNCTION, VT 05452-3410


Commissioner of Taxes

This license is issued effective Apr-01-2019 to Vermont business tax account number SUT-11007224-001. It is not transferable, and must be surrendered upon sale, transfer, merger, termination of business, or revocation of the license.

Display this license in a prominent place at the business location.

