Appeal Period Expires 3/6/24
Zoning District R2

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

Application Date __/__/__
Permit Number 2024-9

- 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: See attached email

A

Parcel Account Numb. (Map-Parcel-Lot) 2- 044 - 057 - 000

Property Address: Founders Road and Foster Road

Owner: EWSD

Owner Address: 60 Founders Road, Essex, VT 05452

Owner Phone: (work) 802 857-7775 (home) _____

(cell) _____ (Email) _____

Tenants name: Kim Connelly, Admin Phone: 802 857-7144

Cell: _____

Estimated Construction Dates: Start: 06/09/ 2024 Completion: 06/09/ 2024

Sq. Feet: _____ Estimated Cost (labor & materials): $_____

B

Sewage Disposal (Please attach Sewer or Septic Application):

Public ☐ Septic ☐ Connection Fee $_____ Date Paid: N/A

Proposed New Bedrooms: ____ Existing Bedrooms ____

C

Water (Please attach Water Service Application).

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 ½ 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 docs.

Signature of Tenant and Signature of Owner See attached email

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

	N	A	R
Residential:			
Single Family	☐	☐	☐
Two-family (duplex)(other)	☐	☐	☐
Multi-family	☐	☐	☐
Condominium / Townhouse	☐	☐	☐
Mobile home	☐	☐	☐
Inclusions or Additions:			
Garage (attached) (detached)	☐	☐	☐
Porch (enclosed) (open)	☐	☐	☐
Deck	☐	☐	☐
Pool (in) (above) ground	☐	☐	☐
Shed	☐	☐	☐
Barn (residential) (agriculture)	☐	☐	☐
Non-residential:			
Commercial / Industrial	☐	☐	☐
Stormwater:			
Stormwater	☐	☐	☐
Erosion Control	☐	☐	☐
Other:			
Change in use	☐	☐	☐
Miscellaneous	☐	☐	☐
Renewal	☐	☐	☐

ROAD RACE Fun Run

Office Use Only

Fees: Type	Amount	Date Pd
Permit	$ 150.-	2/14/24
Recreation	$	__/__/__
Recording	$ 15.-	__/__/__
Certificate of Occ	$	__/__/__
Other	$	__/__/__

Building Permit Approved ☑ Rejected ☐ Date 2/20/24

Issued to: EWSD

Zoning Administrator: Sharon Kelley

Notes: depts. notified of this event.

C.O. Required Yes ☐ No ☑

02/13/17

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

Google

BIGBEAU-01 SQUINTIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/27/2023

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	CONTACT NAME:	
Marketplace Insurance Center Inc. 2 Market Pl. Ste. 5 Essex Junction, VT 05452	PHONE (A/C, No, Ext): (802) 878-8156	FAX (A/C, No): (802) 878-4485
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Mount Vernon Fire Ins	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Big Beautiful Life
6 Craftsbury Ct
Essex Junction, VT 05452

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			SE 2018775	6/9/2024	6/11/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is listed as Additional Insured for a 5k Fun Run event on 6/9/2024.

CERTIFICATE HOLDER

Founders Memorial School
33 Founders Rd
Essex Junction, VT 05452

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
James A. Mullen

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