Appeal Period Expires 8/8/17 Zoning District R2	**Town of Essex, Vermont** **Application for Zoning Permit** www.essex.org	Application Date 7/21/17 Permit Number 2017-100

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

A

Parcel Account Numb. (Map-Parcel-Lot) 2-097-003-000
(found in Town Assessor's Office)

Property Address: 1 Chapin Rd.

Owner: Town of Essex / Epilepsy

Owner Address: P.O Box 6292 Rutland, VT 05702

Owner Phone: (work) 802-775-1686 (home) 802-318-1575

(cell) 802-318-1575 (Email) epilepsy@sover.net

Contractors name: _____ Phone: —

Cell: —

Estimated Construction Dates: Start: 8/11/17 Completion: 8/14/17

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

B

Sewage Disposal (Please attach Sewer or Septic Application)

Public ☐ Private ☐ Connection Fee $_____ Date Paid __/__/__

Proposed New Bedrooms: ____ Existing Bedrooms ____

N/A

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 __/__/__

N/A

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.

N/A

F

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

G

Annual Mud Volleyball Tournament for Epilepsy
Sun., Aug 13, 2017

Signature of Tenant and Signature of Owner Audrey Butler

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 / permit	☒	☐	☐
Miscellaneous	☐	☐	☐
Renewal	☐	☐	☐

Office Use Only

Fees: Type	Amount	Date Pd
Permit	$	__/__/__
Recreation	$	__/__/__
Recording	$ 10	7/21/17 JB
Certificate of Occ	$	__/__/__
Other	$	__/__/__

Building Permit

Approved ☑ Rejected ☐ Date 7/24/17

Issued to: Town of Essex

Zoning Administrator: Shawn L Kelly

Notes: _____

C.O. Required Yes ☐ No ☑

02/13/17

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

EPILEPSY FOUNDATION
Vermont

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

BOARD OF DIRECTORS

PRESIDENT
Deb Fennell

VICE PRESIDENT
Kathy Clark
Ken Shattuck

TREASURER
Bret Dale

SECRETARY
Penny LaPointe

DIRECTORS
Leigh Bouffard
Stephanie Carr
Erin Connor
Marian Connor
Brenda Cutich
Jessica Fennell
Sarah Gerlin
Michele Havens
Sue Held
Julia Jacques-Mellish
Pat King
Joanne Leggett
Barry Mansfield
Emily Marchinkowski
Autumn Reilly
Diane Reilly
Eric Thompson
Scott Whittemore

EXECUTIVE DIRECTOR
Audrey E. Butler

COMMUNITY SERVICE COORDINATOR
Colleen E. Carson

July 17, 2017

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

Dear Sharon:

We are very excited about our upcoming 28th Annual Mud Volleyball Tournament on Sunday, August 13th. We are hopeful that this Event will once again be very successful.

Please find enclosed the completed Zoning Form and the check for $10 to cover the fee. I will send the Certificate of Insurance to you soon. 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

Thanks for your assistance!

United Way
Member of United Way of Rutland County

1-800-565-0972 epilepsy@sover.net www.epilepsyvt.org

An independently incorporate affiliate of the Epilepsy Foundation

EPILFOU-01

SANDRAGUERTIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/18/2017

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 Ave.
Rutland, VT 05701

CONTACT NAME:
PHONE (A/C, No, Ext): (802) 775-4443 FAX (A/C, No): (802) 773-6372
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Ins Co	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	X COMMERCIAL GENERAL LIABILITY			PHPK1643571	05/15/2017	05/15/2018	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							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:							$
B	AUTOMOBILE LIABILITY			20001055	04/17/2017	04/17/2018	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X 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 $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EPWC847275	06/15/2017	06/15/2018	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N	N/A					E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
28th Annual Mud Volleyball Tournament-August 11-14th 2017 on Chapin Rd.

Certificate holder is named as Additional Insured

CERTIFICATE HOLDER

Town of Essex
81 Main Street
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

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD