

Appeal Period Expires 8/4/16  
 Zoning District 01

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

Application Date 1/1  
 Permit Number 2016-118

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: T.O. Essex + Epilepsy Foundation of VT  
 Owner Address: P.O. Box 6292 Rutland, VT 05702  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 318-1975 (Email) epilepsy@essex.net  
 Contractors name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 8/12/16 Completion: 8/15/16  
 Sq. Feet: 0 Estimated Cost (labor & materials): \$ 0

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

**C** Water (Please attach Water Service Application) N/A  
 Public  Private  Fee \$ \_\_\_\_\_ Date Paid: 1/1/1

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

**G** August 14th event.  
 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

<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 <u>U Permit</u>	<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"/>

**Office Use Only**

Fees:	Type	Amount	Date Pd.
Permit		\$ _____	<u>1/1</u>
Recreation		\$ _____	
Recording		\$ <u>10</u>	<u>7/20/16</u>
Certificate of Occ		\$ _____	
Other		\$ _____	<u>1/1</u>

**Building Permit**  
 Approved  Rejected  Date 7/20/16  
 Issued to: Town of Essex + Epilepsy Foundation  
 Zoning Administrator: Shawn Kelly  
 Notes: \_\_\_\_\_  
 C.O. Required Yes  No

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/8/2016

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 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).

<b>PRODUCER</b> Poulos Insurance, Inc., a subsidiary of NFP P&C Services, Inc. 54 Woodstock Avenue Rutland VT 05701		<b>CONTACT NAME:</b> Sandra Guertin <b>PHONE (A/C No. Ext):</b> (802) 775-4443 <b>FAX (A/C No.):</b> (802) 773-6372 <b>E-MAIL ADDRESS:</b> sandy.guertin@nfp.com	
<b>INSURED</b> Epilepsy Foundation Of VT PO Box 6292 Rutland VT 05702		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> PHILADELPHIA INSURANCES CO'S <b>INSURER B:</b> Concord Group Ins Company      20672 <b>INSURER C:</b> AmGuard Insurance Co      42390 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1642739946      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1469684	5/15/2016	5/15/2017	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			20001055	4/17/2016	4/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000
	UMBRELLA LIAB    OCCUR EXCESS LIAB      CLAIMS-MADE DED    RETENTIONS						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EPWC788327	6/15/2016	6/15/2017	WC STATU-TORY LIMITS    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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 27th Annual Essex Mud Volleyball Tournament scheduled for Sunday, August 14, 2016 will be held on the corner of Towers and Chapin Road in Essex Center. The Town of Essex is Additionally Insured from Friday, August 12th through Monday, August 15th, 2016.						

**CERTIFICATE HOLDER**      **CANCELLATION**

Town of Essex 81 Main Street Essex, VT 05451	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Sandra Guertin/SJG



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

July 14, 2016

**BOARD OF DIRECTORS**

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**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 27<sup>th</sup> Annual Mud Volleyball Tournament on Sunday, August 14<sup>th</sup>. We are hopeful that this Event will once again be very successful.

Please find enclosed the completed Zoning Form and a copy of our Insurance Certificate. I have enclosed a check for \$10 to cover the fee. 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*



Member of United Way of  
Rutland County

1-800-565-0972

[epilepsy@sover.net](mailto:epilepsy@sover.net)

[www.epilepsyvt.org](http://www.epilepsyvt.org)

An independently incorporate affiliate of the Epilepsy Foundation