

Appeal Period Expires <u>9, 7, 12</u> Zoning District <u>RZ</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>2012-15</u> Permit Number <u>2012-15</u>
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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 @ 879-5676.**

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: Patrick C. Oberide

A

Parcel Account Numb. (Map-Parcel-Lot) 2-050-039-000
(found in Town Assessor's Office)

Property Address: 208 SAND HILL ROAD

Owner: TOWN OF ESSEX

Owner Address: 81 MAIN ST ESSEX, VT

Owner Phone: (work) 878-1341 (home) _____
 (cell) 834-3620 (Email) brian.lacroix@essexvt.com

~~Contractor's name~~ _____ Phone: _____
 Cell: 324-3620

Estimated Construction Dates: Start: 9/8/12 Completion: 9/8/12

Sq. Feet: N/A Estimated Cost (labor & materials): \$N/A

B

Sewage Disposal (Please attach Sewer or Septic Application).

Public Private Connection Fee \$ N/A Date Paid: ___/___/___

Proposed New Bedrooms: ___ Existing Bedrooms ___

C

Water (Please attach Water Service Application).

Public Private Fee \$ N/A Date Paid: ___/___/___

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. N/A

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. (Instruction sheet available upon request.)

Benefit concert to raise money for CoTS

G

Signature of Tenant and Signature of Owner Patrick C. Oberide

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>Permit OVE TIME</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous <u>Benefit concert</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal <u>Sept. 8, 2012</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Fees:	Type	Amount	Date Pd.
Permit		<u>\$25.00</u>	<u>9/5/12</u>
Recreation		\$	
Recording		<u>\$10.00</u>	<u>9/5/12</u>
Certificate of Occ.		\$	
Other		\$	

Building Permit

Approved Rejected Date 8/29/12

Issued to: Town of Essex

Zoning Administrator: Shawn L. Kelley

Notes: Special event - traffic control and security must be present at the event.

C.O. Required Yes No

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

Patrick C. Oberide

(web) 11/02/10

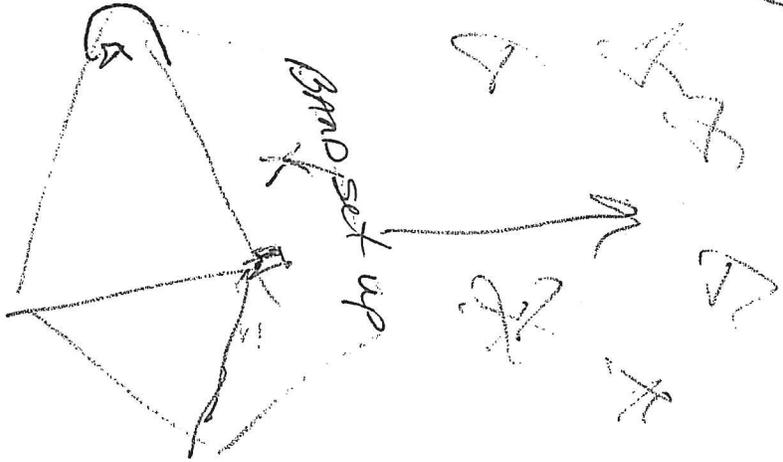
no parking

high way

no parking

~~no parking~~

no parking



PPA works

100

Ditch Equipment

The Annual Benefit Concert is an event that was started in 2007 by several friends in Essex. They've hosted the event annually in their neighborhood since, raising just around \$1000 over the last few years for organizations such as the American Cancer Society, the American Red Cross, VT Wildlife Rescue Association, To Write Love On Her Arms, and Food Allergy and Anaphylaxis Network. Local bands come together for this event and put on a great show... it's all run on donation and we have free food available at the event as well.

this is a family event, but usually draws a pretty diverse crowd of teens and adults.

The concert would go from about 4:30pm until just around 9pm, setup would probably begin at 3:00pm (to be safe time-wise) and tear down would be complete before 10pm. If these times are too long, or if there are ordinances that we need to consider, just let me know and we can see how we can work around those to please everyone.

Tentatively there are 8 bands performing, most of those from Essex. Turn around time between each band will be kept to 10 minutes, as we have a lot of people (myself included) who have a lot of experience loading equipment in and out quickly who will be helping. The bands are all ranging in age from 16 to 19 years of age (if you were wondering). I want to allow singer/songwriter type folks who are already involved in planning and playing in other bands to play during our load-in/out time for bands so that there isn't much a noticeable transition time.

It's a pot luck, and we would not charge to get in. We have a place for donations close to the food, and we'll be pushing that more this year. We have not yet selected (a) charity(s) for the donations to go to yet, but if anyone in your offices has suggestions or ideas, we're always open for them.

- Certificate of Liability insurance attached.
- certified traffic control is scheduled
- security will be present.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/4/2012

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).

PRODUCER Essex Agency, Inc. 2 Railroad Street P.O. Box 239 Essex Junction VT 05452-0239	CONTACT NAME: Lacey Burleson PHONE (A/C No. Ext): (802) 878-5334 E-MAIL ADDRESS: lacey@essexagency.com	FAX (A/C No.): (802) 288-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED Brian LaClair 254 Overlake Drive Georgia VT 05454	INSURER A: Nautilus Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 12/12 COI **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			TBD	9/8/2012	9/9/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named as Additional Insured with regard to General Liability.

CERTIFICATE HOLDER Town of Essex 2 Gauthier Drive Essex, VT 05451	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 Lacey Burleson/LACEY <i>Lacey M. Burleson</i>