

Appeal Period Expires <u>8/31/11</u>	Town of Essex, Vermont	Application Date <u>7/21/11</u>
Zoning District <u>AK</u>	Application for Zoning Permit	Permit Number <u>2011-111</u>
www.essex.org		

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: _____

A

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

Property Address: Town of Chapin Road

Owner: Epilepsy Foundation of Vermont

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@severnet

Contractors Name: _____ Phone: _____

Applicant
 * Dumpster dropped 8/12/11
 x Dumpster trailers picked up 8/15/11
 Estimated Construction Dates: Start: 8/13/11 Completion: 8/14/11

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

Residential:	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"/>
Inclusions or Additions:			
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"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
Change in use	<input 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"/>

B

Sewage Disposal (Please attach Sewer or Septic Application).

Public Private Connection Fee \$ N/A Date Paid: 1/1

Proposed New Bedrooms: _____ Existing Bedrooms _____

C

Water (Please attach Water Service Application).

Public Private Fee \$ N/A Date Paid: 1/1

D

Driveway (Please attach copy of approved Curbcut / Utility Application).

Date of approval 1/1 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 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.)

18th Annual Mud Volleyball Tournament
- one day event to be held on
Sunday, August 14, 2011
Insurance Form Attached

G

Signature of Tenant and Signature of Owner Audrey Butler

Office Use Only

Fees	Type	Amount	Date Pd
Permit		\$ <u>225</u>	<u>7/21/11</u>
Recreation		\$ <u>100</u>	<u>7/21/11</u>
Recording		\$ <u>100</u>	<u>7/21/11</u>
Certificate of Occ.		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit

Approved Rejected Date 7/21/11

Issued to: Epilepsy Foundation of Vermont

Zoning Administrator: _____

Notes: set up + take down

© - Required Yes No

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2011

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).

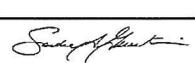
PRODUCER Poulos Insurance, Inc. 1 Birchwood Killington, VT 05751	CONTACT NAME: PHONE (A/C, No, Ext): 802.773.2222 FAX (A/C, No): 802.773.6372 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00053964														
INSURED Epilepsy Foundation of Vermont, Inc. PO Box 6292 Rutland, VT 05702	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: S & H Underwriters</td> <td></td> </tr> <tr> <td>INSURER B: Eastguard Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: S & H Underwriters		INSURER B: Eastguard Insurance Co.		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER: 07192011** **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			CSG000440	05/15/2011	05/15/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<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 \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ incl
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						\$
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EPWC216354	06/15/2011	06/15/2012	-WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
22nd Annual Mud Volleyball Tournament August 12-15, 2011, corner of Towers and Chapin Roads

CERTIFICATE HOLDER Town of Essex 81 Main Street 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  Sandra Guertin/SJG
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**EPILEPSY
FOUNDATION®**

VERMONT

Not another moment lost to seizures™

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

BOARD OF DIRECTORS

PRESIDENT
Chris Rabtoy

July 12, 2011

VICE PRESIDENT
Kathy Clark
Deb Fennell
James Girard

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

TREASURER
Ken Shattuck

Dear Sharon:

SECRETARY
Patricia King

We are very excited about our upcoming 22nd Annual Mud Volleyball Tournament on Sunday, August 14th. We are hopeful that this Event will once again be very successful.

DIRECTORS
Carolyn Blackmer
Rudy Castro
Erin Connor
Jessica Fennell
Cindy Hogan
Penny La Pointe
Jodi Litchfield
Tonya Rabtoy
Diane Reilly
Wendy Simpers
Gwen Swainbank
Scott Whittemore

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.

EXECUTIVE DIRECTOR
Audrey E. Butler

Sincerely,
Audrey
Audrey E. Butler
Executive Director

COMMUNITY RESOURCE
DIRECTOR
Ivor B. Sosnoff

Thank you so much!

COMMUNITY SERVICE
COORDINATOR
Colleen E. Carson



Member of United Way
of Rutland County

Fax: (802) 773-2150

epilepsy@sover.net

www.epilepsyvt.org

An independently incorporated affiliate of the Epilepsy Foundation