

Appeal Period Expires 5/6/10
 Zoning District CTR/B-DC

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

Application Date 1/1
 Permit Number 2010-39

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 and it must remain posted throughout the construction period.

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.

Occupancy of the premises shall not take place until a Certificate of Occupancy is obtained.

Approval is subject to accuracy of information provided by the applicant.

A Parcel Account Numb. (Map-Parcel-Lot) 2- 057-013-000
 (found in Town Assessor's Office)
 Property Address: 76 Center Rd
 Owner: Kevin H Kittell
 Owner Address: 8 Whitcomb meadow Ln
 Owner Phone: (work) 8798951 (home) _____
 (cell) _____ (Email) _____
 Contractors name: Glenn Gurek Phone: _____
 Cell: 343 8073
 Estimated Construction Dates: Start: 5/1/10 Completion: 6/1/10
 Sq. Feet: temporary structures Estimated Cost (labor & materials): \$ 0

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

C Water (Please attach Water Service Application).
 Public Private Fee \$ _____ Date Paid: 1/1
existing

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1
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 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.)
See ZBA approval # 2010-3 ANL
PC approval 2010-6
 Applicant signature Glenn Gurek

G Signature of Owner [Signature]

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: <u>added Greenhouse</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

Office Use Only

| Fees: | Type | Amount | Date Pd |
|-------|------------|--------------|-----------------|
| | Permit | \$ <u>25</u> | <u>1/19/10</u> |
| | School | \$ _____ | <u>1/1</u> |
| | Recreation | \$ _____ | <u>1/1/10</u> |
| | Recording | \$ <u>10</u> | <u>01/19/10</u> |
| | Other | \$ _____ | <u>1/1</u> |

Building Permit
 Approved Rejected Date 4/2/10
 Issued to: Kevin H Kittell - Glenn Gurek
 Zoning Administrator: Theresa Kelly
 Notes: This permit is good for the 2010 season. New permit required each year.
 C.O. Required Yes No

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

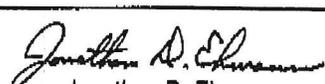
| ACORD CERTIFICATE OF LIABILITY INSURANCE | DATE (MM/DD/YYYY) 04/22/2010 | | | | | | | | | | | | |
|---|---|-----------------------------|--------|--|--|------------|--|------------|--|------------|--|------------|--|
| PRODUCER Phone: (802) 758-2150 Fax (802) 758-2974 CHAMPLAIN VALLEY INSURANCE AGENCY P O BOX 92 BRIDPORT VT 05734 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | | | | | | | | |
| INSURED GUNELIC, GLENN M DBA OAKWOOD FARMS 6 WEED RD ESSEX JUNCTION VT 05452 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Farm Family Casualty Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</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> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Farm Family Casualty Insurance Company | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
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| INSURER D: | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | |
|-------------------------------------|--|--|---------------|----------------------------------|-----------------------------------|---|-------------------------------------|--------------|--|----|------------------------------|----------|--------------------------------|----|-------------------|--------------|-----------------------|----|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Special Farm Package GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 4404G1167 | 09/01/09 | 06/01/10 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Per occurrence)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MED. EXP (Any one person)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ UNLIMITED</td> </tr> <tr> <td>PRODUCTS-COMP/OP AGG.</td> <td style="text-align: right;">\$</td> </tr> </table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Per occurrence) | \$ | MED. EXP (Any one person) | \$ 5,000 | PERSONAL & ADV INJURY | \$ | GENERAL AGGREGATE | \$ UNLIMITED | PRODUCTS-COMP/OP AGG. | \$ |
| | EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | |
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| PERSONAL & ADV INJURY | \$ | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ UNLIMITED | | | | | | | | | | | | | | | | | |
| PRODUCTS-COMP/OP AGG. | \$ | | | | | | | | | | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$ | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | | | |
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| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AUTO ONLY - EA ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>OTHER THAN EA ACC</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AUTO ONLY; AGG</td> <td style="text-align: right;">\$</td> </tr> </table> | AUTO ONLY - EA ACCIDENT | \$ | OTHER THAN EA ACC | \$ | AUTO ONLY; AGG | \$ | | | | | | |
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| OTHER THAN EA ACC | \$ | | | | | | | | | | | | | | | | | |
| AUTO ONLY; AGG | \$ | | | | | | | | | | | | | | | | | |
| | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table> | EACH OCCURRENCE | \$ | AGGREGATE | \$ | | \$ | | \$ | | \$ | | |
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| | \$ | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">WC STATU-TORY LIMITS</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTHER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE-EA EMPLOYEE | \$ | E.L. DISEASE-POLICY LIMIT | \$ | | | | |
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| E.L. DISEASE-EA EMPLOYEE | \$ | | | | | | | | | | | | | | | | | |
| E.L. DISEASE-POLICY LIMIT | \$ | | | | | | | | | | | | | | | | | |
| | | OTHER: | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 Listed as an additional Insured:
 Kevin Kittell

| | |
|--|---|
| CERTIFICATE HOLDER KEVIN KITTELL 8 WHITCOMBE MEADOW LANE ESSEX JCT, VT 05452 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. |
| Attention: CITY OF ESSEX JCT 802-878-1353 | AUTHORIZED REPRESENTATIVE  Jonathan D. Ehmann |