

Appeal Period Expires 8, 6, 09
 Zoning District R1

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

Application Date 1/1
 Permit Number 2009-93

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 Num. (Map-Parcel-Lot) 2- 097-003-000
 (found in Town Assessor's Office)
 Property Address: 1 Chapin Road
 Owner: Epilepsy Foundation of Vermont
 Owner Address: P.O. Box 6292, Rutland VT
 Owner Phone: (work) (802) 775-1686 (home) (802) 318-1575
 (cell) (802) 318-1575 (Email) epilepsy@50ve.net
 Contractors name: _____ Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: 1/1 Completion: 1/1
 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 <u>Use Permit</u>	<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 \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms N/A

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

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

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.)
20th Annual Mud Volleyball Tournament. One Day Event to be held on Sunday, August 9, 2009

G Signature of Owner Audrey C Butler, Exr Director

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ _____	<u>1/1</u>
	School	\$ _____	<u>1/1</u>
	Recreation	\$ _____	<u>1/1</u>
	Recording	\$ <u>12.00</u>	<u>0722/09</u>
	Other	\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 7/22/09
 Issued to: Town of Essex + Epilepsy Foundation of Vermont
 Zoning Administrator: Sharon Kelley
 Notes: _____
 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)
07/02/2009

PRODUCER (802)773-2222 FAX (802)773-6372
C.G. McCullough Insurance Agency, Inc.
1 Birchwood
Killington, VT 05751

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 EPILEPSY FOUNDATION OF VERMONT
PO BOX 6292
RUTLAND, VT 05702-6292

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Vermont Mutual Insurance Co.	26018
INSURER B: NCCI-VERMONT	
INSURER C:	
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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BP17032669	05/05/2009	05/05/2010	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	6KUB549X197108	08/01/2009	08/01/2010	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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Annual Mud Volley Ball Tournament, Sunday August 9, 2009

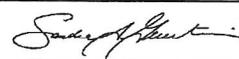
CERTIFICATE HOLDER

Town of Essex
81 Main Street
Essex, VT 05451

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Sandra Guertin/SJG



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



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

VICE PRESIDENT

James Girard

Mary Parisi

TREASURER

Scott Whittemore

SECRETARY

Patricia King

DIRECTORS

Melissa Bushey

Robert Buzzell

Kathy Clark

Deb Fennell

Mike Feulner

Deonie Finkbeiner

Cindy Hogan

Penny La Pointe

Joanne Leggett

Karin Lime

Jodi Litchfield

Jake Mathon

Thomas Mott

Tonya Rabtoy

Diane Reilly

Kelly Ryan

Ken Shattuck

Kara Soulia

Nora von Stange

EXECUTIVE DIRECTOR

Audrey E. Butler

COMMUNITY RESOURCE

DIRECTOR

Ivor B. Sosnoff

COMMUNITY SERVICE

COORDINATOR

Colleen E. Carson

July 9, 2009

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

Dear Sharon:

We are very excited about our upcoming 20th Annual Mud Volleyball Tournament on Sunday, August 9th. 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

*Please let me know if you need anything else.
Thanks!*



Member of United Way of
Rutland, Southern Windsor,
and Addison Counties

Fax: (802) 773-2150

epilepsy@sover.net

www.epilepsyvt.org

An independently incorporate affiliate of the Epilepsy Foundation