

Mayor: Tim Smith
 Ward 1: Timothy Hawkins
 Ward 2: Newell Decker
 Ward 3: Marie Besette
 Ward 4: Trudy Cioffi



Ward 5: Erik Johnson
 Ward 6: Chad Boudreau
 Clerk/Treasurer: Nicole Robtoy
 City Manager: Dominic Cloud

CERTIFICATE OF COMPLIANCE

Parcel Address: 10 LINCOLN AVE St Albans City, VT
05478
Tax ID: 14052010
Use Classification: Residential - R75 - Residential 7500
Owners: ST ALBANS MANAGEMENT GROUP
III LLC
Certificate Number: CO25-000010

Review of the submitted information for the above-identified property under the City of Saint Albans Land Development Regulations, which went into effect on March 6, 2000 (including all amendments), finds the following issues:

- The lot does not meet minimum size requirements.
- The lot does not meet the minimum width requirements.
- The principal building does not meet minimum side setback requirements on the North and South.
- The principal building does not meet minimum rear setback requirements.

However, the subject property may continue to be used in its existing capacity, or for new uses if a permit is granted, and any structures on the property can be repaired, maintained, altered or extended, including the addition of accessory structures, if it does not result in non-conforming uses, non-conforming structures, or increases in lot coverage percentage beyond the maximum allowed, and as long as any extension or addition is in conformance with all provisions of these regulations, as indicated by an approved permit

This Certificate does not certify to the legal size of the lot, and does not preclude the City of St. Albans from pursuing an enforcement action or taking other appropriate action to ensure compliance with the Land Development Regulations, if a violation were to present itself.

Based upon the information submitted by the property owner, I hereby issue this Certificate of Compliance.

Dated this 03/07/2025 at the City of St. Albans, Vermont.

Gracia Rowell

Property Services Administrator

This certificate includes by reference the application and property information submitted by the property owner (or their authorized representative) for future verification, if necessary.

This Review is subject to a 15-day appeal period pursuant to 24 VSA Sec. 4465.

CERTIFICATE OF COMPLIANCE

RECEIVED
MAR 06 2025
 CITY OF ST. ALBANS Zoning Office

I, Cheryl Ledoux, hereby certify as follows:

- Property Location: 10 Lincoln Ave.
- Owners: St. Albans Management Group
- Current Uses of Property (each dwelling counts as a single unit, ie. single family = 1 unit, duplex = 2 units, etc):

	# Units on Property	# Currently Occupied	# Currently Vacant	Please explain for how long each vacant unit has been vacant.
Dwelling Units	1	0		2 months Rental left
Commercial Units				

- Please count the buildings and rooms located on this property:
 number of houses 1 commercial bldgs. _____ number of kitchens 1
 number of garages _____ number of bedrooms 3
 number of sheds _____ number of full bathrooms 1
 other (describe) _____ number of half bathrooms _____
- Do Nos. 3 & 4 describe how the property was marketed and is being sold or refinanced?
 yes _____ no. If no, please explain: _____

- Is this property currently being serviced by City of St. Albans water/wastewater? yes no
- Is any type of business being run from this property, including a home occupation? yes no

Please describe: _____

- Has this lot been subdivided or had a boundary adjustment since 1964? _____ yes no
 If yes, when and how subdivided? _____

9. Please draw a site plan of the property in question. Please be sure to include the following (refer to the attached sample drawing):

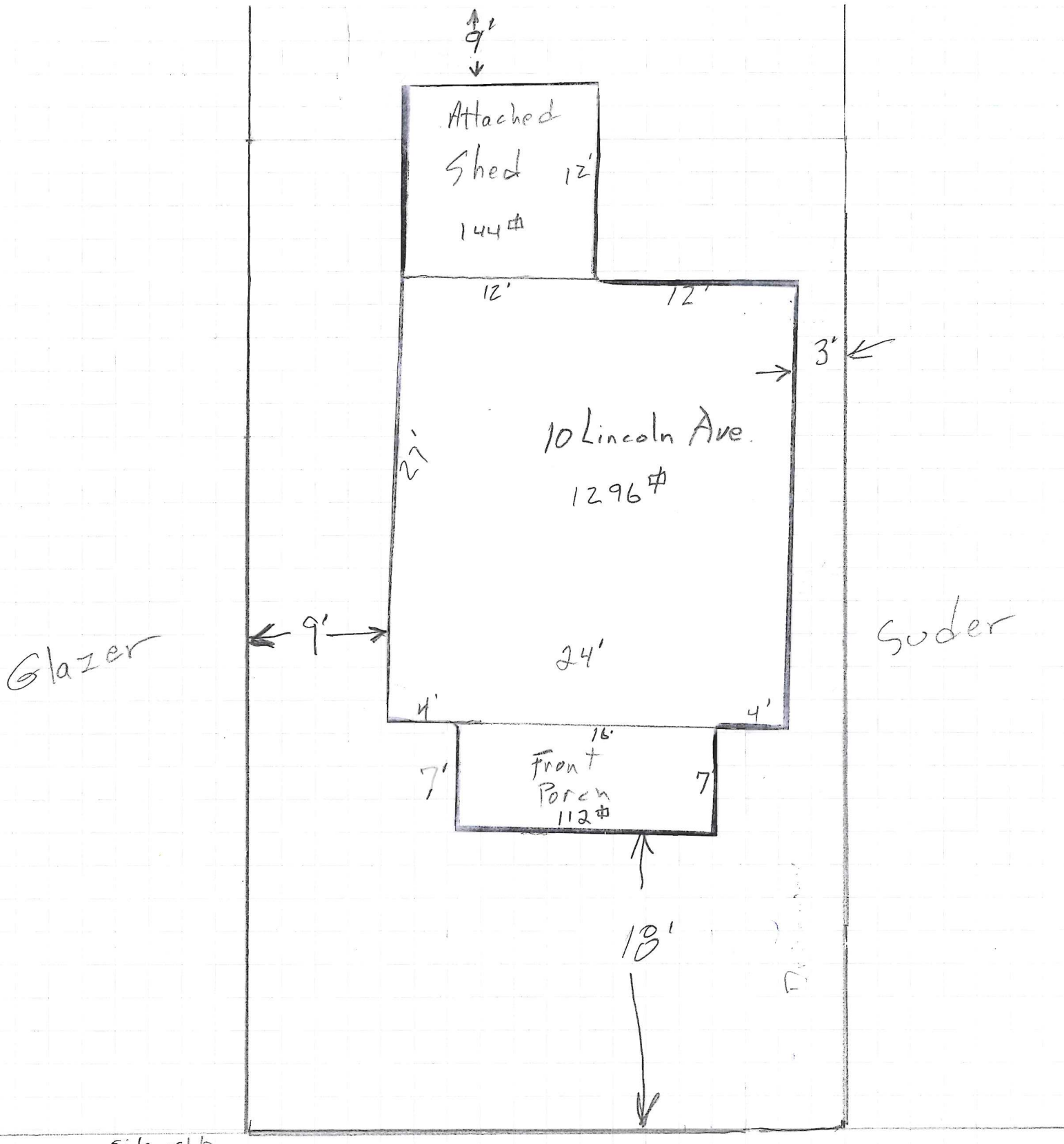
- Make drawing to scale as best you can;
- Show any abutting streets;
- Show north direction;
- Show the property lines with dimensions noted;
- Show all structures and driveways/parking, i.e. all porches, decks, garages, pools, etc., and their dimensions in feet and footprints in square feet.
- Show all distances between all structures and the boundary lines.

Official Use Only

Lot: 14052010
 Ac: 0.06
 Zone: R7S
 Closing: 3/14
 Paid: ck 1036
3/16/25

Owner of Record or Duly Authorized Representative

Signature: _____ Date: 3/4/2025
 Print Name: Cheryl Ledoux
 Address: 1035 Georgia Shore Rd. Milton, VT
 Telephone/Cell phone number: 802-370-0529 05468
 Email: cherylsellsVT@gmail.com



Attached
Shed 12'
144 #

10 Lincoln Ave.
1296 #

Front
Porch
112 #

Glazer

Soder

sidewalk

36'
Lincoln Ave

North

