

2010147 S



# SAINT ALBANS

Vermont

## PERMIT APPLICATION for SIGNS

under the CITY OF SAINT ALBANS LAND DEVELOPMENT REGULATIONS

Applicant(s) SAVIDA HEALTH Daytime Phone (802) 383-8496  
 Landowner(s) MIKE BLOVIN Daytime Phone \_\_\_\_\_  
 Mailing Address 17 CATHERINE ST. ST ALBANS VT Parcel ID # 26018017  
 Parcel Address \_\_\_\_\_ Zoning District B1 Design District Downtown Expansion  
 Email: F.ONEILL@SAVIDAHEALTH.COM

**A Separate Application is Needed for EACH Sign or for the Relocation of an Existing Sign**

<input checked="" type="checkbox"/>	New Sign
<input type="checkbox"/>	Relocation of Existing Sign

**Type of Sign (descriptions and regulations on other side)**

**Description of Sign**

<input type="checkbox"/>	Banner <sup>a</sup>	<input type="checkbox"/>	Projecting	Total Sign Area (all faces of sign):	<u>5.55</u> sq.ft.
<input type="checkbox"/>	Building Marker	<input type="checkbox"/>	Sandwich Board <sup>d</sup>	Height (ground to bottom of sign):	<u>6</u> ft.
<input type="checkbox"/>	Canopy <sup>b</sup>	<input type="checkbox"/>	Suspended	Sign Materials:	<u>1/4" ALUMINUM</u>
<input type="checkbox"/>	Flag	<input type="checkbox"/>	Temporary: Primary	Sign Colors:	<u>WHITE GREEN BLACK</u>
<input type="checkbox"/>	Freestanding	<input type="checkbox"/>	Temporary: Accessory	Lighting (circle one):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/>	Home Occupation	<input type="checkbox"/>	Wall	If Yes, Describe Lighting:	
<input type="checkbox"/>	Incidental <sup>c</sup>	<input checked="" type="checkbox"/>	Window		
<input type="checkbox"/>	Marquee	<input type="checkbox"/>	Other		

44.5" x 18"

**The Following MUST Accompany this Application**

**Fees**

<input checked="" type="checkbox"/>	Photograph of the property, all adjacent properties, including across the street	Permanent Sign: \$50.00*	<u>50</u>	
<input checked="" type="checkbox"/>	Scaled drawing of proposed sign	Temporary Sign: \$25.00*		
<input checked="" type="checkbox"/>	Clear indication of where the sign will be placed			
<input checked="" type="checkbox"/>	Color samples	City Clerk Recording Fee: \$15.00	<u>15</u>	
<input checked="" type="checkbox"/>	Inventory of existing signs (photos of all existing signs)	Records Management Fee: \$12.00	<u>12</u>	
<i>Fees for an approved application are non-refundable. *After the fact: \$100</i>			Total	<u>72</u>
Check # _____ or Cash Date _____				

I certify the submitted information to be true and accurate.

Signature of Applicant: [Signature] Date: 10/5/20

Signature of Landowner: \_\_\_\_\_ Date: \_\_\_\_\_

**APPEAL:** You have the right to appeal this decision to the City of St. Albans Development Review Board (City of St. Albans Zoning Regulations Sect 905.1 A) within 15 days of the date of the decision. **EXPIRATION:** An approved permit shall expire within six (6) months from the date of such approval unless the sign is erected. The applicant may request a six (6) month administrative extension of the sign permit. (City of St. Albans Zoning Regulations Sect 517.2 (6))

FOR COMPLETION BY ADMINISTRATIVE OFFICER

- 1) Design Advisory Board Action: \_\_\_\_\_ N/A \_\_\_\_\_ Favorable \_\_\_\_\_ Unfavorable  
 2) Sign Permit: Approved:  Date Posted: 10-7-20 Effective until 10-22-20  
 Denied: \_\_\_\_\_ Comments: \_\_\_\_\_

Date of Action 10-7-20 Administrative Officer [Signature]

**Descriptions:** (intended for description of sign only, does not constitute full regulations)

**Banner** – Any sign of lightweight fabric or similar material that is permanently mounted to a pole or a building by a permanent frame at one or more edges.



door graphic 27 x 8.3"

44.5 x 18" building sign  
pink dots indicate existing  
hole/anchors

DISCLAIMER: All artwork is copyrighted and cannot be reproduced without Kershner Sign's permission.

**COLORS SHOWN ON THIS PROOF WILL BE DIFFERENT FROM THE FINISHED PRODUCT! WE CAN NOT BE HELD RESPONSIBLE FOR SIGN COLORS NOT MATCHING PROOF. WE WILL PRINT EXACTLY WHAT IS HERE UNLESS YOU REQUEST A CHANGE.**

Before approving, examine the accuracy of information such as spelling, phone number, colors, qty, etc. If no revisions are needed, please confirm. If revisions are needed, note such on the email or call us at (802) 864-4791. We will email a revised layout for approval.

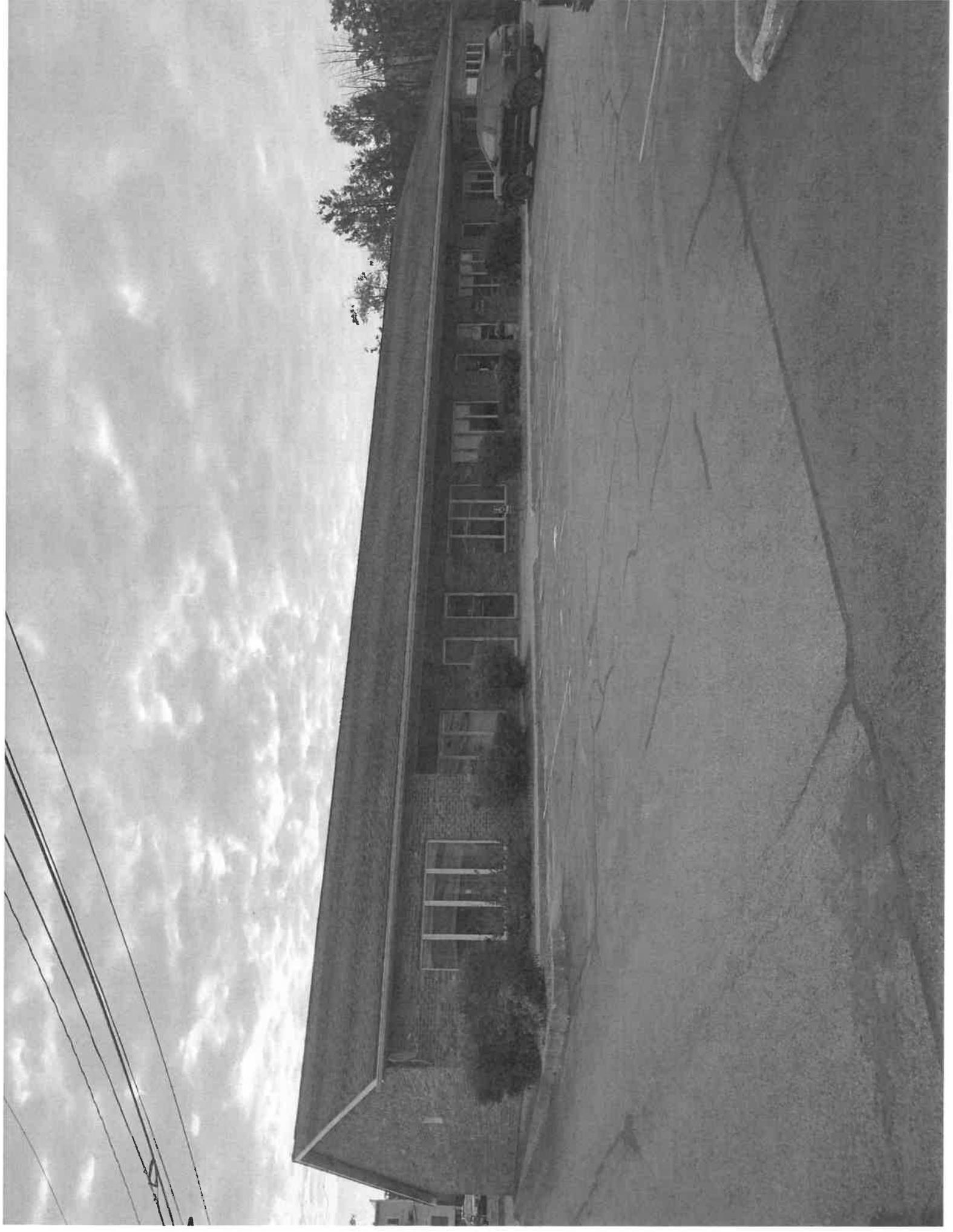
Title: Savida St. Albans

Date: 9/30/2020

Proof Version: 01



29 Myers Court - (802) 864-4791







**PERMIT NO: S20-000015**

**City of St. Albans**  
**Certificate of Posting**

The municipality shall fulfill all posting requirements listed below, while the applicant shall be responsible for all of the following postings, as part of the permit application requirements:

**Posting of Notice of Permit (24 V.S.A. § 4449 and Section 905 of the City of St. Albans Zoning Bylaws)**

- The applicant shall post the notice of permit, on the form prescribed by the town, within view from the public right of way most nearly adjacent to the subject property, until time for appeal has passed.

**Date of Posting:** 10-7-20

**Location:** 17 CATHERINE ST, St Albans City, VT 05478

**CERTIFICATION:**

I, the undersigned, attest that I have completed the posting and notice requirements listed above, and fully understand and assume all responsibility, as part of my permit / permit application requirements, to properly post and maintain this notice for the required time period. Failure to do so may void my permit.

*on file*  
Applicants' Signature

\_\_\_\_\_  
Date

Mayor: Tim Smith  
Ward 1: Timothy Hawkins  
Ward 2: James Pelkey  
Ward 3: Marie Bessette  
Ward 4: Michael McCarthy



Ward 5: Kate Laddison  
Ward 6: Chad Spooner  
Clerk/Treasurer: Curry Galloway  
City Manager: Dominic Cloud

## PERMIT LETTER

**Permit Date:** 10/07/2020

**Parcel Number:** 26018017

**Parcel Owner:** BLOUIN  
MICHAEL J

**Parcel Address:** 17 CATHERINE ST St Albans City, VT  
05478

**Permit Number:** S20-000015

**Permit Type:** New Sign

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**Project Summary:** Permit 2010147 S- New signs- wall & window

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**Decision:** Issued

**Conditions:**

The application and submittals for the above referenced project have been reviewed and

1. the permit is **APPROVED**. This approval applies only to the information listed on the drawings and specifications that have been submitted.

2. The Permit Placard shall be displayed on the subject premises and be clearly visible from a public way. Notice shall be displayed at the time of application and shall not be removed until after the appeals expiration date or until the project is completed, whichever is longer.

3. In addition to periodic inspections, a final inspection may be required.

4. This project shall adhere to all Land Development Regulations.

5. This project shall adhere to all Board Conditions.

This permit does not satisfy the requirements of the state. You must contact the state permitting specialist to determine those requirements.

This permit expires after 10/07/2021 unless commencement of the project has begun and remained continuous. If you have any questions or if I can be of further assistance, please contact me at 802-524-1500 ext \*262 or [d.southwick@stalbansvt.com](mailto:d.southwick@stalbansvt.com).

October 07, 2020  
Date

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**Property Services**

# PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 17 CATHERINE ST, St Albans City, VT 05478

Applicant: Savida Health

Project Description: Permit 2010147 S- New signs- wall & window

**Permit / Approval**

Type: S20-000015

Date Issued: 10-7-2020

Appeal by: 10-22-2020

**Public Hearing Notice**

Date / Time: \_\_\_\_\_

Place: \_\_\_\_\_

Purpose: \_\_\_\_\_

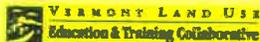
**FOR MORE INFORMATION, CONTACT:**  
PLANNING & PERMITTING ADMINISTRATOR, CITY OF ST. ALBANS  
PO BOX 867,  
100 NO. MAIN ST., ST. ALBANS, VT 05478, PHONE: 802-524-1500 X  
\*262

EMAIL: [INFO@STALBANSVT.COM](mailto:INFO@STALBANSVT.COM)  
WEB: [WWW.STALBANSVT.COM/PLANNING](http://WWW.STALBANSVT.COM/PLANNING)

**Applicant:** This notice shall be displayed on the subject premises and be clearly visible from the public way. Notice shall be displayed at the time of application and shall not be removed until after the appeals expiration date.

  
ADMINISTRATIVE OFFICIAL

  
SAINT ALBANS  
Vermont

  
VERMONT LAND USE  
Education & Training Collaborative