

Permit No: 2010151B

RECEIVED

OCT 15 2020

CITY OF ST. ALBANS  
Zoning Office



PERMIT APPLICATION for BUILDING, CONSTRUCTION, USE or OTHER APPROVAL  
under the CITY OF SAINT ALBANS LAND DEVELOPMENT REGULATIONS

Applicant(s) THOMAS MASSEY Daytime Phone 802-277-5556  
Landowner(s) " " Daytime Phone \_\_\_\_\_  
Mailing Address 115 HIGH ST. ST AL VT 05478 Parcel ID # 11040116  
Parcel Address \_\_\_\_\_ Zoning District \_\_\_\_\_  
Email TOM32BAY@GMAIL.COM

Proposed Activity (check all that apply)

New Use - \$20 / \$50 <sup>1</sup>	New Single Family Dwelling \$30 / \$90 <sup>1</sup>	
Accessory Use - \$20 / \$50 <sup>1</sup>	Two-Family Dwelling \$30 / \$90 <sup>1</sup>	
Temporary/Seasonal Use - \$20 / \$50 <sup>1</sup>	Multi-Family Dwelling \$30 / \$90 <sup>1</sup>	
New Commercial Structure \$50 / \$300 <sup>1</sup>	Renovation/Addition to Resident. Structure \$30 / \$90 <sup>1</sup>	<u>NOTE</u>
Renovation/Addition to Comm. Structure \$50 / \$300 <sup>1</sup>	Pool - above ground \$20 / \$50 <sup>1</sup> or in-ground \$30 / \$60 <sup>1</sup>	
Accessory Structure - \$20 / \$50 <sup>1</sup>	Fence - \$20 / \$50 <sup>1</sup> (waived if under 6 feet in height)	
Boundary Line Adjustment <sup>2</sup> - \$90 / \$140 <sup>1</sup>	Demolition - \$50 / \$100 <sup>1</sup>	
Subdivision <sup>2</sup> \$90 / \$140 <sup>1</sup>	Other - specify	

<sup>1</sup> After the fact    <sup>2</sup> Exempt if paid as part of a DRB Hearing

Description of Proposed Activity (attach additional pages as needed)	Fees Continued:
<u>REPAIR</u>	Total of Fees from Above:
<u>PROPOSED DRIVE WAY</u>	Residential Construction Fee - \$4.00 per \$1,000 in work cost estimate
<u>4 PARKING LOT</u>	Commercial Construction fee - \$5.00 per \$1,000 in work cost estimate
<u>NO BUILDING OF ANY.</u>	City Clerk Recording Fee (for each permit) \$15.00
	Records Management Fee (for each permit) \$12.00
Cost of work: <u>16,000</u>	Total Permitting and Recording fees: <u>27.00</u>
Expected Completion Date: <u>None</u>	Check # <u>1295</u> or Cash    Amt Remitted: _____

I certify the submitted information to be true and accurate.

All fees for an approved application are non-refundable.

Signature of Owner: [Signature] Date: 10/8/2020

Signature of Applicant: \_\_\_\_\_ 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. **No construction is allowed during the appeal period.** An approved permit shall expire 3-12 months after the appeal period end date, unless commencement of the permitted activity is demonstrated. (City of St. Albans Zoning Regulations Sect 903 (A) (3))

FOR COMPLETION BY ADMINISTRATIVE OFFICER

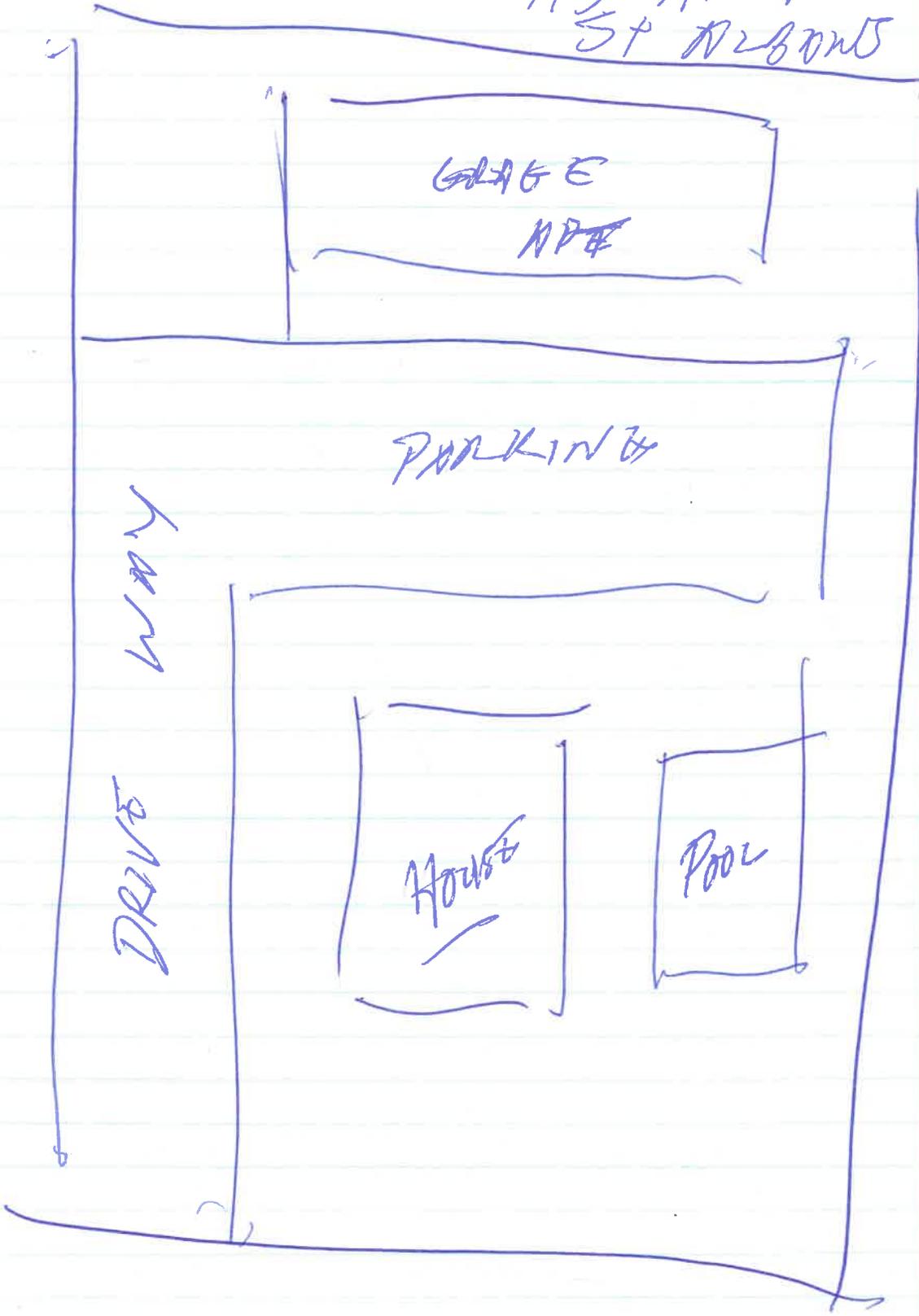
1) Approved: 10-16-20 Posted: 10-16-20 This approval shall not become effective until 10-31-20

2) Denied: \_\_\_\_\_  
10-16-20 Tammi Dill  
Date of Action                      Administrative Officer

(PLEASE TURN OVER FOR ADDITIONAL INFORMATION)

RE-DID PARKING LOT & DRIVEWAY

Tom Wrassey  
115 HIGH ST  
ST ALBANS



115 HIGH ST  
ST ALBANS VT 05478

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## PERMIT LETTER

**Permit Date:** 10/16/2020

**Parcel Number:** 11040115

**Parcel Owner:** MASSEY  
THOMAS W

**Parcel Address:** 115 HIGH ST St Albans City, VT 05478

**Permit Number:** B20-000125

**Permit  
Type:** Renovation/Addition

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**Project Summary:** Repair driveway & parking lot

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**Decision:** Issued

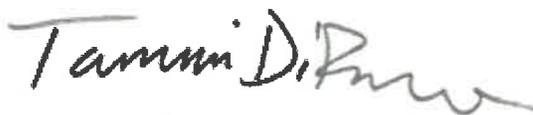
**Conditions:**

- 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.
  - a. None

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 10/16/2021 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 16, 2020  
**Date**

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**Property Services**



**PERMIT NO: B20-000125**

**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:** 10-16-20

**Location:** 115 HIGH 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

# PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 115 HIGH ST, St Albans City, VT 05478

Applicant: MASSEY THOMAS W

Project Description: Repair driveway & parking lot

Permit / Approval

Type: B20-000125

Date Issued: October 16, 2020

Appeal by: October 31, 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