

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



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

PERMIT LETTER

Permit Date: 08/10/2020

Parcel Number: 22043023

Parcel Owner: ALLARD
SHAWN

Parcel Address: 23 HOYT ST St Albans City, VT 05478

Permit Number: B20-000088

**Permit
Type:** Renovation/Addition

Project Summary: replace shingles with corrugated metal

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.**

- 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
- 2.
 3. In addition to periodic inspections, a final inspection may be required.
 4. This project shall adhere to all Land Development Regulations.
 - a. must meet all land development regulations for noise, dust and debris
 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 08/10/2021 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.

August 10, 2020
Date

Property Services

Permit No. _____

B20-000088



SAINT ALBANS Vermont

APPROVED

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

Applicant(s) Shawn Allard Daytime Phone 802-309-9253
Landowner(s) Shawn Allard Daytime Phone same
Mailing Address 224 Road Lane West Parcel ID # 22043023
Parcel Address 23/25 Hoyt St. Zoning District B1
Email shawnmalkar@gmail.com

Proposed Activity (check all that apply)

Table with 4 columns: Activity Name, Fee 1, Fee 2, and Checkmark. Rows include New Use, Accessory Use, Temporary/Seasonal Use, New Commercial Structure, Renovation/Addition to Comm. Structure, Accessory Structure, Boundary Line Adjustment, and Subdivision.

1 After the fact 2 Exempt if paid as part of a DRB Hearing

Table with 3 columns: Description of Proposed Activity, Fees Continued, and Amount. Includes rows for Replace shingles on roof with corrugated metal roofing, Residential Construction Fee, Commercial Construction fee, City Clerk Recording Fee, and Records Management Fee.

I certify the submitted information to be true and accurate.

All fees for an approved application are non-refundable.

Signature of Owner: [Signature] Date: 8/10/20

Signature of Applicant: [Signature] Date: 8/10/20

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.

FOR COMPLETION BY ADMINISTRATIVE OFFICER

1) Approved: 8/10/20 Posted: 8/10/20 This approval shall not become effective until 8/25/20

2) Denied: 8/10/20 [Signature] Administrative Officer

(PLEASE TURN OVER FOR ADDITIONAL INFORMATION)



PERMIT NO: B20-000088

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: Aug 10, 2020

Location: 23 HOYT 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.

M-Jil
Applicants' Signature

8/10/2020
Date

PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 23 HOYT ST, St Albans City, VT 05478

Applicant: ALLARD SHAWN

Project Description: replace shingles with corrugated metal

Permit / Approval

Type: B20-000088

Date Issued: AUGUST 10, 2020

Appeal by: AUGUST 25, 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

WEB: 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