

820-000106

PERMIT APPLICATION for BUILDING, CONSTRUCTION, USE OF OTHER APPROVAL

Vermont

APPROVED

under the CITY OF SAINT ALBANS LAND DEVELOPMENT REGULATIONS

Applicant(s) Debra Loyer Daytime Phone 393-2979

Landowner(s) same Daytime Phone _____

Mailing Address 92 Lower Welden St Parcel ID # _____

Parcel Address same Zoning District _____

Email paiddjl@yahoo.com

Proposed Activity (check all that apply)

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

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

Description of Proposed Activity (attach additional pages as needed)	Fees Continued:	
	Check #	Amt Remitted:
Removing 8ft older wood fence. Putting up new 6ft wood fence.	Total of Fees from Above <input checked="" type="checkbox"/>	
	Residential Construction Fee - \$4.00 per \$1,000 in work cost estimate	
	Commercial Construction fee - \$5.00 per \$1,000 in work cost estimate	
		City Clerk Recording Fee (for each permit) \$15.00 <u>15.00</u>
		Records Management Fee (for each permit) \$12.00 <u>12.00</u>
	Total Permitting and Recording fees: <u>27.00</u>	
Cost of work: <u>\$4,100.00</u>		
Expected Completion Date: <u>9-14-2020</u>		

All fees for an approved application are non-refundable.

I certify the submitted information to be true and accurate. Date: 9-4-2020

Signature of Owner: Debra Loyer Date: _____

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: 9/8/20 Posted: 9/8/20 This approval shall not become effective until 9/23/20

2) Denied: 9/8/2020

[Signature]
Administrative Officer

ADDITIONAL INFORMATION

PERMIT LETTER

Permit Date: 09/08/2020

Parcel Number: 26055092

Permit Number: B20-000106

Parcel Owner: LOYER
DEBBRA J

Permit Type: Fence

Parcel Address: 92 LO WELDEN ST St Albans City, VT
05478

Project Summary: replace existing fence

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.
 - a. must be on (with neighbor's agreement) or inside lot line
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 09/08/2021 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@stalbanstv.com.



September 08, 2020
Date

Property Services

PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 92 LO WELDEN ST, St Albans City, VT 05478

Applicant: LOYER DEBBRA J

Project Description: replace existing fence

Permit / Approval

Type: B20-000106

Date Issued: SEPTEMBER 8, 2020

Appeal by: SEPTEMBER 23, 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



PERMIT NO: B20-000106

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: 9/8/20

Location: 92 LO WELDEN 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-fib
Applicants Signature

Sept 8, 2020
Date