

Permit No. B20-000/18



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

Applicant(s) Peoples Trust Company Daytime Phone 802-524-2196
 Landowner(s) _____ Daytime Phone _____
 Mailing Address P.O. Box 320 Parcel ID # 23048025
 Parcel Address 25 Kingman St. Zoning District B1
 Email llarrow@ptc.vt.com

Proposed Activity (check all that apply)

New Use - \$20 / \$50 ¹		New Single Family Dwelling \$30 / \$90 ¹	
Accessory Use - \$20 / \$50 ¹		Two-Family Dwelling \$30 / \$90 ¹	
Temporary/Seasonal Use - \$20 / \$50 ¹		Multi-Family Dwelling \$30 / \$90 ¹	
New Commercial Structure \$50 / \$300 ¹		Renovation/Addition to Resident. Structure \$30 / \$90 ¹	
Renovation/Addition to Comm. Structure \$50 / \$300 ¹	<u>50⁰⁰</u>	Pool - above ground \$20 / \$50 ¹ or in-ground \$30 / \$60 ¹	
Accessory Structure - \$20 / \$50 ¹		Fence - \$20 / \$50 ¹ (waived if under 6 feet in height)	
Boundary Line Adjustment ² - \$90 / \$140 ¹		Demolition - \$50 / \$100 ¹	
Subdivision ² \$90 / \$140 ¹		Other - specify	

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:
	Total of Fees from Above: <u>50⁰⁰</u>
<u>New rubber membrane on existing roof.</u>	Residential Construction Fee - \$4.00 per \$1,000 in work cost estimate
	Commercial Construction fee - \$5.00 per \$1,000 in work cost estimate <u>\$235.</u>
	City Clerk Recording Fee (for each permit) \$15.00 <u>15.</u>
	Records Management Fee (for each permit) \$12.00 <u>12.</u>
Cost of work: <u>\$47,000.</u>	Total Permitting and Recording fees: <u>\$262.00</u>
Expected Completion Date:	Check # _____ or Cash Amt Remitted: <u>\$312⁰⁰</u>

I certify the submitted information to be true and accurate.

All fees for an approved application are non-refundable.

Signature of Owner: _____ Date: _____

Signature of Applicant: Gloyd W. Larrow PTC. Date: 9/21/20

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. 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: 9/24/20 Posted: 9/24/20 This approval shall not become effective until 10/9/20
 2) Denied: _____
9/24/2020 Date of Action David C. Smith Administrative Officer

(PLEASE TURN OVER FOR ADDITIONAL INFORMATION)

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: 09/24/2020

Parcel Number: 23048025

Parcel Owner: PEOPLES
TRUST COMPANY

Parcel Address: 25 KINGMAN ST St Albans City, VT 05478

Permit Number: B20-000118

**Permit
Type:** Renovation/Addition

Project Summary: re-roof main building

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. none

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 09/24/2022 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.

September 24, 2020
Date

Property Services

PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 25 KINGMAN ST, St Albans City, VT 05478

Applicant: PEOPLES TRUST COMPANY

Project Description: re-roof main building

Permit / Approval

Type: B20-000118

Date Issued: SEPTEMBER 24, 2020

Appeal by: OCTOBER 9, 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: B20-000118

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: Sept 24, 2020

Location: 25 KINGMAN 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.


Applicants' Signature

Sept 24, 2020
Date