
PERMIT LETTER

Permit Date: 03/04/2025

Parcel Number: 14031067

Parcel Owner: ST ALBANS
MANGEMENT GROUP IV LLC

Parcel Address: 67 FAIRFIELD ST St Albans City, VT 05478

Permit Number: B25-000006

**Permit
Type:** Renovation/Addition

Project Summary: Shingle to shingle replacement

Decision: Approved

Conditions:

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

1. 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. N/A

This permit expires after 3/5/26.

- o If work has not been completed, **prior** to reaching the expiration date of the permit/approval, please consult with the Zoning Administrator for renewal details OR to seek new Development Review Board approval if previously required. See Article 9 of the St. Albans City Land Use Regulations for details on expirations.
- o This permit does not satisfy the requirements of the state. You must contact the state permitting specialist to determine those requirements
- o This permit does not certify the legal size of the lot and is not a legal determination of boundary lines.
- o If you have any questions or if I can be of further assistance, please contact me at 802-524-1500 ext *262 or s.bennett@stalbansvt.com.


Property Services

March 04, 2025
Date

Permit No. B25-000006



PERMIT APPLICATION for BUILDING, CO
under the CITY OF SAINT ALBANS LA

Applicant(s) Cheryl Ledoux
Landowner(s) St Albans Management Group IV, LLC
Mailing Address 1035 Georgia Shore Rd, Georgia, Vt 05468
Parcel Address 67 Fairfield St, St Albans, Vt 05478
Email cherylsellsvt@gmail.com

Proposed Activity (check all that apply)

New Use - \$20 / \$50 ¹		<input type="checkbox"/>
Accessory Use - \$20 / \$50 ¹		<input type="checkbox"/>
Temporary/Seasonal Use - \$20 / \$50 ¹		<input type="checkbox"/>
New Commercial Structure \$50 / \$300 ¹		<input type="checkbox"/>
Renovation/Addition to Comm. Structure \$50 / \$300 ¹		<input type="checkbox"/>
Accessory Structure - \$20 / \$50 ¹		<input type="checkbox"/>
Boundary Line Adjustment ² - \$90 / \$140 ¹		<input type="checkbox"/>
Subdivision ² \$90 / \$140 ¹		<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)	Ft
New Roof <u>Replace Roof Shingles</u>	R w C w C R
Cost of work: <u>20,000</u>	
Expected Completion Date:	C

I certify the submitted information to be true and accurate:

Signature of Owner: Cheryl Ledoux

Signature of Applicant: [Signature]

APPEAL: You have the right to appeal this decision to the City of St. A decision (St. Albans City Land Development Regulations Sec. 905). No appeal, this decision shall become final.

EXPIRATION: An approved permit shall expire after a period of time d

FOR COMPLETION BY AD

Water/Wastewater Allocation change needed: Y N

1) **Approved:** 3/4/25 Posted: 3/5/25 Thi

2) **Denied:** 3/4/25 Sara Ben
Date of Action Administrative Officer



SAINT ALBANS
Vermont

PERMIT NO: B25-000006

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)

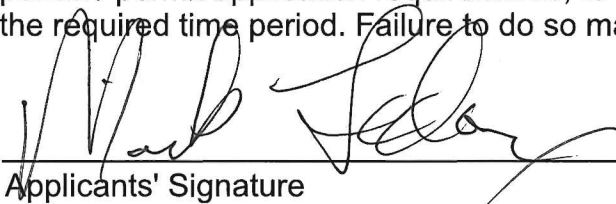
- The applicant shall post the notice of permit, on the form prescribed by the town, within view from the public right of way most nearly adjacent to the subject property, until time for appeal has passed.

Date of Posting: 3/5/25

Location: 67 FAIRFIELD 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

3-5-25
Date

PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 67 Fairfield St.

Applicant: St. Management Group, LLC

Project Description: Shingle to Shingle
Roof Replacement

Permit / Approval

Type: 625-000006

Date Issued: 3/5/2025

Appeal by: 3/20/25

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.

Sarah Bennett
ADMINISTRATIVE OFFICIAL

