

Mayor: Tim Smith  
Ward 1: Timothy Hawkins  
Ward 2: Lindsay Hunn  
Ward 3: Marie Besette  
Ward 4: Trudy Cioffi



Ward 5: Erik Johnson  
Ward 6: Chad Boudreau  
Clerk/Treasurer: Nicole Robtoy  
City Manager: Dominic Cloud

## PERMIT LETTER

**Permit Date:** 4/16/2025

**Parcel Number:** 22049320

**Parcel Owner:** JOHNSON  
CLARENCE

**Parcel Address:** 320 LAKE ST St Albans City, VT 05478

**Permit Number:** B25-  
000022

**Permit Type:** Accessory  
Structure

**Project Summary:** Seasonal produce stand at front of property.

**Decision:** Approved

**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. Approved per scope of work submitted.
5. This project shall adhere to all Board Conditions.
  - a. N/A

This permit expires after 4/17/2026

- 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 \*265 or [g.rowell@stalbansvt.com](mailto:g.rowell@stalbansvt.com).

  
**Property Services**

April 16, 2025  
**Date**

Mayor: Tim Smith  
Ward 1: Timothy Hawkins  
Ward 2: Lindsay Hunn  
Ward 3: Marie Besette  
Ward 4: Trudy Cioffi



Ward 5: Erik Johnson  
Ward 6: Chad Boudreau  
Clerk/Treasurer: Nicole Robtoy  
City Manager: Dominic Cloud

**PERMIT NO: B25-000022**

**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:** 4/17/2025

**Location:** 320 LAKE 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

4/17/2025  
Date

Permit No. B25-000022

RECEIVED

APR 07 2025



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) Clarence Johnson Daytime Phone \_\_\_\_\_
Landowner(s) \_\_\_\_\_ Daytime Phone 802-324-3399
Mailing Address 320 Lake St. Parcel ID # 22049320
Parcel Address 320 Lake St. Zoning District R95
Email sta-taxi-vt@gmail.com

Proposed Activity (check all that apply)

Table with 4 columns: Activity, Fee, and two empty columns. Rows include New Use, Accessory Use, Temporary/Seasonal Use, New Commercial Structure, Renovation/Addition to Comm. Structure, Accessory Structure, Boundary Line Adjustment, Subdivision, New Single Family Dwelling, Two-Family Dwelling, Multi-Family Dwelling, Renovation/Addition to Resident. Structure, Pool, Fence, Demolition, and Other.

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 'Seasonal Produce Stand at Front of Property' and 'Total Permitting and Recording fees'.

I certify the submitted information to be true and accurate:

All fees are non-refundable, except the Construction Fee and Recording Fee for a DENIED application.

Signature of Owner: [Handwritten Signature]

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

APPEAL: You have the right to appeal this decision to the City of St. Albans Development Review Board within 15 days of the date of the decision (St. Albans City Land Development Regulations Sec. 905). No construction is allowed during the appeal period. If you do not appeal, this decision shall become final.

EXPIRATION: An approved permit shall expire after a period of time determined by Section 903 of the City Land Development Regulations.

FOR COMPLETION BY ADMINISTRATIVE OFFICER

Water/Wastewater Allocation change needed: [ ] Y [ ] N PW Initial for submitted application: \_\_\_\_\_

1) Approved: 4/16/25 Posted: 4/17/2025 This approval shall not become effective until \_\_\_\_\_

2) Denied: \_\_\_\_\_

4/16/2025
Date of Action

[Signature]
Administrative Officer

# PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

**Address:** 320 Lake Street

**Applicant:** Johnson

**Project Description:** Seasonal produce stand at front of property

**Permit / Approval**

**Type:** B25-000022

**Date Issued:** April 17, 2025

**Appeal by:** MAY 2, 2025

**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

