

Permit No. _____

520-000010

APPROVED

SAINT ALBANS Vermont

PERMIT APPLICATION for SIGNS

under the CITY OF SAINT ALBANS LAND DEVELOPMENT REGULATIONS

Applicant(s) Vermont Federal Credit Union Daytime Phone 802-923-1193
 Landowner(s) MRC LLC / Stacie Callahan Daytime Phone 802-782-8662
 Mailing Address 84 Pine St. Burlington VT 05402 Parcel ID # 26079172
 Parcel Address 172 South Main St St Albans VT 05478 Zoning District B2 Design District DR-4
 Email: teaton@vermontfederal.org

A Separate Application is Needed for EACH Sign or for the Relocation of an Existing Sign

<input checked="" type="checkbox"/>	New Sign
<input type="checkbox"/>	Relocation of Existing Sign

Type of Sign (descriptions and regulations on other side)	Description of Sign
<input type="checkbox"/> Banner ^a	Projecting Total Sign Area (all faces of sign): 1.8 sq.ft.
<input type="checkbox"/> Building Marker	Sandwich Board ^d Height (ground to bottom of sign): 5'6" ft.
<input type="checkbox"/> Canopy ^b	Suspended Sign Materials: Aluminum
<input type="checkbox"/> Flag	Temporary: Primary Sign Colors: Black
<input type="checkbox"/> Freestanding	Temporary: Accessory Lighting (circle one): <u>Yes</u> No
<input type="checkbox"/> Home Occupation	Wall If Yes, Describe Lighting: Small neon
<input type="checkbox"/> Incidental ^c	Window <input checked="" type="checkbox"/> X
<input type="checkbox"/> Marquee	Other

The Following MUST Accompany this Application

	Fees
<input checked="" type="checkbox"/> Photograph of the property, all adjacent properties, including across the street	Permanent Sign: \$50.00* 50.00
<input checked="" type="checkbox"/> Scaled drawing of proposed sign	Temporary Sign: \$25.00*
<input checked="" type="checkbox"/> Clear indication of where the sign will be placed	
<input checked="" type="checkbox"/> Color samples	City Clerk Recording Fee: \$15.00 15.00
<input checked="" type="checkbox"/> Inventory of existing signs (photos of all existing signs) Attached	Records Management Fee: \$12.00 12.00
Fees for an approved application are non-refundable. *After the fact: \$100	
	Total 77.00
Check # _____ or Cash _____ Date _____	

I certify the submitted information to be true and accurate.

Signature of Applicant: _____ Date: 7-28-2020

Signature of Landowner: _____ Date: 7/27/2020

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. **EXPIRATION:** An approved permit shall expire within six (6) months from the date of such approval unless the sign is erected. The applicant may request a six (6) month administrative extension of the sign permit. (City of St. Albans Zoning Regulations Sect 517.2 (6))

FOR COMPLETION BY ADMINISTRATIVE OFFICER

- 1) Design Advisory Board Action: N/A Favorable Unfavorable
 2) Sign Permit: Approved: 7/31/20 Date Posted: 7/31/20 Effective until 8/15/20
 Denied: _____ Comments: _____

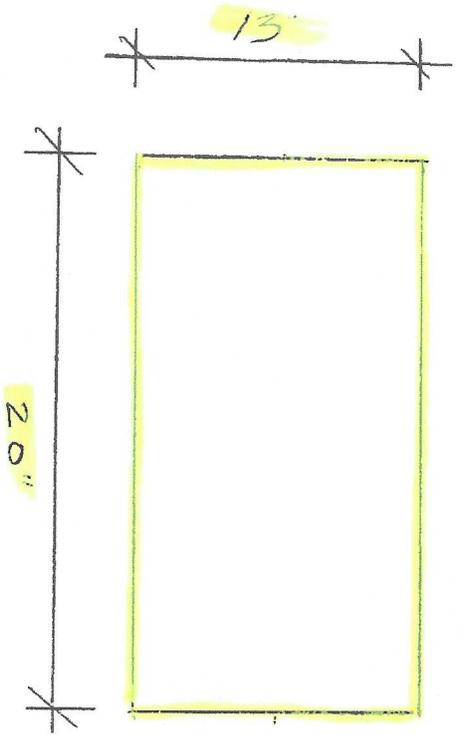
7/31/20
Date of Action _____
Administrative Officer David Smith

Descriptions: (intended for description of sign only, does not constitute full regulations)

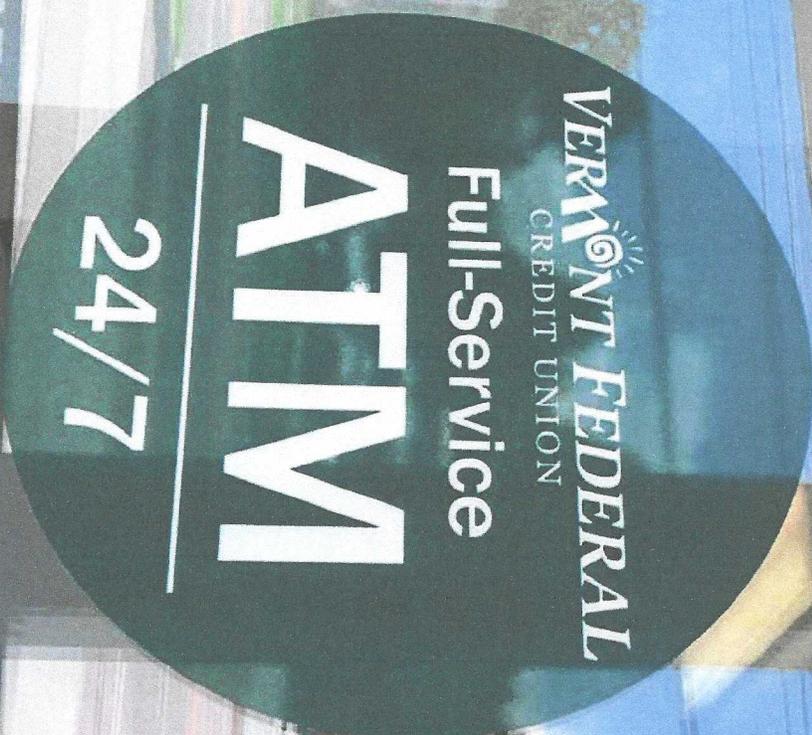
Banner – Any sign of lightweight fabric or similar material that is permanently mounted to a pole or a building by a permanent frame at one or more edges.

My name
No flashing

VFCU - ATM
SIGN



SCALE - $1\frac{1}{2}'' = 1'$

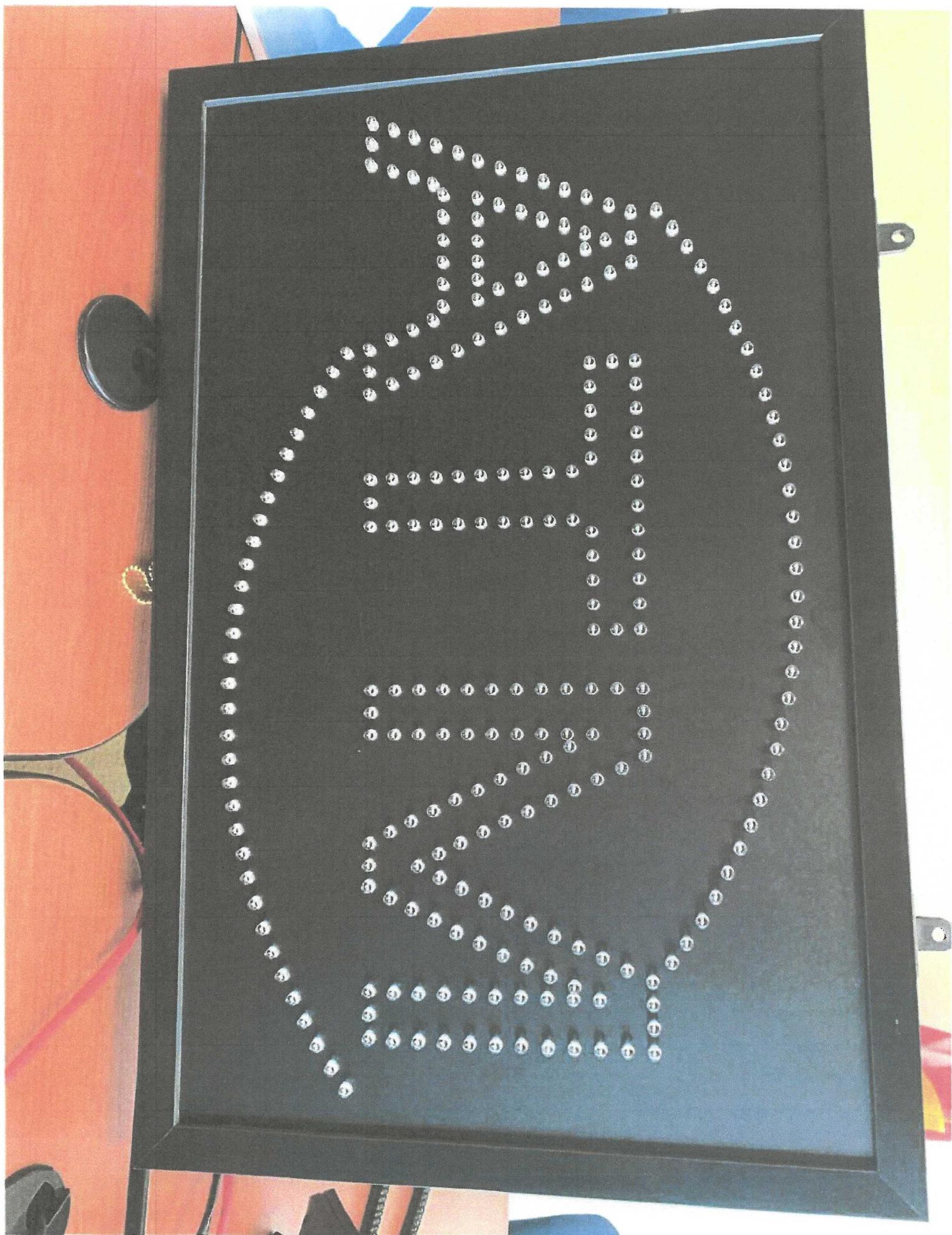


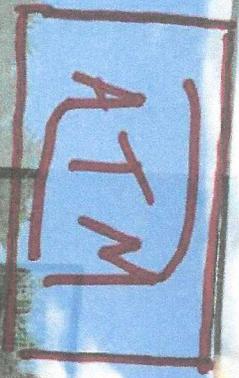
VERMONT FEDERAL
CREDIT UNION

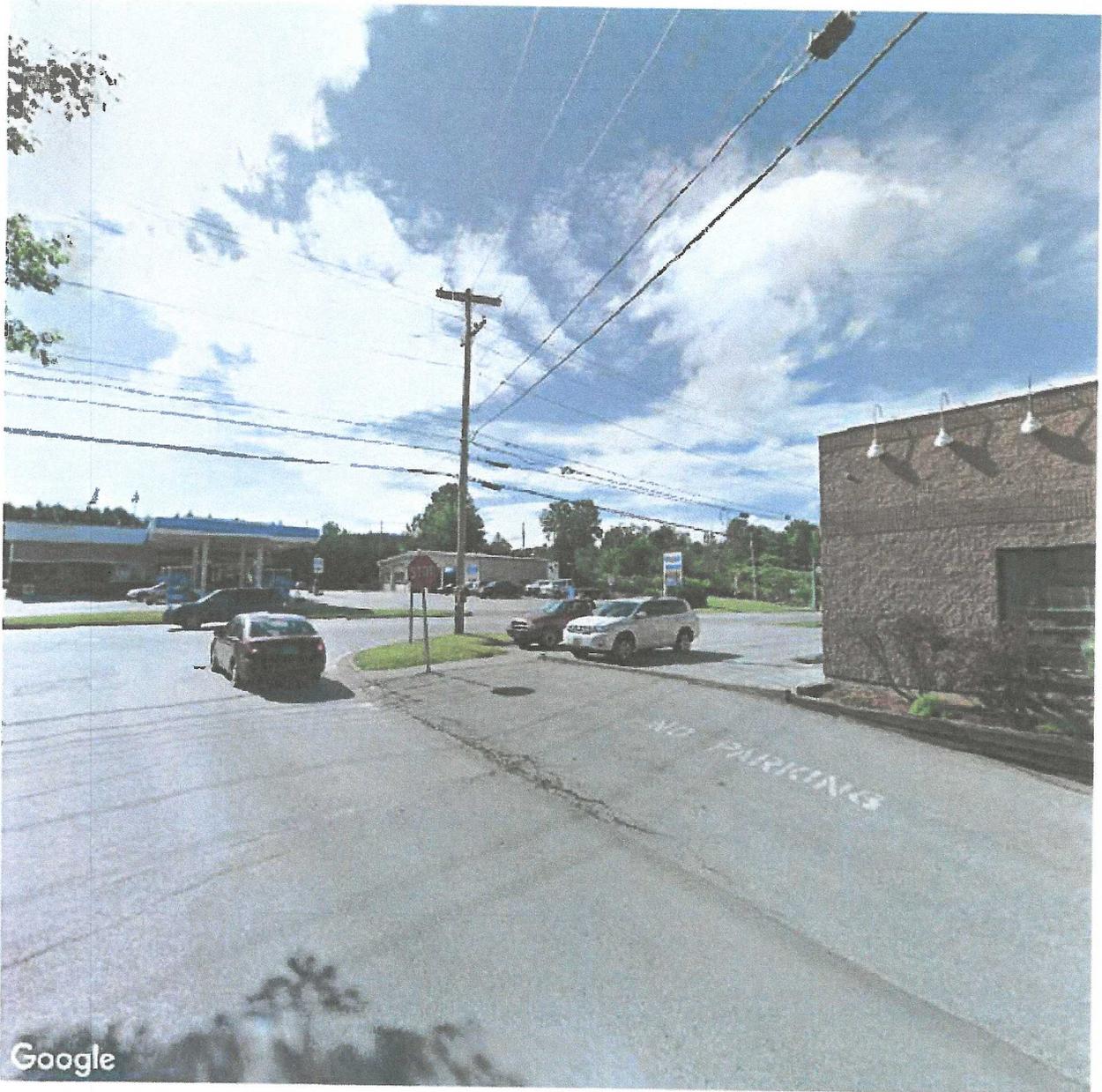
Full-Service

ATM

24/7







Google





Google

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: 07/31/2020

Parcel Number: 26079172

Permit Number: S20-000010

Parcel Owner: Vermont
Federal Credit Union / MRC,
LLC

Permit Type: New Sign

Parcel Address: 172 SO MAIN ST St Albans City, VT 05478

Project Summary: Permit - ATM Sign

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. no flashing neon signs

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 07/31/2021 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.

July 31, 2020
Date

Property Services



PERMIT NO: S20-000010

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: July 31, 2020

Location: 172 SO MAIN 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.

On file
Applicants' Signature

7/31/2020
Date

PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 172 SO MAIN ST, St Albans City, VT 05478

Applicant: VERMONT FEDERAL CREDIT UNION

Project Description: Permit - ATM Sign

Permit / Approval

Type: S20-000010

Date Issued: JULY 31, 2020

Appeal by: AUGUST 15, 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

