
PERMIT LETTER

Permit Date: 03/13/2025

Parcel Number: 22049295

Parcel Owner: WOOD COLBY

Parcel Address: 295 LAKE ST St Albans City, VT 05478

Permit Number: ZU25-000002

Permit Type: New Use

Project Summary: Permit- Single Family to Duplex -295 Lake Street

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.
 - a. Changing a single family home to a duplex. Approver per DRB Case #2024-022. No construction work needed.

5. This project shall adhere to all Board Conditions.
 - a. See Case 2024-022

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 3/24/2026. 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 13, 2025
Date



PERMIT NO: ZU25-000002

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)

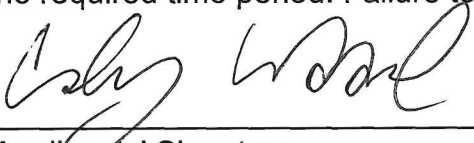
- The applicant shall post the notice of permit, on the form prescribed by the town, within view from the public right of way most nearly adjacent to the subject property, until time for appeal has passed.

Date of Posting: 03/24/2025

Location: 295 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

3/24/25
Date

Permit No. 2425-000002

RECEIVED

MAR 10 2025

CITY OF SAINT ALBANS Zoning Office



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

Applicant(s) Colby Wood Daytime Phone _____
Landowner(s) Colby Wood Daytime Phone _____
Mailing Address 295 Lake St, Unit #2, St. Albans, VT 05472 Parcel ID # 22049295
Parcel Address 295 Lake St, Unit #2, St. Albans, VT 05472 Zoning District R95
Email Colbwood88@yahoo.com

Proposed Activity (check all that apply)

Table with 4 columns: Activity, Fee, Description, Fee. Includes rows for New Use, Accessory Use, Temporary/Seasonal Use, New Commercial Structure, etc.

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

Table with 3 columns: Description of Proposed Activity, Fees Continued, Amount. Includes rows for Residential Construction Fee, Commercial Construction Fee, City Clerk Recording Fee, etc.

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: Colby Wood Date: 3/10/25
Signature of Applicant: Colby Wood Date: 3/10/25

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: 3/13/25 Posted: 3/24/25 This approval shall not become effective until 4/8/25

2) Denied: 3/13/25 Sara Bennett
Date of Action Administrative Officer

Parcel Number: _____

Zoning District: _____



SAINT ALBANS *Vermont*

PROPERTY INFORMATION FORM

This form is required as part of any application for DESIGN REVIEW or PUBLIC HEARING or for a PERMIT for BUILDING, CONSTRUCTION, USE or OTHER APPROVAL under the CITY OF SAINT ALBANS LAND DEVELOPMENT REGULATIONS

I, _____, hereby certify as follows:

1. Property Location: _____

2. Owners: _____

3. Current Uses of Property (*each dwelling counts as a single unit, ie. single family = 1 unit, duplex = 2 units, etc*):

	# Units on Property	# Currently Occupied	# Currently Vacant	Please explain for how long each vacant unit has been vacant.
Dwelling Units				
Commercial Units				

4. Is this property currently being serviced by City of St. Albans water/wastewater? ___ yes ___ no

5. Please provide a count of the buildings and total rooms located on this property:

Number		Number		Number	
1	Houses		Commercial Bldgs	2	Full Bathrooms
0	Garages	2	Kitchens	0	Half Bathrooms
0	Sheds	4	Bedrooms		Other: describe

6. Is any type of business being run from this property, including a home occupation? ___ yes ___ no

Please describe: _____

Signature: _____ Date: _____

PUBLIC NOTICE

PER CITY OF ST. ALBANS LAND DEVELOPMENT REGULATIONS

Address: 295 Lake St.

Applicant: Colby Wood

Project Description: Change single family to a duplex

Permit / Approval

Type: 2425-000002

Date Issued: 03/24/2025

Appeal by: 04/08/2025

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

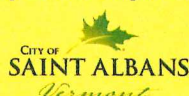
EMAIL: INFO@STALBANSVT.COM

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.

Eva Bennett

ADMINISTRATIVE OFFICIAL



VERMONT LAND USE
Education & Training Collaborative