

TOWN OF WOODSTOCK
SELECT BOARD
March 3, 2021
1:00 PM
Meeting
Zoom
Agenda

- A. CALL TO ORDER
- B. ADDITIONS TO AND DELETIONS FROM THE POSTED AGENDA
- C. REORGANIZATION OF THE BOARD
- D. ADOPT NEWSPAPERS OF RECORD
- E. PERMITS
 - 1. Liquor License Renewals
 - a. 4778 South Road LLC - Kedron Valley Inn
 - b. Shine Associates VT LLC - Woodstock Beverage
 - 2. Overweight Truck Permits
 - a. J Hutchins Inc
 - b. R.k. Mile Inc
 - c. Ken Reney
 - d. Harvey's Plumbing and Excavating LLC
 - e. Bethel Mills
 - f. Mosher Excavating Inc
- F. NEW BUSINESS
 - 1. Municipal appointments
 - a. Fire Warden
 - b. Deputy Fire Warden
 - c. Tree Warden
 - d. Health Officer
 - e. Inspector of Lumber
 - f. Delinquent Tax Collector
 - g. Truant Officer
 - h. Two Rivers Ottauquechee Regional Commission Representative
 - i. Greater Upper Valley Solid Waste Management District Representative
 - j. Design Review Board (So. Woodstock)
 - k. Development Review Board
 - l. Conservation Commission (3)
 - m. Planning Commission (2)
 - n. Fence Viewers (3)
 - o. Economic Development Commission (3)
 - p. Billings Park Commission (2)
 - 2. Resolution for weight restrictions on Town Highways
- G. OTHER BUSINESS
- H. CITIZEN COMMENTS

I. APPROVAL OF MINUTES

J. ADJOURNMENT

This Meeting will be held on Zoom

The link to join us is

<https://us02web.zoom.us/j/84782406503?pwd=UXAzWnJxaEE0MzJaMlBKeHJPUjB6QT09>

or from zoom.us you can enter these details to join the meeting

Meeting ID: 847-8240-6503

Password: 247624

You can also download the Zoom app on your smartphone

For those without a computer or smartphone you may call in:

Phone number: 646 558 8656

Meeting ID: 847-8240-6503

Password: 247624

For Help on Joining Use this Link:

<https://support.zoom.us/hc/en-us/articles/201362193-Joining-a-Meeting>

- Please join the meeting ten minutes prior to start, so we can give technical help if needed.
- We will ask everyone on the phone and Zoom to identify themselves, so we know who is present.
- Please raise your hand on the Participant tab to comment or ask a question.
- Press *9 to raise your hand by phone

2021 LIQUOR LICENSE RENEWAL APPLICATION**9644-001-3RST-001**

THIRD CLASS RESTAURANT/BAR LICENSE TO SELL SPIRITUOUS LIQUORS

Page 1

License Year Beginning May 1, 2021 ending April 30, 2022

Fee: \$1,095.00

Paid to DLC

Seasonal Fee: \$550.00

Town: 14120 - WOODSTOCK

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: 4778 South Road, LLC.

Licensee # 9644- 1

Doing Business As:

Kedron Valley Inn

Mailing Address:

4778 South Road

P.O. Box 145

South Woodstock VT 05071

South Woodstock VT 05071

Telephone: (802) 457-1473

PLEASE INCLUDE EMAIL ADDRESS: info@Kedronvalleyinn.com

Description of Premises:

Lessor:

1st class restaurant on the first floor of a 3 story brick building to include storage in basement. Located off the north side of South Road (Route 106) designated as 4778, at the intersection of Church Hill Rd. in the Village of South Woodstock, Town of Woodstock, Vermont.

4778 South Road, LLC
South Woodstock VT 05071

Last Enforcement Seminar: 08/26/2020

This Club is: An unincorporated Association? Yes XX NoA Limited Liability Company? XX Yes NoA Vermont Corporation? Yes XX NoMajority of Members are US Citizens: **Yes****ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.****Limited Liability**

Company	Name	Address	Town/City	State	Zip Code
Member	1. Johnston, Ann	763 Calendar Hill Road	South Woodstock	VT	05071
Member	2. Johnston, Simran	763 Calendar Hill Road	South Woodstock	VT	05071

Has any person been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year? Yes 1 No

If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any person held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)? Yes 1 No

If yes, please attach the following information: Individual's name, office and jurisdiction

Vt. Dept. of Health Food License No.:

Vt. Dept. of Health Lodging No.:

Vt. Tax Dept. Meals & Rooms Cert./Acct. No.:

Disclosure of Non-profit Organization?: Yes XX No**ALL APPLICANTS MUST COMPLETE AND SIGN**

The applicant understands that he/she must maintain a list of the names and residences of paid up members, a list of club officers, and a list of employees of the club and their annual salaries. These lists must remain on the licensed premises and be available for inspection upon request.

The applicant understands and agrees that the Liquor and Lottery Control Board may obtain criminal history record information from State and Federal record repositories.

I/We hereby certify, under the pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, Section 3113)

I/We hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 1378(b), I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

I/We have registered the trade name of these premises with the Secretary of State.

Continued on next page

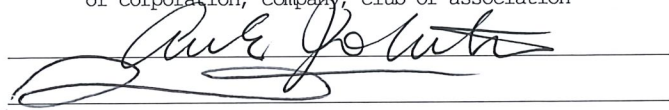
2021 LIQUOR LICENSE RENEWAL APPLICATION
THIRD CLASS RESTAURANT/BAR LICENSE TO SELL SPIRITUOUS LIQUORS

9644-001-3RST-001
Page 2

I/We hereby certify that the information in this application is true and complete.

Dated this 21 day of January, 2021

Signature of authorized agent
of corporation, company, club or association



(Title)

Signature of individual or partners

member 1
member 2

Are you making this application for the benefit of any other party? ☐ Yes ☐ No

MAKE CHECKS PAYABLE TO: VERMONT DIVISION OF LIQUOR CONTROL
13 GREEN MOUNTAIN DRIVE
MONTPELIER, VT 05602

MAIL CHECK WITH COMPLETED FORMS TO THE TOWN OR CITY CLERK

----- LOCAL COMMISSIONER SECTION BELOW -----

Upon being satisfied that the conditions precedent to the granting of this license as provided in Title 7 of the Vermont Statutes Annotated, as amended, have been fully met by the applicant, the commissioners will endorse their recommendation on the back of the application and transmit it to the Liquor and Lottery Control Board for suitable action thereon, before any License may be granted. For the information of the Liquor and Lottery Control Board, applications shall carry the signature of each individual commissioner registering either approval or disapproval.

APPROVED

DISAPPROVED

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved by Board of Control Commissioners of the City or Town of _____.

Total Membership _____, _____ members present Attest, _____, Town Clerk

The seasonal fee applies to establishments open for six continuous months or less of the license year.

TOWN OR CITY CLERK SHALL MAIL APPROVED RENEWAL DIRECTLY TO:
DIVISION OF LIQUOR CONTROL
13 GREEN MOUNTAIN DRIVE
MONTPELIER, VT 05602

If application is disapproved, local control commissioners shall notify the applicant by letter.

No formal action taken by any agency or authority of any town board of selectmen or city board of aldermen on a first or second class license application shall be considered binding except as taken or made at an open public meeting. VSA T-1, Sec. 312

2021 LIQUOR LICENSE RENEWAL APPLICATION
OUTSIDE CONSUMPTION PERMIT

9644-001-OUTC-001

Page 1
Fee: \$20.00
Paid to DLC

License Year Beginning May 1, 2021 ending April 30, 2022

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS
FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: 4778 South Road, LLC.

Licensee # 9644- 1

Doing Business As:

Kedron Valley Inn
4778 South Road
South Woodstock VT 05071
Telephone: (802) 457-1473

Mailing Address:

P.O. Box 145
South Woodstock VT 05071

PLEASE INCLUDE EMAIL ADDRESS: info@kedronvalleyinn.com

Description of the delineated area is as follows:

Porch on front of building, lawn on street side of building and fire
pit and tent pad on rear of building. Permanent use 12:00pm - 11:00pm

I/We hereby certify, under the pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, Section 3113)

I/We hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 1378 (b), I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

I/We hereby certify that the information in this application is true and complete.

Dated this 21 day of January, 2021

Signature of authorized agent
of corporation, company, club or association

Signature of individual or partners

[Signature]

(Title)

member 2

Are you making this application for the benefit of any other party? ☐ Yes ☒ No

MAKE CHECKS PAYABLE TO AND MAIL TO: VERMONT DIVISION OF LIQUOR CONTROL
13 GREEN MOUNTAIN DRIVE
MONTPELIER, VT 05602

----- LOCAL COMMISSIONER SECTION BELOW -----

Upon being satisfied that the conditions precedent to the granting of this license as provided in Title 7 of the Vermont Statutes Annotated, as amended, have been fully met by the applicant, the commissioners will endorse their recommendation on the back of the application and transmit it to the Liquor and Lottery Control Board for suitable action thereon, before any License may be granted. For the information of the Liquor and Lottery Control Board, applications shall carry the signature of each individual commissioner registering either approval or disapproval.

APPROVED

DISAPPROVED

Approved by Board of Control Commissioners of the City or Town of _____.

Total Membership _____, _____ members present

Attest, _____, Town Clerk

2021 LIQUOR LICENSE RENEWAL APPLICATION
FIRST CLASS RESTAURANT/BAR LICENSE TO SELL MALT AND VINOUS BEVERAGES

9644-001-1RST-001

Page 1

License Year Beginning May 1, 2021 ending April 30, 2022

Fee: \$230.00 of which
\$115.00 is paid to town/city
\$115.00 is paid to DLC
Town: 14120 - WOODSTOCK

**MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS
FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING**

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: 4778 South Road, LLC.
Doing Business As:

Licensee # 9644- 1

Kedron Valley Inn
4778 South Road
South Woodstock VT 05071
Telephone: (802) 457-1473

Mailing Address:
P.O. Box 145
South Woodstock VT 05071

PLEASE INCLUDE EMAIL ADDRESS: info@kedronvalleyinn.com

Description of Premises:

1st class restaurant on the first floor of a 3 story brick building to include storage in basement. Located off the north side of South Road (Route 106) designated as 4778, at the intersection of Church Hill Rd. in the Village of South Woodstock, Town of Woodstock, Vermont.

Lessor:

4778 South Road, LLC
South Woodstock VT 05071

Last Enforcement Seminar: 08/26/2020

Filed Articles of Organization: **Yes**

Date Filed: 10/16/2017

Federal ID Number: 82-3096124

Majority of Members are US Citizens: **Yes**

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Limited Liability

Company	Name	Address	Town/City	State	Zip Code
Member	1. Johnston, Ann	763 Calendar Hill Road	South Woodstock	VT	05071
Member	2. Johnston, Simran	763 Calendar Hill Road	South Woodstock	VT	05071

Has any person been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year? Yes ☒ No
If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any person held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)? Yes ☒ No
If yes, please attach the following information: Individual's name, office and jurisdiction

Vt. Dept. of Health Food License No.: 19758

Vt. Dept. of Health Lodging No.:

Vt. Tax Dept. Meals & Rooms Cert./Acct. No.: MRT-10900025-001

Disclosure of Non-profit Organization?: Yes ☒ No

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor and Lottery Control Board may obtain criminal history record information from State and Federal record repositories.

I/We hereby certify, under the pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, Section 3113)

I/We hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 1378(b), I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

I/We have registered the trade name of these premises with the Secretary of State.

Continued on next page

2021 LIQUOR LICENSE RENEWAL APPLICATION
FIRST CLASS RESTAURANT/BAR LICENSE TO SELL MALT AND VINOUS BEVERAGES

9644-001-1RST-001

Page 2

I/We hereby certify that the information in this application is true and complete.

Dated this 21 day of January, 2021

Signature of authorized agent
of corporation, company, club or association



(Title)

Signature of individual or partners

member 2

Are you making this application for the benefit of any other party? ☐ Yes ☒ No

----- LOCAL COMMISSIONER SECTION BELOW -----

Upon being satisfied that the conditions precedent to the granting of this license as provided in Title 7 of the Vermont Statutes Annotated, as amended, have been fully met by the applicant, the commissioners will endorse their recommendation on the back of the application and transmit it to the Liquor and Lottery Control Board for suitable action thereon, before any License may be granted. For the information of the Liquor and Lottery Control Board, applications shall carry the signature of each individual commissioner registering either approval or disapproval.

APPROVED

DISAPPROVED

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved by Board of Control Commissioners of the City or Town of _____.

Total Membership _____, _____ members present

Attest, _____, Town Clerk

TOWN OR CITY CLERK SHALL MAIL APPROVED RENEWAL DIRECTLY TO:
DIVISION OF LIQUOR CONTROL
13 GREEN MOUNTAIN DRIVE
MONTPELIER, VT 05602

If application is disapproved, local control commissioners shall notify the applicant by letter.

No formal action taken by any agency or authority of any town board of selectmen or city board of aldermen on a first or second class license application shall be considered binding except as taken or made at an open public meeting. VSA T-1, Sec. 312

2021 LIQUOR LICENSE RENEWAL APPLICATION

SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

9891-001-SECN-001

Page 1

License Year Beginning May 1, 2021 ending April 30, 2022

Fee: \$140.00 of which
\$70.00 is paid to town/city
\$70.00 is paid to DLC
Town: 14120 - WOODSTOCK**MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS
FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING**

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: Shine Associates, VT. LLC

Licensee # 9891- 1

Doing Business As:

Woodstock Beverage
512 E. Woodstock Road
Woodstock VT 05091

Mailing Address:

512 E. Woodstock Road
Woodstock VT 05091

Telephone: (802) 457-1326

PLEASE INCLUDE EMAIL ADDRESS: tim@woodstockbeverage.com

Description of Premises:

2nd class license on the first floor of a two story wooden structure
located on the south side of Route 4, designated as #440 Woodstock
Road in the Town of Woodstock, Vermont.

Lessor:

Marvin Cole & Janet Cole
Pomfret VTLast Enforcement Seminar: ~~06/23/2019~~ 5/1/20Filed Articles of Organization: **Yes**

Date Filed: 04/22/2019

Federal ID Number: 83-4431024

Majority of Members are US Citizens: **Yes****ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES
AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.**Limited Liability
Company

Name

Address

Town/City

State Zip Code

Member

1. Shine, Tim

183 Commonwealth Avenue
Unit 1

Boston

MA 02116

Member

2. Shine, Hillary

183 Commonwealth Avenue
Unit 1

Boston

MA 02116

Has any person been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law
(including traffic tickets by mail) during the last year? Yes ☒ No

If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any person held any elective or appointive state, county, city, village or town office in Vermont
(See VSA, T.7, Ch.9, Sec. 223)? Yes ☒ No

If yes, please attach the following information: Individual's name, office and jurisdiction

Disclosure of Non-profit Organization?: Yes ☒ No**ALL APPLICANTS MUST COMPLETE AND SIGN**The applicant understands and agrees that the Liquor and Lottery Control Board may obtain criminal history record information
from State and Federal record repositories.I/We hereby certify, under the pains and penalties of perjury, that I/We are in good standing with respect to or in full
compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date
of this application. (VSA, Title 32, Section 3113)I/We hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with
respect to child support or are in full compliance with a plan to pay any and all child support payable under a support
order. (VSA, Title 15, Section 795)In accordance with 21 VSA, Section 1378(b), I/We certify, under pains and penalties of perjury, that I/We are in good
standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of
contributions due to the Department of Employment and Training.

I/We have registered the trade name of these premises with the Secretary of State.

Continued on next page

2021 LIQUOR LICENSE RENEWAL APPLICATION
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

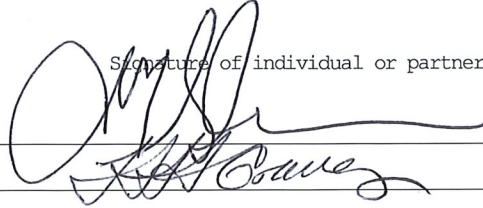
9891-001-SECN-001
Page 2

I/We hereby certify that the information in this application is true and complete.

Dated this 25 day of January, 2021

Signature of authorized agent
of corporation, company, club or association

Signature of individual or partners



(Title)

Are you making this application for the benefit of any other party? ☐ Yes ☒ No

----- LOCAL COMMISSIONER SECTION BELOW -----

Upon being satisfied that the conditions precedent to the granting of this license as provided in Title 7 of the Vermont Statutes Annotated, as amended, have been fully met by the applicant, the commissioners will endorse their recommendation on the back of the application and transmit it to the Liquor and Lottery Control Board for suitable action thereon, before any License may be granted. For the information of the Liquor and Lottery Control Board, applications shall carry the signature of each individual commissioner registering either approval or disapproval.

APPROVED

DISAPPROVED

Approved by Board of Control Commissioners of the City or Town of _____.

Total Membership _____, _____ members present

Attest, _____, Town Clerk

TOWN OR CITY CLERK SHALL MAIL APPROVED RENEWAL DIRECTLY TO:
DIVISION OF LIQUOR CONTROL
13 GREEN MOUNTAIN DRIVE
MONTPELIER, VT 05602

If application is disapproved, local control commissioners shall notify the applicant by letter.

No formal action taken by any agency or authority of any town board of selectmen or city board of aldermen on a first or second class license application shall be considered binding except as taken or made at an open public meeting. VSA T-1, Sec. 312

Paid 2/16/21
Check 50943
Northfield

Town of Woodstock
31 The Green
Woodstock, VT 05091

RECEIVED
FEB 16 2021

BY:

Vermont Agency of Transportation
Department of Motor Vehicles
Uniform Municipal Excess Weight Permit
FLEET

Approval is hereby given for the granting of a fleet permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: J. Hutchins, Inc.
Address: 88 Rogers Lane
Richmond, VT 05477
Contact: Jeff Hutchins/Carrie Reynolds

Type	Serial #	Plate	Axles	Max Weight Requested	Product Carried
TK	2FUPFXBYB8TA801658	68D08	3	76,000	Earth Material
TT	1FUJALAV740N52163	37C05	6	90,000	Equipment
TK	1HTWYAXT84J081714	76D59	3	65,099	Earth Material
TK	1FVHALDE35DV29633	68D07	3	76,000	Earth Material
TT	3FRXF75N26V300393	90D02	2	80,000	Equipment
TR	1FVAC2DC56HV17384	94D78	2	40,000	Earth Material
TK	1FVHALDE87DX66007	38D22	3	76,000	Earth Material
TK	1M2AX09C7CM012054	68D10	4	69,000	Earth Material
TK	2NKHMM6X3EM420139	95D02	2	26,000	Earth Material
TT	1NPXGGGG70D242825	95D31	6	80,000	Equipment
TK	1NKZXPTX8FJ443437	68D11	4	69,000	Earth Material
TT	1XKWD40X2HJ173029	88D19	6	90,000	Equipment
TT	3AKJGND14LDLX4504	10E04	3	80,000	Earth Material
TT	1XKWD40X4LR4111764	13E88	6	80,000	Earth Material
TT	1NKZXPTX2MJ422578	20E05	6	80,000	Earth Material
TK	5KKMAVDV4MLMM1246	18E30	4	69,000	Earth Material
TK	2NKHMM6X1HM173076	285A319	2	26,000	Earth Material
Water Truck	1FVHCYDCX5HU31214	296A116	3	54,099	Non Potable Water
TK	5KKMAVDV2MLMM1245	4700SF	4	69,000	Earth Material
TT	3AKJGND15MDMM3217	17E02	6	80,000	Earth Material
TT	3AKJGND17MDMM3218	17E03	6	80,000	Earth Material

Approved for the following highways (list may be attached):

The following restrictions apply (list may be attached):

This approval shall be effective for no more than one year period ending March 31, 2022

This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN#, maximum weight and registration #.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec 1400a (c) and **is required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: _____ Title _____ Date _____
(Duly authorized agent)



JHUTCHI-01

CHADU1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hickok & Boardman Insurance Group 346 Shelburne Rd Burlington, VT 05401	CONTACT NAME: Robin Faraone	
	PHONE (A/C, No, Ext): (802) 383-1663	FAX (A/C, No): (802) 658-0541
	E-MAIL ADDRESS: rfaraone@hbinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Citizens Ins Co of America	31534
	INSURER B: Hanover Insurance Company	22292
	INSURER C: A.I.M. Mutual Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED J Hutchins Inc and/or Landshapes 88 Rogers Lane Richmond, VT 05477
--

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ZBVH464656-00	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AHV H464658-00	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UHVH464660-00	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WMZ-800-8007649-2020A	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
VP Gina Hutchins is Excluded from Workers Comp

Municipal Excess Weight Permits

CERTIFICATE HOLDER

CANCELLATION

Town of Woodstock P O Box 488 Woodstock, VT 05091	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>D. Michael Boardman</i>

RECEIVED
FEB 16 2021

WOODSTOCK

Vermont Agency of Transportation
Department of Motor Vehicles
Uniform Municipal Excess Weight Permit
FLEET

BY:

Approval is hereby given for the granting of a fleet permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: R.K. Miles, Inc.
Address: 618 Depot St
Manchester Center, VT 05255
Mailing: PO Box 1125
Manchester Center, VT 05255
Contact: Jeremy Baker Phone#: 802-549-5687
Email: bakerj@rk miles.com

Type(s) of Vehicle(s)	Number of Axles	Product Carried	Max. Weight Requested	Max. Weight Approved
SEE ENCLOSED				

Approved for the following highways (list may be attached): _____

The following restrictions apply (list may be attached): _____

This approval shall be effective for no more than a one period ending March 31, 20 _____. This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN, maximum weight, and registration #.

Please mail to:
PO Box 488
Woodstock VT 05091

Or email: nnourse@townofwoodstock.org

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec 1400a © and is required to furnish the municipality a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: _____ Title: _____
Date: _____

INSTRUCTIONS FOR APPLICANT

1. Permit is valid for up to one year expiring on March 31.
2. You must include a valid certificate of insurance in the amount of a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.
3. Please include \$5.00 for each single vehicle application, or \$10.00 for a fleet permit. *Paid 2/8/21 Check 4115 Community*
4. Single vehicle permits must be carried in the permitted truck. Fleet permits are not required to be carried in the trucks.
5. Please use the following codes:
 - a. Type of Vehicle
 - TK Truck
 - TR Tractor
 - TT Truck Tractor
 - b. Products
 - A All products
 - F Unprocessed forest products
 - M Unprocessed milk products
 - Q Unprocessed quarry products

INSTRUCTIONS FOR MUNICIPALITY

1. You may attach a copy of approved highways and/or restrictions to this form.
2. Effective July 1, 1994, a Vermont blanket permit is not required for issuance of Municipal excess weight permits.
3. Special weight limits which are higher or lower than legal limits for highways or bridges within your jurisdiction must be on file with the Vermont Department of Motor Vehicles

Please mail to:
PO Box 488
Woodstock VT 05091

Or email: nnourse@townofwoodstock.org



Uniform Municipal Excess Weight Permit Fleet Listing 2021

Branch	Truck #	VIN	MFG YEAR	MAKE	BODY TYPE	FUEL	GVWR	LICENSE #	# of axles	STATE REG
Manchester	M1417	3HTGSSNT7HN748371	2017	INTL	Moffett Truck	D	65840	86D03	3	VT
Manchester	M1316	1FVHG3DV9GHHF0565	2016	FRHT	Moffett Truck	D	66000	42D56	3	VT
Manchester	B1217	3HTGSSNT3HN732314	2017	INTL	Boom Truck	D	77020	86D02	4	VT
Middlebury	M2012	1FVHG3DVXDHB0173	2013	FRHT	Moffett Truck	D	55000	42D57	3	VT
Middlebury	B2215	5KKMAXDV1FPG87593	2015	WSTR	Boom Truck	D	60000	75D35	4	VT
Middlebury	M2019	3HAESTZT3KL580540	2019	INTL	Moffett Truck	D	55000	99D35	3	VT
Middlebury	B2115	5KKMAXDV1FPG87594	2015	WSTR	Boom Truck	D	60000	72D72	4	VT
Williamstown	B3217	3HTGSSNT4HN732306	2017	INTL	Boom Truck	D	77020	86D07	4	VT
Williamstown	M3019	3HAESTZTXKL383848	2019	INTL	Moffett Truck	D	55000	97D60	3	VT
Morrisville	B1116	3ALMGND64GDHF0563	2016	FRHT	Boom Truck	D	79000	85D55	4	VT
Morrisville	M5119	1HTESTZT2KH139553	2019	INTL	Moffett Truck	D	55000	12E25	3	VT
Barre	B3104	1FVHC5CV84HM98524	2004	FRHT	Boom Truck	D	60000	21D87	4	VT
Barre	B7219	5KKHAXDV3KLC3692	2019	WSTR	Boom Truck	D	60000	92D18	3	VT
Barre	B7006	1HTWYAH726J224500	2006	INTL	Boom Truck	D	60000	92D17	3	VT
Waitsfield	B10105	1HTWYAH75J170464	2005	INTL	Boom Truck	D	60000	13D57	3	VT
St Johnsbury	B9115	5KKMAXDV0FPG87599	2015	WSTR	Boom Truck	D	60000	60D21	3	VT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Eastern Insurance Group, LLC. 233 West Central Street Natick MA 01760		CONTACT NAME: Kim Pelopida PHONE (A/C, No, Ext): 800-333-7234 FAX (A/C, No): 781-586-8244 E-MAIL: kpelopida@easterninsurance.com ADDRESS: kpelopida@easterninsurance.com		
INSURED RK Miles Inc PO Box 1125 Manchester Center VT 05255		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : National Union Fire Ins Co of Pittsburgh		19445
		INSURER B : North River Insurance Company		21105
		INSURER C : New Hampshire Insurance Co		23841
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES

CERTIFICATE NUMBER: 1255671321

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			4693528	10/1/2020	3/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5425658 5425659	10/1/2020 10/1/2020	3/1/2021 3/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			5811121458	10/1/2020	10/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	15853220	10/1/2020	3/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Town of Woodstock
31 The Green - Town Hall
Office of the Municipal Manager
P.O. Box 488
Woodstock VT 05091

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Paid 2/19/21
check 6555
Northeast CV

WOOD STOCK

(Municipality)

Vermont Agency of Transportation
Department of Motor Vehicles
Uniform Municipal Excess Weight Permit
SINGLE VEHICLE

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: KEN RENEY
Address: 268 CROYDON TPK.
PLAINFIELD N.H. 03781
Contact: KEN Phone# 603 448 3466

Type of
Vehicle

of
Axles

Product
Carried

Max. Weight
Requested

Max. Weight
Approved

3 AXLE DUMP 2 TRL

5

ALL

80,000

Year & Make

Registration #

VIN

1995 MACK

AP4518

1M2P270 COSMO 24821

Approved for the following highways (list may be attached):

The following restrictions apply (list may be attached):

This approval shall be effective for no more than a one year period ending March 31, 20. This approval covers only the vehicle listed above.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec 1400a (c) and is required to furnish the municipality a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved : _____ Title _____ Date _____
(Duly authorized agent)

Note: Effective July 1, 1994, a Vermont State permit is not required to operate on local highways and bridges.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Goss-Logan Insurance Agency, Inc. 17 Mascoma Street P.O. Box 192 Lebanon NH 03766-0192		CONTACT NAME: Peter Logan, AAI, ACSR PHONE (A/C, No, Ext): (603) 448-2556 FAX (A/C, No): (603) 448-0036 E-MAIL ADDRESS: peter.logan@gosslogan.com	
INSURED Kenneth R Reney 268 Croydon Tpke Plainfield NH 03781		INSURER(S) AFFORDING COVERAGE INSURER A: The Ohio Casualty Insurance Company INSURER B: Concord General Mutual Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24074 20672	

COVERAGES **CERTIFICATE NUMBER:** 20-21 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKO58643515	06/21/2020	06/21/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 Experience Mod Factor 1 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			20036471	06/21/2020	06/21/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Enhanced Auto Cov \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ F.I. DISEASE - FA/FMPI OFF \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER TOWN OF WOODSTOCK VT TOWN MANAGERS OFFICE 29 THE GREEN WOODSTOCK VT 05091	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

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Paid 2/16/21
check 13852
Lake Sunapee

Woodstock

Vermont Agency of Transportation
Department of Motor Vehicles
Uniform Municipal Excess Weight Permit

FLEET

Approval is hereby given for the granting of a fleet permit under the provisions of VSA Title 23, Sec. 1400A, and any amendments thereto, covering the operations of motor vehicle over local highways and bridges with gross loads as follows:

Owner: Harveys Plumbing and Excavating, LLC
Address: P.O. Box 128
1593 VT Route 100 South
Rochester, VT 05767

Contact: Ray Harvey
Phone: 802-767-3241
Email: harveype@sover.net

Type of Vehicle	Year	Plate #	# of Axles	Product Carried	Max. Weight Requested	Max. Weight Approved
Freightliner	2003	42C48	3	Q	60,000	60,000
Freightliner	2016	83A19	3	Q	60,000	60,000
Western Star	2007	87C01	4	Q	69,000	69,000
Mack	1999	25D64	3	Q	60,000	60,000
Mack	2008	63D86	4	Q	69,000	69,000
Kenworth	2008	57D42	4	Q	69,000	69,000

Approved for the Following Highways: _____

The following restrictions apply: _____

This approval shall be effective for no more than a one-year period ending March 31, 2021, this approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks please attach a list to this form giving year and make of truck, VIN#, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a (c) and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: _____ Title: _____ Date: _____



HARVPLU-02

KLAROCQUE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kinney Pike Insurance Inc. 42 Meadow Lane Randolph, VT 05060	CONTACT NAME: Karen Larocque	
	PHONE (A/C, No, Ext): (800) 296-5722 7716	FAX (A/C, No): (802) 728-4625
INSURED Harvey's Plumbing and Excavating, LLC PO Box 128 Rochester, VT 05767	E-MAIL ADDRESS: klarocque@kinneypike.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Patriot Insurance Company	
	INSURER B: Star Insurance Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6651107	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6651106	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6651107	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC0220873	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation Statutory coverage applies in VT & NH
Excluded Officers under Workers Compensation: Raymond & Cheryl Harvey

CERTIFICATE HOLDER

CANCELLATION

Town of Woodstock
PO Box 488
Woodstock, VT 05091

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paid 2/19/21
check 98960
Mascoma

Town of Woodstock

VERMONT AGENCY OF TRANSPORTATION
DEPARTMENT OF MOTOR VEHICLES
UNIFORM MUNICIPAL EXCESS WEIGHT PERMIT
FLEET

Approval is hereby given for the granting of a fleet permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: **Bethel Mills**
Address: **P.O. Box 61**
Bethel, VT 05032
Contact: **Fred McNutt** Phone#: **234-9951**

	Type(s) of Vehicle(s)	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
3	TRK	4	LUMBER/ BUILDING PROD	69,900	
1	TRK	3	LUMBER/ BUILDING PROD	66,000	
1	TRK	4	LUMBER/BUILDING PROD	60,000	
1	TRK	3	LUMBER/BUILDING PROD	54,800	
1	TRK	2	LUMBER BUILDING PROD	33,099	
1	TRK	2	LUMBER BUILDING PROD	26,000	
1	TRK	2	LUMBER BUILDING PROD	25,900	
2	TRK	2	LUMBER BUILDING PROD	20,099	
3	TRK	2	LUMBER BUILDING PROD	19,099	
1	TRK	2	LUMBER BUILDING PROD	19,500	
1	TRK	2	LUMBER BUILDING PROD	17,999	
1	TRK	2	LUMBER BUILDING PROD	17,500	
1	TRK	2	LUMBER BUILDING PROD	17,099	
1	TRK	2	LUMBER BUILDING PROD	14,000	
2	TRK	2	LUMBER BUILDING PROD	12,500	
1	TRK	2	LUMBER BUILDING PROD	12,000	
4	TRK	2	LUMBER BUILDING PROD	11,099	
2	TRK	2	LUMBER BUILDING PROD	10,099	
1	TRK	2	LUMBER BUILDING PROD	10,000	
1	TRK	2	LUMBER BUILDING PROD	6,099	

Approved for the following highways (list may be attached): _____

The following restrictions apply (list may be attached):

This approval shall be effective for no more than a one year period ending March 31, 2022. This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN#, maximum weight and registration #.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec 1400a(c) and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: _____ Title _____ Date _____
(Duly authorized agent)

Note: Effective July 1, 1994, a Vermont State permit is not required to operate on local highways and bridges.



BETHMIL-01

KLAROCQUE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/9/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kinney Pike Insurance Inc. 1011 North Main Street, Suite 4 White River Junction, VT 05001	CONTACT NAME: Karen Larocque		
	PHONE (A/C, No, Ext): (800) 296-5722 7716	FAX (A/C, No): (802) 728-4625	
	E-MAIL ADDRESS: klarocque@kinneypike.com		
INSURED Bethel Mills, Inc. PO Box 61 Bethel, VT 05032	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Pennsylvania Lumbermans Mutual		14974
	INSURER B: Star Insurance Company		18023
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			44B003-01-20	6/15/2020	6/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			44B003-02-20	6/15/2020	6/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			44B003-03-20	6/15/2020	6/15/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC0391589	1/1/2021	1/1/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation Statutory coverage applies in VT & NH

FAX: 802-457-2329

CERTIFICATE HOLDER

CANCELLATION

Town of Woodstock
Attn: Mary Riley
PO Box 488
Woodstock, VT 05091

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paid 2/19/21
check 33717
POB

VTans DMV UNIFORM MUNICIPAL EXCESS WEIGHT PERMIT

Town of Woodstock.
(Municipality)

FLEET

SINGLE VEHICLE

Approval is hereby given for the granting of a fleet permit under the provisions of V.S.A. Title 23, Section 1400(a), and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: MOSHER EXCAVATING INC.

Address: P.O. Box 63, KILLINGTON VT 05751

Contact: CRAIG MOSHER Phone: 802-422-3146

Type(s) of Vehicle(s)	No. of Axles	Product Carried	Maximum Weight Requested	Maximum Weight Approved
TT	5	EQUIPMENT	108,000	
TK	3	MATERIALS	60,000	
TK	3	MATERIALS	60,000	
TT	4	LOGS	69,000	
TK	4	MATERIALS	80,000	

Approved for the following highways (list may be attached): _____

The following restrictions apply (list may be attached): _____

This approval shall be effective for no more than a one year period ending March 31, 20___. This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN #, maximum weight and registration #.

The holder of a permit shall be liable for any damage to highways or bridges per V.S.A. Title 23, Section 1400(a)(c) and is required to furnish the Municipality a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: _____ Title: _____ Date: _____
(Duly authorized agent)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hull Maynard Hersey Insurance Services Inc. PO Box 607 540 West Woodstock Road Woodstock VT 05091		CONTACT NAME: Karen Wojtusiak McCumber PHONE (A/C, No, Ext): (802) 457-4143 E-MAIL ADDRESS: karen@hmvht.com FAX (A/C, No): (802) 457-4169	
INSURED Mosher Excavating Inc., Highlander Roaring LLC PO Box 63 Killington VT 05751		INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Company INSURER B: The Ohio Casualty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24082 24074	

COVERAGES

CERTIFICATE NUMBER: Master 2021 - 2022

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS56460850	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS56460850	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO56460850	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	XWS56460850	01/01/2021	01/01/2022	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Town of Woodstock PO Box 488 Woodstock VT 05091	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Karen Wojtusiak - McCumber</i>
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RESOLUTION

Be it resolved that the Select Board of the Town of Woodstock, adopts the weight restrictions on town highways set forth as follows:

Pursuant to the Title 19, Vermont Statutes Annotated, Sections 1109-1110, the State Transportation Board has made and promulgated the following rule, now administered by the Agency of Transportation, in accordance with Section 12, Of Act No. 246 of 1990.

In order to prevent the abuse of any highway, or portion thereof, posted under the provisions of these Sections from January 1, 2021 through May 15, 2021 and from November 15, 2021 through December 31, 2021, inclusive, in each year, or until adoption and announcement of any modifications of said rules, no vehicle having a weight, including vehicle and load, in excess of the weights specified below, shall be operated on any part of the following classes of highways, which are posted under the provisions of these Sections:

<u>Vehicles</u>	<u>Town Highways-Classes 1, 2, 3 and 4</u>
Two-axle Trucks	15,000 lbs.
Three-axle Trucks	18,000 lbs.
Tractor Trailer Units	20,000 lbs.

ROAD LIST & ROAD NUMBERS

1 Pomfret Road	26 Tucker Road	50 Mill Road
2 Covered Bridge Road	27	51 Mosher Mill Road
3 Prosper Road	28 Liberty Farm Road	52 College Hill
4 Church Hill Road	29 Wyman Lane	53 Old River Road
5 Hartland Hill Road	30 Barberry Hill	54 Morgan Hill Road
6 No Bridgewater Road	31 Rose Hill	55 Reeves Road
7 Curtis Hollow Road	32 French's Road	56 Calendar Hill Road
8 Hollow Farm Road	33 Stimets Road	57 East Hill
9 No Bridgewater Road	34 Arthur Morgan Road	58 Town Farm Road
10 Larry Curtis Road	35 Fletcher Hill	59 The Loop
11 Quinn Road	36 Fletcher Schoolhouse Rd	60 Worden Road
12 Long Hill Road	37 Noah Wood Road	61 Kendall Road
13 Echo Ledge Road	38 Bourdon Road	62
14	39 Darling Road	63 Bryant Road
15	40 Benedict Road	64 Folding Hills Road
16 Westerdale Road	41 Blossom Hill	65 Densmore Hill
17 Gabert Road	42 Greene Road	66 Dunham Hill Road
18	43 Fairview Drive	67 Hodgkinson Road
19 Kaufman Road	44 Cloudland Road	68 The Lane
20 Grassy Lane	45 Peterkin Hill	70 Skyland Lane
21 Austin Road	46	71 Brook's Bungalow Rd
22 Hall Circle	47 Riverside Park Road	72 Lincoln Street
23 Cox District Road	48 Grove Hill	73
24 Bridges Road	49 Carlton Hill	74 Garvin Hill Road

75 Happy Valley Road	100 Atwood Avenue	125 Potwin Lane
76	101	126 Ottauquechee Lane
77 Sugar Hill Road	102 Blankey Cottage Rd	127 Whitcomb Lane
78 Sawyer Road	103 Fay Pierce Lane	128 Eastman Road
79	104 Leonard Lane	129 Randall Road
80 Butternut Lane	105 Overlook Lane	130 Macewee Road
81	106 Willow Brook Road	131 Reading Road
82 Academy Circle	107 River Road Ext	132 Steamer Road
83	108 Catamount Way	133 John Darling Road
84 Valley View Road	109 Hewitt Lane	134 Eaton Place
85 Woodbury Road	110 Biscuit Hollow Lane	201 Iver Johnson Way
86	111 Cowdrey Path	202 Doe Hill Way
87 Gully Road	112	203 Deerbrook Way
88 Britton Lane	113	204 Westmont Way
89 Covered Bridge Road	114 Senior Lane	205 Ribbit Way
90 Border Lane	115 Pinnacle Spur	206 Kelly Way
91 Dana Road	116 Hedge Hog Brook Rd	207 South Brook Way
92 Blackbriar Road	117 Shurtleff Lane	208 Ebbin Lockwood Way
93 Hoadley Road	118 Daniel Cox Road	209 Horseshoe Way
94 Powder Lane	119 Schoolhouse Road	210 Tilley Way
95	120 Vondell Brook Road	211 Baldy Way
96 Laughlin Road	121 King Farm Road	212 Walker Way
97 Woolen Mill Drive	122 Cabot Road	213 Quartz Mountain Way
98 Barberry Circle	123 Atwood Lane	214 Biscuit Hill Way
99 Robert's Road	124 Brown Hill Road	215 Orchard Hill Way

75 Happy Valley Road

76

77 Sugar Hill Road

78 Sawyer Road

79

80 Butternut Lane

81

82 Academy Circle

83

84 Valley View Road

85 Woodbury Road

86

87 Gully Road

88 Britton Lane

89 Covered Bridge Road

90 Border Lane

91 Dana Road

92 Blackbriar Road

93 Hoadley Road

94 Powder Lane

95

96 Laughlin Road

97 Woolen Mill Drive

98 Barberry Circle

99 Robert's Road

100 Atwood Avenue

101

102 Blankey Cottage Rd

103 Fay Pierce Lane

104 Leonard Lane

105 Overlook Lane

106 Willow Brook Road

107 River Road Ext

108 Catamount Way

109 Hewitt Lane

110 Biscuit Hollow Lane

111 Cowdrey Path

112

113

114 Senior Lane

115 Pinnacle Spur

116 Hedge Hog Brook Rd

117 Shurtleff Lane

118 Daniel Cox Road

119 Schoolhouse Road

120 Vondell Brook Road

121 King Farm Road

122 Cabot Road

123 Atwood Lane

124 Brown Hill Road

125 Potwin Lane

126 Ottauquechee Lane

127 Whitcomb Lane

128 Eastman Road

129 Randall Road

130 Macewee Road

131 Reading Road

132 Steamer Road

133 John Darling Road

134 Eaton Place

VERMONT **GENERAL ASSEMBLY****The Vermont Statutes Online****Title 19 : Highways****Chapter 011 : Protection Of Highways****§ 1110. Posting of highways**

(a) If the use of a town highway is to be restricted, the selectmen shall post copies of the rules in at least two public places in the town. Posting signs provided by the Agency informing the traveler of the restriction shall be conspicuously placed at each end of the highway or portion of the highway. The Secretary shall be responsible for furnishing notice of any restricted use of State highways.

(b) A person who violates these rules shall be guilty of a traffic offense under 23 V.S.A. chapter 23, for which he or she shall be fined not more than \$100.00, and shall be liable to the State or town in which the damage is done for all damages to the highway to be recovered in a civil action. (Added 1985, No. 269 (Adj. Sess.), § 1; amended 2013, No. 161 (Adj. Sess.), § 72.)