

TOWN OF MONTGOMERY
DEVELOPMENT REVIEW BOARD
NOTICE OF PUBLIC HEARING

The Public Hearing will be **Thursday September 25, 2025** at 5:30 at the Montgomery Public Safety Building, 86 Mountain Rd, Montgomery, Vermont.

Morgan Cluba and Anthony Gervais have submitted an application for Conditional Use Approval for a change of use, from a single family dwelling to a lodging establishment for short term rental. The application is for an existing structure on parcel ID#00005.007X of 5.53 acres at 220 Green Mountain Road. This is in the Village 2 Zoning District. A lodging establishment in the Village 2 Zoning District requires Conditional Use Approval.

Jeremy Owens, Sarah Wojcik, Michelle Owens, and Chris Wojcik have submitted an application for Conditional Use Approval for a change of use from a single family dwelling to a lodging establishment for short term rental. The existing structure is on parcel ID# 00007.046X of 11.25 acres at 1409 North Hill Road. This is in the Rural Residential Zoning District. A lodging establishment in the Rural Residential Zoning District requires Conditional Use Review and Approval. Further information may be obtained from the Zoning Administrator, Ellen Fox, or at the Montgomery Town Clerk's Office.

An interested person must participate in the local proceeding as a prerequisite to the right to any subsequent appeal.

**TOWN OF MONTGOMERY, VERMONT
APPLICATION TO DEVELOPMENT REVIEW BOARD**

APPLICANT (s): Name (s) Sarah and Chris Wojcik, Jeremy and Michelle Owens Phone: 802-373-4425, 802-318-1107
Address 87 West Rd, Burlington, VT 05408

PROPERTY: Parcel I.D. No. 00007.046X Zoning District Rural/Residential
Location 1409 North Hill Road
Date Acquired 09/03/2021 Town Land Records - Book 103 Page 357-8
Present Use Personal Stay/Vacation Proposed Use Personal and Short Term Rental
Lot Size 11.25 ac Depth ~1,554 ft Frontage on Public Road or R.O.W. ~307 ft

TYPE OF APPLICATION:

- ☐ Appeal from a decision of the Administrative Officer
- ☒ Application for a Conditional Use Permit
- ☐ Application for a Variance from the Town's Zoning Regulations
- ☐ Approval of lot(s) accessed via Right-of-Way of record
- ☐ Site Plan approval for Subdivision
- ☐ Request for interpretation of Zoning Regulation or Map

State reason for Application: Allow property to be rented part of the year as a short term rental
LODGING ESTABLISHMENT

ADDITIONAL INFORMATION REQUIRED WITH APPLICATION: A plot plan must be submitted with this application to show; property boundary lines with dimensions, easement and right-of-way lines, all existing and proposed structures and alterations, proposed subdivision of land, scale and true north, location of sewage and water supplies, and other relevant information.

I hereby certify that the information in this application, (including attachments), is true and correct.

Signed: Sarah Wojcik Date: 08/29/2025
Applicant (s) or Authorized Agent

Submit to Town Clerk with required fee: _____ (Checks payable to Town of Montgomery).

FOR USE BY DEVELOPMENT REVIEW BOARD

DRB Application No. _____ Zoning Permit Application No.: _____ Fee Paid: _____

Date Received: _____ Notice of Hearing Date: _____ Date of Hearing: _____

Decision of Board: Approved () Denied () Date of Decision: _____

Conditions: _____

Secretary, Development Review Board

Original to DRB and copies for applicant, listers, town clerk



Landlord Dwelling Policy Change Declarations

Named Insured and Mailing Address

SARAH WOJCIK
JEREMY OWENS
87 WEST RD
BURLINGTON, VT 05408-2402
SARAHWOJCIK802@GMAIL.COM

Your Agency's Name and Address

TS PECK LLC
41 IDX DR STE 135
SOUTH BURLINGTON, VT 05403

Residence Premises

1409 NORTH HILL ROAD
MONTGOMERY CENTER, VT 05471

Additional Insured Name and Address

- WEST IVY LLC
87 WEST RD
BURLINGTON, VT 05408-2402

Policy Information

Your Policy Number	616614855 653 1	For Policy Service	1.802.865.8000
Your Account Number	616614855	For Claim Service	1.800.252.4633
Your Insurer	TRAVELERS PERSONAL INSURANCE COMPANY a subsidiary or affiliate of The Travelers Indemnity Company One Tower Square, Hartford, CT 06183		

Premium Change: This change causes no additional or return premium for the policy period.

Change Effective: November 3, 2024

Reason For Change:

Change to Additional Insured 1

These Declarations replace all prior declarations on the date on which this change is effective.

The policy period is from November 3, 2024 at 12:01 A.M. STANDARD TIME to November 3, 2025 at 12:01 A.M. STANDARD TIME at the residence premises.

Total Premium for this Policy:	\$1,242.00
This is not a bill. You will be billed separately for this transaction.	

Discounts

The following discounts reduced your premium:

Loss Free	Good Payer	Fire Protective Device
Theft Protective Device		

Savings Reflected in Your Total Premium:	\$303.00
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Coverages and Limits of Liability

Property Coverage Section	Limit
Coverage A – Dwelling	\$325,000
Coverage B – Other Structures	\$32,500
Coverage C – Household Furnishings	\$162,500
Coverage D – Loss of Use	\$65,000
Liability Coverage Section	Limit
Coverage E – Premises Liability (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$1,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$1,000

In case of loss under the Property Coverage Section, only that part of the loss over the applicable deductible will be paid (up to the coverage limit that applies).

Additional Coverages

The limit shown for each of the Additional Coverages is the total limit for each loss in that category.

Property – Additional Coverages	Limit
Debris Removal (Additional % of damaged covered property limit)	5%
Trees, Shrubs and Other Plants (5% of Coverage A - Dwelling Limit)	Per Tree \$500 Per Loss \$16,250
Fire Department Service Charge	\$500
Loss Assessment	\$1,000
Ordinance or Law (10% of Coverage A - Dwelling Limit)	\$32,500
Limited Fungi or Other Microbes Remediation	\$10,000

The applicable policy deductible applies unless otherwise noted.

Liability – Additional Coverages	Limit
Loss Assessment	\$1,000
Limited Fungi or Other Microbes Liability Coverage	
Coverage E – Aggregate Limit of Liability	\$50,000
Coverage F – Sub Limit of Liability	\$1,000

Please review your policy for other Personal Property Special Limits of Liability and Additional Coverages that may apply.

Named Insured SARAH WOJCIK
JEREMY OWENS

Policy Number 616614855 653 1

Policy Period November 3, 2024 to November 3, 2025

Issued On Date November 13, 2024

Optional Coverages

Optional Coverages	Endorsement	Limit	Premium
Special Coverage	HQ-003 CW (05-18)		Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-20)	\$5,000	Included*
Additional Replacement Cost Protection Coverage	HQ-420 CW (11-18)	\$81,250	Included*
25% of Coverage A - Dwelling Limit			
Home-Sharing Host Activities Coverage Landlord	HQ-858 CW (11-18)		\$110.00
Household Furnishings Replacement Cost Loss Settlement Landlord	HQ-859 CW (11-18)		Included*

***Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

Required Forms and Endorsements Included in Your Policy:

Form: 653

Policy Quick Reference	HQ-T88 CW (05-17)
Agreement, Definitions & Policy Conditions	HQ-D88 CW (05-17)
Property Coverage Section	HQ-P53 CW (11-18)
Liability Coverage Section	HQ-L88 CW (08-20)
Signature Page	HQ-S99 CW (05-17)
Limited Fungi or Other Microbes Liability Coverage	HQ-829 CW (05-17)
Special Provisions - Vermont	HQ-300 VT (08-21)
Additional Benefits	HQ-860 CW (08-18)

The Declarations along with the Optional Coverages, Optional Packages and Required Forms and Endorsements listed above form your Landlord Dwelling Insurance Policy.
Please keep these documents for reference.

Information About Your Property

There are many factors that determine the premium on your policy, some of which are displayed below. If you would like a policy review, please contact your agent or Travelers Representative.

Year Built: 2000	Garage Type: None	Pool: No
# of Families: 1 Family	Square Footage: 1200	Age of Roof: 2
# of Stories: 1.5	Construction Type: Frame	Roof Square Footage: Not Available
# of Bathrooms: 01	Siding Type: Clapboard	Tree Overhang: Not Available
# of Employees:	Foundation Type: Slab	Roof Material Type: Architectural Shingle
Garage - Number of Cars: 00	Finished Basement: 00	

Issued on 11-13-2024