

# TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 3/15/13 FEE: \$85.00 pc (includes recording)

MAP/PARCEL/LOT: 2-047-012-811 NO. 2012-247

The undersigned herewith requests an inspection of the premises and the issuance of "Certificate of Occupancy" of premises, or portion thereof, for use or habitation.

This request is for use only of existing land or buildings.

This request is for new construction or rehabilitated or altered structure which was done under authority of zoning permit # 2012-247

issued to Stonewell Properties LLC on 12-12-12

Premises are at 1 Market Place Units 10 + 11

Water service installation inspected and approved by Existing

Driveway location inspected and approved by Existing

Sanitary sewer connection or septic system inspected and approved by:

Name: \_\_\_\_\_ Date: Existing

Construction was begun Dec., 20 12 and completed March, 20 13

Approval granted by  P.C. or Z.B.A. on 10-11, 20 12. reference PC # 2012-29

Use of premises intended commercial offices = unit 11; Deli in unit 10.  
(type of use) \* Restaurant is all of unit 10 and a portion of original unit 11. office is remaining portion of original unit 11.

Applicant's Signature: [Signature] Telephone: \_\_\_\_\_ Cell: 382-0032

By issuance of this Occupancy Permit, the Town of Essex Zoning Administrator hereby acknowledges that the use and/or building construction is in complete conformity with the Zoning Regulations, unless otherwise noted. Field measurements and similar dimensions for setbacks are based in part on evidence supplied by owner. The Town of Essex is not liable for errors or mistakes when it is found that information submitted by the applicant is erroneous or inaccurate.

Certificate of Occupancy has been approved with \_\_\_\_\_ without  conditions.  
If with conditions, see attachment outlining same.

Certificate of Occupancy denied \_\_\_\_\_. Please see attachment with reasons for denial.

3-20-13 \_\_\_\_\_  
Date Zoning Administrator



Vermont Department of Public Safety  
**DIVISION OF FIRE SAFETY**



Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team  
 firesafety.vermont.gov

Barre Regional Office  
 1311 U.S. Route 302 - Berlin, Suite 500  
 Barre, VT 05641  
 [phone] 802-479-4434  
 [fax] 802-479-4446

Rutland Regional Office  
 56 Howe Street, Building A, Suite 200  
 Rutland, VT 05701-3449  
 [phone] 802-786-5867  
 [fax] 802-786-5872

Williston Regional Office  
 372 Hurricane Lane, Suite 102  
 Williston, VT 05495-2080  
 [phone] 802-879-2300  
 [fax] 802-879-2312

Springfield Regional Office  
 100 Mineral Street, Suite 307  
 Springfield, VT 05156-3168  
 [phone] 802-885-8883  
 [fax] 802-885-8885

**FIRE INSPECTION RESULTS**

Site Id: 40140

**Structure Information**

Name: TOWN MARKET PLACE - Building 1 (Village Copy & Print/Noonies/  
 Structure Id: 40140 Address: 1 MARKET PLACE  
 ESSEX JCT, VT 05452

**Owner Information**

**Building Description**

Risk Index: C5	Smoke Det: Yes	Occupants:	Units: 4
Const Type: 5B	CO Detect: No	Stand Pipe:	Floors: 1
Occ Type: M	Fire Alarm: Manual	Sprinkler:	Sq Feet:
Heating: Gas Fired Hot Air			

**Project Description**

Name: Noonies Deli Fitup & office suites / Modification - December 2012  
 Type: Building Project Received: 12/04/2012 Workitem Id: 342460

**Inspection Detail**

Insp Date: 02/28/2013	Insp Type: Occupancy	Violations: 6
Comply By: 04/09/2013	Occ Granted: Yes	Hazard Index: Level 2
Inspector: CHRIS A BOYD (S 58514)		
With: George Holcomb; Lt. Dave Sheeran		

**Violations and Notes**

This is a final inspection for the work completed under this permit. The following items must be addressed as documented (including Association issues listed at the end of the report):

- 1) A landing must be installed at the rear exit of the deli that provides level egress from the exit and protects the gas line that traverses the exit threshold.
  - 2) The gas line on the exterior of the building must be painted to provided corrosion protection.
  - 3) The fire alarm devices in both Suites must be clearly labeled in the Fire Alarm Control Panel.
- \*The following violations must be addressed by the Association with regards to these Suites and the remainder of the complex as follows:
- 4) The existing Fire Alarm system must have the violations documented against it corrected in a timely manor.
  - 5) A key box must be installed on the building with keys provided for each Suite within the building to the Fire Department for after hours access in an emergency as discussed. This includes any interior doors that are normally secured as well.
  - 6) Suite numbers must be installed so each suite in each building is clearly identifiable. Each building must have it's number installed in a location that is readily identifiable as discussed.

APPROVED FOR OPERATION

VERMONT DEPARTMENT OF HEALTH - FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

ID# \_\_\_\_\_ Time In 1:00 Time Out \_\_\_\_\_ Date 3/15/13 Travel Time \_\_\_\_\_  
 Routine \_\_\_\_\_ Follow-up \_\_\_\_\_ New/Change of Owner \_\_\_\_\_ Preliminary \_\_\_\_\_ Complaint \_\_\_\_\_ Other \_\_\_\_\_ Dem. of Knowledge: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Establishment Name Noonie Deli License Type 02  
 Licensee Name Ultimate Deli LLC  
 Street Address 1 MARKET PLACE Town Essex Jct.  
 Water Supply PUBLIC Sewage Disposal PUBLIC  
 Dining Capacity: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Total \_\_\_\_\_ License Posted: Yes \_\_\_\_\_ No \_\_\_\_\_

Item	Debit Points	Description	Item	Debit Points	Description	Item	Debit Points	Description
		5-204 Source of Food	18	1	Single-Service Articles: Stored ___ Dispensed ___ Handled ___	33	2	Receptacles: Covered ___ Property Located ___ Sufficient Capacity ___ Proper Storage/Removal ___ Insect/Rodent-Proof ___ Clean ___
*1	5	Acceptable Source ___ Sound Condition ___	19	2	Single-Service Items May Not Be Re-Used	34	1	Outside Storage Area Enclosures: Property Constructed ___ Maintained ___ Clean ___
		5-205 Food Protection			5-208 Food Equipment & Utensils - Cleanliness			5-214 Insect & Rodent Control
2	1	Original Container ___ Properly Labeled ___ Consumer Advisory Posted ___	20	1	Proper Dry Cleaning Methods Used ___ Pre-cleaning: Preflushed ___ Scraped ___ presoaked ___	35	4	No Insects/Rodents/Vermis ___ Outer Openings Protected ___ Animals, Birds, Reptiles Prohibited ___
*3	5	Potentially Hazardous Food: Date Marked ___ Meets Time Requirement ___ Meets Temperature Requirements During: Storage ___ Preparation ___ Display ___ Service ___ Transportation ___ Cooling ___	21	2	Wash & Rinse Water: Clean ___ Proper Temperature Maintained ___ Proper Cleaning Agent Used ___			5-215 Floors, Walls & Ceilings
*4	4	Preventing Cross Contamination: Hands ___ Reused Tableware ___ Suitable Utensils ___ Separation ___ Segregation ___ Unapproved Additives ___ Contact Surfaces ___ Ice ___ Washed Fruit & Vegetables ___	*22	4	Sanitization Rinse: Clean ___ Proper Temperature Maintained ___ Proper Concentration ___ Test Kit Used ___ Pressure 15-25 psi ___ Adequate Exposure Time ___	36	1	Floors: Properly Constructed ___ Good Repair ___ Clean ___ Proper: Covering ___ Cleaning Method Used ___
5	1	Product Temperature Maintained: Adequate Facilities ___ Temperature Measuring Devices: Properly Located ___ Provided ___ Accurate ___ Clean ___ Calibrated ___	23	1	Wiping Cloths: Clean ___ Use Restricted ___ Used on Tableware ___ Properly: Stored ___ Separated ___ Laundered ___ Sponges Prohibited ___	37	1	Walls, Ceilings & Attached Equipment: Property Constructed ___ Good Repair ___ Clean ___ Proper: Surfaces ___ Cleaning Method Used ___
6	2	Potentially Hazardous Food - Properly Thawed	24	2	Cleaning Food Contact Surfaces of Equipment & Utensils: Proper Frequency ___ Proper Method Used ___ Tableware Cleaned ___ Equipment Cleaned ___ Dispensers ___ Cooking Utensils ___ Other ___			5-216 Lighting
*7	4	Unwrapped, Potentially Hazardous Food: Re-Served ___ Returned ___ Transferred ___	25	1	Cleaning Non-Food Contact Surfaces of Equipment & Utensils: Proper Frequency ___ Proper Method Used ___ Free of Contaminants ___	38	1	Adequate Lighting: Intensity ___ Fixtures Shielded ___ Fixtures Shatter-Resistant ___
8	2	Food Protected During: Storage ___ Preparation ___ Display ___ Service ___ Transportation ___	26	1	Cleaned Equipment & Utensils Property: Stored ___ Handled ___			5-217 Ventilation
9	2	Handling of Food & Ice Minimized ___ Gloves Used Properly ___ Convenient & Suitable Utensils Used ___			5-209 Water System	39	1	Rooms & Equipment: Vented as Required ___ Adequate ___ Clean ___ Property: Constructed ___ Designed ___
10	1	In-Use Food & Ice Dispensing Utensils/Equipment: Properly Stored ___ Clean ___ Use Limited ___	*27	5	Source Safe ___ Approved System ___ Proper Construction ___ Sufficient Capacity/Pressure ___			5-218 Dressing Rooms
		5-206 Personnel			5-210 Sewage Disposal	40	1	Rooms: Designated ___ Clean ___ Lockers Provided ___ Facilities: Clean ___ Conveniently Located ___
*11	5	Personnel with Infections Restricted/Excluded	*28	4	Sewage & Waste Disposal Approved/Satisfactory			5-219 Miscellaneous Inspection Items
*12	5	Hands Properly Washed & Clean ___ Acceptable Hygienic Practices Employed ___ No Eating, Drinking or Using Tobacco ___ Jewelry Prohibition ___ Nails ___			5-211 Plumbing	*41	5	Necessary Toxic Items: Properly Stored ___ Separated ___ Labeled ___ Used ___
13	1	Clean: Outer Clothing ___ Uniform ___ Apron ___ Hair Restraints Used ___	29	1	Properly Constructed ___ Installed ___ Maintained ___	42	1	Premises Maintained ___ Free of Litter & Unnecessary Items ___ Cleaning & Maintenance Equipment Property Stored ___
		5-207 Food Equipment & Utensils	*30	5	No: Cross-Connection ___ Back Siphonage ___ Backflow Prevention Devices Provided ___	43	1	Food Operation Separate From: Living/Sleep Quarters ___ Laundry ___ Unrelated Activities ___
14	2	Food & Ice Contact Surfaces: Design ___ Durability ___ Cleanability ___ Construction ___ Maintenance ___ Installation ___ Location ___ Use Limited ___			5-212 Toilet & Handwashing Facilities	44	1	Cleaned & Soiled Linens: Properly Stored ___ Proper Cleaning Frequency ___
15	1	Non-Food Contact Surfaces: Design ___ Construction ___ Maintenance ___ Installation ___ Location ___ Cleanability ___	*31	4	Adequate Number ___ Conveniently Located ___ Accessible ___ Service Sink Provided ___ Property: Operated/Maintained ___ Designed ___ Installed ___	Total Debit Points <u>1</u>		
16	2	Dishwashing Facilities: Design ___ Construction ___ Maintenance ___ Installation ___ Location ___ Operation ___ Use Limited ___	32	2	Toilet Rooms: Enclosed ___ Adequate Water Temperature ___ Self-Closing Doors ___ Property Maintained ___ Cleaning Materials Provided ___ Sign Posted ___ Proper Waste Receptacles ___	Rating Score <u>99</u>		
17	1	Provided: Accurate Temperature Measuring Devices ___ Chemical Test Kits ___ Pressure Gauges ___			5-213 Garbage & Refuse Disposal			

(42) Revised Manual

\$745.00 Check # 138

Sanitarian Sherry Sawyer Date Re-Inspect By \_\_\_\_\_ Voluntarily Closed \_\_\_\_\_ Reopened \_\_\_\_\_  
 Person Interviewed \_\_\_\_\_ Title \_\_\_\_\_ Signature [Signature]

\* All critical items require immediate attention. Circled debit points indicate non-compliance.