

TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 8/10/12

FEE: \$85.00 pc 8K (includes recording)

MAP/PARCEL/LOT: 91/3

NO. 2012-145

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 # 2012-145

issued to Maintainer Properties LLC on 8-30-12

Premises are at 6 Carmichael Street

Water service installation inspected and approved by N/A Existing

Driveway location inspected and approved by N/A Existing

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ Date: Existing

Construction was begun August, 2012 and completed August, 2012

Approval granted by ✓ P.C. or Z.B.A. on _____, 20____. see pc approval # PC: 2012-24

Use of premises intended Residential - 1 unit
(type of use)

Applicant's Signature: [Signature] Telephone: 6587753 Cell: 343 3989

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. * all st. of vt. issues shall be addressed. See attached state results.

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

8-30-12
Date

[Signature]
Zoning Administrator

[Handwritten marks]



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: 58548

Structure Information

Name: 6 Carmichael Street (Frmer: 1820 COFFEE HOUSE (FILED UNDER C))
 Structure Id: 58548

Address: 6 Carmichael Street (Frmer 87 UPPER MAIN ST)
 ESSEX JCT, VT 05452

Owner Information

Owner: Jeffery L. Davis (BO 95953)
 eMail: jl-davis@comcast.net
 Phone: 802-658-7753

Address: 2 Church Street, 5th floor
 BURLINGTON, VT 05401

Building Description

Risk Index: M1
 Const Type: 5B
 Occ Type: RS
 Heating: Gas

Smoke Det: AC/DC
 CO Detect: AC/DC
 Fire Alarm:

Occupants:
 Stand Pipe:
 Sprinkler:

Units: 1
 Floors: 2
 Sq Feet: 1228

Project Description

Name: Inspection - August 2012
 Type: Building Project Received: 08/22/2012 Workitem Id: 338100
 Comment: Jeffrey Davis/ 802-343-3989

Inspection Detail

Insp Date: 08/29/2012 Insp Type: Initial
 Comply By: 09/29/2012 Occ Granted: Conditional
 Inspector: TODD COSGROVE (S 91232)

Violations: 3
 Hazard Index: Level 2

Violations and Notes

I met with Jeffery L. Davis, Owner of a Single Family Rental at 6 Carmichael Street in Essex Junction for a Change of Use inspection.

All egress windows exceeded the 5.0 Sq Ft opening requirement for existing windows, as they measured 32"w x 24"h = 5.3 Sq Ft/30"w x 25"h = 5.2 Sq Ft.

All detectors were in place and operated appropriately when tested.

The following Violations were found. Any electrical work will require a Electrical Work Request from our office and I would suggest the use of a Master Electrician, but it is not required. All Violations should be addressed/corrected within 30-45 days from the date of the inspection.

The Violations found were;

- 1) Proof of inspection for Gas Fire Place on 1st floor within last 2 years.
- 2) Washing Machine outlet needs GFCI protection.
- 3) Replace closet lights in Master Bedroom on wall and basement lights with fixtures that have the bulb enclosed.

A Hazard Index of Level 2 and a Occupancy Status of Yes are assigned to this inspection.

I will send with the report a Compliance Certificate that you can sign/date when the Violations have been addressed/corrected. Please then send this document and supporting documentation (receipts/photos) to me as proof. This can be done via scan/email, fax or mail.

Please call me at 802-585-0741 if you have any questions.

Report is Open.