

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____

FEE: \$85.00 pc (includes recording)

MAP/PARCEL/LOT: 009-002-000

NO. 2013-104

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 # 2013-104

issued to (Jennifer Stephenson) + The Miller Realty Group on 7-3-13

Premises are at 30 Gauthier Drive, Essex Jct., VT 05452

Water service installation inspected and approved by self contained

Driveway location inspected and approved by (EXISTING) self contained State Health

Sanitary sewer connection or septic system inspected and approved by: see attached

Name: _____ Date: _____

Construction was begun MARCH, 2013 and completed AUGUST, 2013

Approval granted by P.C. or Z.B.A. on 2013, 2013 reference PC approved # 2013-19

Use of premises intended Commercial - FOOD CART only.
(type of use)

Applicant's Signature: [Signature] Telephone: 734-4893 Cell: 734-9123

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.

8-9-13
Date

[Signature]
Zoning Administrator

VERMONT DEPARTMENT OF HEALTH - FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

ID# 15769 Time In _____ Time Out _____ Date 8/9/13 Travel Time _____
 Routine Follow-up _____ New/Change of Owner Preliminary _____ Complaint _____ Other _____ Dem. of Knowledge: Yes _____ No _____
 Establishment Name The Board Room License Type Mobile Unit
 Licensee Name Jennifer Stephenson Town Essex
 Street Address _____ Sewage Disposal holding
 Water Supply holding License Posted: Yes _____ No _____
 Dining Capacity: Indoor _____ Outdoor 8 Total _____

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 ___ Properly 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: Properly 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 ___ Pre-soaked ___	*35	4	No Insects/Rodents/Vermin ___ 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: Properly 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 Properly: 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 ___ Properly: 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 Properly 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 ___ Properly: Operated/Maintained ___ Designed ___ Installed ___	Total Debit Points <u>0</u>		
16	2	Dishwashing Facilities: Design ___ Construction ___ Maintenance ___ Installation ___ Location ___ Operation ___ Use Limited ___	32	2	Toilet Rooms: Enclosed ___ Adequate Water Temperature ___ Self-Closing Doors ___ Properly Maintained ___ Cleaning Materials Provided ___ Sign Posted ___ Proper Waste Receptacles ___	Rating Score <u>100</u>		
17	1	Provided: Accurate Temperature Measuring Devices ___ Chemical Test Kits ___ Pressure Gauges ___	5-213 Garbage & Refuse Disposal					

All Acceptable & Approved For Operations

*35gal on Board Water not connected
 35gal on Board Waste to be properly disposed of.
 GMC R =*

Yearly Licensed and Registered by DMV.
 Sanitarian Ashley S. [Signature] Date Re-Inspect By _____ Voluntarily Closed _____ Reopened 0
 Person Interviewed _____ Title _____ Signature Jennifer Stephenson

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