

Appeal Period Expires 8/2/18
 Zoning District MXD-PD (B1)

Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org

Application Date 7/1/18
 Permit Number 2018-152

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property during the appeal period and it must remain posted throughout the construction period. **You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).**

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2- 090-005-005
 (found in Town Assessor's Office)
 Property Address: 43 Upper Main Street
 Owner: Lang Family LLC
 Owner Address: Same
 Owner Phone: (work) _____ (home) _____
John (cell) 316-1210 (Email) _____
 Contractors name: _____ Phone: _____
Event Dates - 7.12/7.19/7.26/8.2 Cell: _____
 Estimated Construction Dates: Start: 7/1/18 Completion: 7/1/18
 Sq. Feet: 0 Estimated Cost (labor & materials): \$ 0

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Private Connection Fee \$ _____ Date Paid: 7/1/18
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 Public Private Fee \$ _____ Date Paid: 7/1/18

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 7/1/18

E Stormwater
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

G To be conducted pursuant to zoning board of Adjustment approval # ZBA: 2018-3
 Signature of Tenant and Signature of Owner [Signature]

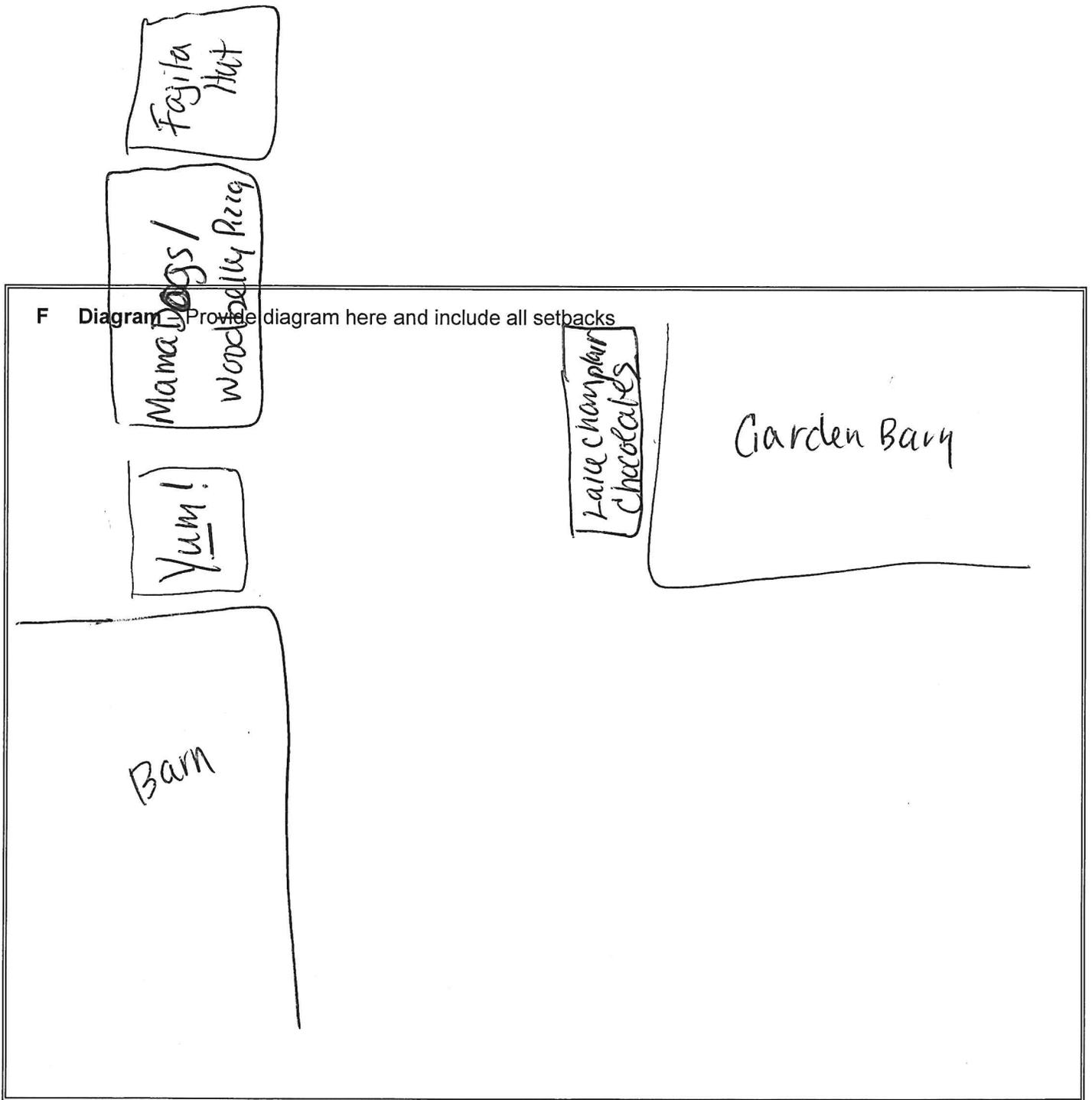
G
 Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

Residential:	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusions or Additions:			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater: <u>2018 music summer series events</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <u>outdoor Entertainment</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>7/18/18</u>
Recreation		\$ <u>10</u>	<u>7/18/18</u>
Recording		\$ _____	____/____/____
Certificate of Occ		\$ _____	____/____/____
Other		\$ _____	____/____/____

Building Permit 7/18/18
 Approved Rejected Date 7/18/18
 Issued to: Lang Family LLC
 Zoning Administrator: Shirley Kelley
 Notes: Zoning Administrator to inspect periodically.
 C.O. Required Yes No



Lake Champlain Chocolates - All 6 weeks
 Mamma Dogs - 7/12, 8/2, ~~8/9~~ 7/26
 Woodbelly Pizza - ~~7/12, 8/2, 8/9~~ 7/19, 8/9, 8/16
 Fajita Hut - 7/19, 7/26, 8/2

Establishment LAKE CHAMPLAIN CHOCOLATE ICE CREAM TRUCK			License Type 9568 - Caterer - Commercial License		
Physical Address 750 PINE ST			City/State/Zip Code Burlington/VT/05401		
Licensee Name CHAMPLAIN CHOCOLATE COMPANY			Inspection ID # 18632		
Date 6/7/2018	Time In/Time Out 10:29 AM/10:50 AM	Telephone 8022642171	Purpose of Inspection: Opening		

Item	Debit Points	Description	Item	Debit Points	Description	Item	Debit Points	Description
Foodborne Illness Risk Factors			17	1	Thermometers, Chemical Kits and Pressure Gauges Provided	Insect & Rodent Control		
Supervision			18	1	Single-Service Articles Stored and Dispensed	*35	4	Establishment free of insects, rodents and pests
1	In	Person in charge present, demonstrates knowledge and performs duties	19	2	No Re-Use of Single-Service Items	Floors, Walls & Ceilings		
Food Source			Food Equipment & Utensils - Cleanliness			36	1	Floors are properly constructed and maintained.
*1(a)	5	Food is obtained in sound condition and from acceptable sources.	20	1	Dry Cleaning and Pre-Cleaning Methods	37	1	Walls, ceilings and attached equipment are properly constructed and maintained.
Food Protection			21	2	Warewashing and Rinsing	Lighting		
2	1	Food is in acceptable container and properly labeled.	*22	4	Sanitization Rinse	38	1	Light bulbs are protected and of adequate intensity.
*3	5	Potentially Hazardous Food Temperature Requirements	23	1	Use of Wiping Cloths	Ventilation		
*4	4	Preventing Cross Contamination	24	2	Cleaning Food-Contact Surfaces of Equipment and Utensils	39	1	Rooms and equipment have adequate and clean ventilation.
5	1	Adequate Facilities to Maintain Product Temperature	25	1	Cleaning of Nonfood-Contact Surfaces	Dressing Rooms		
6	2	Thawing Potentially Hazardous Food	26	1	Storage of Clean Equipment and Utensils	40	1	Adequate and Clean
*7	4	Unwrapped Foods: Return and Reservice	Water System			Miscellaneous Inspection Items		
8	2	Food Protected from Contamination	*27	5	Water Supply	*41	5	Poisonous or Toxic Materials
9	2	Handling of Food Minimized	Sewage Disposal			42	1	Premises Free of Rubbish, Litter, Unnecessary Articles
10	1	In-Use Dispensing Equipment	*28	4	Sewage System and Disposal	43	1	Separation from Food Operation Areas
Personnel			Plumbing			44	1	Clean and Soiled Linens
*11	5	Restriction of Employees with Infections and Communicable Diseases	29	1	Plumbing Properly Maintained and Installed	Total Debit Points: 0		
*12	5	Acceptable Hygiene Practices	*30	5	No Cross-Connection, Backflow or Back Siphonage	Rating Score: 100		
13	1	Uniforms, Bib Aprons, and Effective Hair Restraints	Toilet & Handwashing Facilities					
Food Equipment & Utensils			*31	4	Fixture Requirements			
14	2	Food & Ice Contact Surfaces	32	2	Miscellaneous			
15	1	Non-Food-Contact Surfaces	Garbage & Refuse Disposal					
16	2	Dishwashing Facilities	33	2	Facilities on the Premises			
			34	1	Construction and Cleanliness			

Observations and Corrective Actions				
Item Number	Violation of Code	Priority Level	Comment	Correct By Date
Violations cited in this report must be corrected within the inspector's specified timeframes				

Inspection Published Comment:
Approved to operate on 6-7-2018, Jane Bingham 6-7-2018.

Visit Date	Person In Charge	Person In Charge Signature	Sig. Date	Public Health Inspector	Public Health Inspector Signature	Sig. Date	Time In	Time Out
6/7/2018	Gary Coffey		6/7/2018	Jane Bingham		6/7/2018	10:29 AM	10:50 AM

STATE OF VERMONT - AGENCY OF HUMAN SERVICES
STATE BOARD OF HEALTH
License to Operate

FEE: \$260.00

I.D.# 9568

LICENSE TYPE: CATERER - COMMERCIAL

EFFECTIVE DATE: 06/07/2018

ESTABLISHMENT NAME & LOCATION:
LAKE CHAMPLAIN CHOCOLATE ICE CREAM TRUCK
750 PINE ST
BURLINGTON, VT 05401

EXPIRATION DATE: 06/07/2019

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED
TO OPERATE UNDER THE PROVISIONS OF TITLE 18, SECTIONS
4351-4451 VERMONT STATUTES ANNOTATED. THIS LICENSE IS
VALID PENDING RATIFICATION BY THE VERMONT BOARD OF
HEALTH.

LICENSEE NAME & ADDRESS:
CHAMPLAIN CHOCOLATE COMPANY
750 PINE ST
BURLINGTON, VT 05401

THIS LICENSE IS NOT TRANSFERABLE AND IS
VALID ONLY FOR THE LICENSEE LISTED.
THIS LICENSE SHALL BE CONSPICUOUSLY POSTED.

* Cut

* Paste

* Bold

STATE OF VERMONT - AGENCY OF HUMAN SERVICES
STATE BOARD OF HEALTH
License to Operate

I.D.# 3847
LICENSE TYPE: CATERER - COMMERCIAL
EFFECTIVE DATE: 06/30/2018

ESTABLISHMENT NAME & LOCATION:
MAMA DOGS
3501 HINESBURG HOLLOW RD
STARSBORO, VT 05487

LICENSEE NAME & ADDRESS:
DEMORE CORRINA
3501 HINESBURG HOLLOW RD
STARSBORO, VT 05487

FEE: \$260.00

EXPIRATION DATE: 06/30/2019

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED TO OPERATE UNDER THE PROVISIONS OF TITLE 18, SECTIONS 4351-4451 VERMONT STATUTES ANNOTATED. THIS LICENSE IS VALID PENDING RATIFICATION BY THE VERMONT BOARD OF HEALTH.

THIS LICENSE IS NOT TRANSFERABLE AND IS VALID ONLY FOR THE LICENSEE LISTED. THIS LICENSE SHALL BE CONSPICUOUSLY POSTED.

2 3

STATE OF VERMONT - AGENCY OF HUMAN SERVICES
STATE BOARD OF HEALTH
License to Operate

I.D.# 8553

LICENSE TYPE: CATERER - COMMERCIAL

EFFECTIVE DATE: 05/26/2018

ESTABLISHMENT NAME & LOCATION:
YUM

1955 BUTTERNUT RD
WILLISTON, VT 05495

FEE: \$260.00

EXPIRATION DATE: 05/26/2019

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED
TO OPERATE UNDER THE PROVISIONS OF TITLE 18, SECTIONS
4351-4451 VERMONT STATUTES ANNOTATED. THIS LICENSE IS
VALID PENDING RATIFICATION BY THE VERMONT BOARD OF
HEALTH.

LICENSEE NAME & ADDRESS:
YUM, LLC
387 METCALF RD
WILLISTON, VT 05495

THIS LICENSE IS NOT TRANSFERABLE AND IS
VALID ONLY FOR THE LICENSEE LISTED.
THIS LICENSE SHALL BE CONSPICUOUSLY POSTED.

DUPLICATE