

T.O.Z. Worksheet of appeal map  
\$ 951.60

Appeal Period Expires <u>6/3/17</u> Zoning District <u>MXD-RUD (B1)</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> www.essex.org	Application Date <u>5/19/17</u> Permit Number <u>2017-58</u>
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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:

**A**

Parcel Account Numb. (Map-Parcel-Lot) 2- 090-005-001  
(found in Town Assessor's Office)

Property Address: 45 Upper Main St Suite 104

Owner: Lang Family LLC

Owner Address: 51 Upper Main St

Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 316-1210 (Email) Sweet Alchemy VT

Contractors name: Shava Carr email smatt.com Phone 347-3856 Cell: \_\_\_\_\_

Estimated Construction Dates: Start: 4/1/17 Completion: 5/19/20

Sq. Feet: 1400 Estimated Cost (labor & materials): \$ 22,000

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

<i>Residential:</i>	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"/>
<i>Inclusions or Additions:</i>	
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"/>
<i>Non-residential:</i>	
Commercial / Industrial	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Stormwater:</i>	
Stormwater	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Erosion Control	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Other:</i>	
Change in Use <u>fit-up permit</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Miscellaneous <u>Bakery &amp; Cafe</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Renewal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**B**

**Sewage Disposal** (Please attach Sewer or Septic Application).

Public  Private  Connection Fee \$ 628.30 Date Paid: 5/19/17

Proposed New Bedrooms: 3 Existing Bedrooms \_\_\_\_\_

**C**

**Water** (Please attach Water Service Application).

Public  Private  Fee \$ 323.30 Date Paid: 5/19/17

**D**

**Driveway** (Please attach copy of approved Curbcut / Utility Application).

Date of approval 1/17 Existing

**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 constructed pursuant to Planning Commission Approval # 2017-16.

Signature of Tenant and Signature of Owner

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>100</u>	<u>5/19/17</u>
Recreation		\$ _____	
Recording		\$ <u>20</u>	
Certificate of Occ		\$ <u>75</u>	
Other		\$ _____	

195 JB  
5/19

**Building Permit**

Approved  Rejected  Date 5/19/17

Issued to: Lang Family LLC

Zoning Administrator: Shawn L. Kelley

Notes: Energy code given

C.O. Required Yes  No

F Diagram - Provide diagram here and include all setbacks

The Four Sisters Bakery LLC, ~~DBA~~ DBA Sweet Alchemy intends to operate a retail bakery + cafe at 45 Upper Main St. #104. Food served will include soups, sandwiches, salads, baked goods, smoothies and coffee/tea. The dining room has a seating capacity of 70 and there will be 2-4 employees at any given time working the space. There is also a wholesale baking component to the business that involves twice weekly production days to baker and package goods for delivery around Burlington and Montpelier. The grease trap will be serviced as needed.

days/hours of operation wed. thru Monday 8 AM - 4 PM.  
employee (baker) hours wed - Monday 5 AM - 5 PM

Establishment <b>SWEET ALCHEMY</b>		License Type - Bakery - Large Commercial (includes out-of-state) License, - Restaurant - Seating 0-25 License	
Physical Address 43B Upper Main ST		City/State/Zip Code Essex Junction/VT/05452	
Licensee Name THE FOUR SISTERS BAKERY LLC		Inspection ID # 11977	
Date 5/18/2017	Time In/Time Out 01:00 PM/02:00 PM	Telephone 8023423856	Purpose of Inspection: Opening

Item	Debit Points	Description	Item	Debit Points	Description	Item	Debit Points	Description
<b>Foodborne Illness Risk Factors</b>			17	1	Thermometers, Chemical Kits and Pressure Gauges Provided	<b>Insect &amp; Rodent Control</b>		
<b>Supervision</b>			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	<b>Floors, Walls &amp; Ceilings</b>		
<b>Food Source</b>			<b>Food Equipment &amp; Utensils - Cleanliness</b>			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	0	Walls, ceilings and attached equipment are properly constructed and maintained.
<b>Food Protection</b>			21	2	Warewashing and Rinsing	<b>Lighting</b>		
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	<b>Ventilation</b>		
*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	<b>Dressing Rooms</b>		
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 Service	<b>Water System</b>			<b>Miscellaneous Inspection Items</b>		
8	2	Food Protected from Contamination	*27	5	Water Supply	*41	5	Poisonous or Toxic Materials
9	2	Handling of Food Minimized	<b>Sewage Disposal</b>			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
<b>Personnel</b>			<b>Plumbing</b>			44	1	Clean and Soiled Linens
*11	5	Restriction of Employees with Infections and Communicable Diseases	29	1	Plumbing Properly Maintained and Installed	<b>Total Debit Points: 4</b>		
*12	5	Acceptable Hygiene Practices	*30	5	No Cross-Connection, Backflow or Back Siphonage	<b>Rating Score: 96</b>		
13	1	Uniforms, Bib Aprons, and Effective Hair Restraints	<b>Toilet &amp; Handwashing Facilities</b>					
<b>Food Equipment &amp; Utensils</b>			*31	4	Fixture Requirements			
14	2	Food & Ice Contact Surfaces	32	0	Miscellaneous			
15	0	Non-Food-Contact Surfaces	<b>Garbage &amp; Refuse Disposal</b>					
16	2	Dishwashing Facilities	33	2	Facilities on the Premises			
			34	1	Construction and Cleanliness			

Observations and Corrective Actions				
Violations cited in this report must be corrected within the inspector's specified timeframes				
Item Number	Violation of Code	Priority Level	Comment	Correct By Date
15	5-207.15		Material of nonfood contact surface was not constructed or designed to be smooth, nonabsorbent and easily cleanable.gas lines that run over and near prep table let me know gas company says about pipe.	
32	5-212.32		self closed door on bathroom.	
37	5-215.37		Walls and/or ceilings are not properly constructed and maintained in good repair. ceil tiles replaced in bathroom.	

Inspection Published Comment:  
**APPROVED FOR OPERATION**



Vermont Department of Health  
108 Cherry St PO Box 70  
Burlington, VT 05402  
802-863-7221

Visit Date	Person In Charge	Person In Charge Signature	Sig. Date	Public Health Inspector	Public Health Inspector Signature	Sig. Date	Time In	Time Out
5/18/2017	Bhava Carr	<i>Bhava Carr</i>	5/18/2017	Sherry Sawyer	<i>Sherry Sawyer</i>	5/18/2017	01:00 PM	02:00 PM





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  
 380 Hurricane Lane, Suite 101  
 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: 78547

**Structure Information**

Name: THE BARN AT LANG FARM Address: 43 UPPER MAIN STREET  
 Structure Id: 78547 ESSEX JCT, VT 05452

**Owner Information**

Owner: C/O JOHN LANG LANG FARM (N 77144) Address: 54 UPPER MAIN ST  
 eMail: langtree89@verizon.net ESSEX, VT 05452  
 Phone: 802-878-5720

**Building Description**

Risk Index: H2	Smoke Det: Yes	Occupants:	Units: 3
Const Type: 4	CO Detect: No	Stand Pipe:	Floors: 2
Occ Type: MA1	Fire Alarm: Automatic	Sprinkler: Complete	Sq Feet: 10000
Heating: Radiant Floor Heat			

**Project Description**

Name: Sweet Alchemy Bakery & Cafe' - 2017  
 Type: Building Project Received: 05/18/2017 Workitem Id: 407866

**Inspection Detail**

Insp Date: 05/18/2017	Insp Type: Initial	Violations: 2
Comply By: 05/31/2017	Occ Granted: Conditional	Hazard Index: Level 2
Inspector: CHRIS A BOYD (S 58514)	Referred To: Christopher Letourneau (S 101330)	
With: John Lang, Owner; Bjava Carr, Bakery Operator; Pinard Electric; Brian Bluto, Vermont Life Safety		

**Violations and Notes**

This was a requested inspection for the Sweet Alchemy Bakery & Cafe' located in the corner unit of the main barn. The following items were documented as needing to be addressed:

- 1) A final electrical inspection will be scheduled by the Electrician. Two internally illuminated exit signs will be installed over the exits by the Electrician prior to that inspection.
- 2) The Audible/Visual devices were tested for the bakery. The one on the bakery floor had the audible level adjusted down. The bathroom A/V needs to be changed to a strobe only device.

