

Commercial

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TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 5/17/17 FEE: \$85.00 pc 10/9/18 (includes recording)

MAP/PARCEL/LOT: 2/091/001/007 NO. 2016-36
2016-157

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 # 2016-36 + 2016-157

issued to Rick Bove on 4-4-16

Premises are at 7 Carmichael St

Water service installation inspected and approved by P.W.

Driveway location inspected and approved by P.W.

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ Date: P.W.

Construction was begun April, 2016 and completed April, 2017

Approval granted by P.C. or Z.B.A. on 7-14, 2016. *see pc approvals*

Use of premises intended mixed use commercial bldg
(type of use)

Applicant's Signature: _____ Telephone: 864-2430 Cell: 999-9998

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.

4/28/17
Date

Sharon L. Kelly
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
 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: 96406

Structure Information

Name: Essex Town Center - Bldg O Address: 7 Carmichael Street
 Structure Id: 96406 ESSEX JCT, VT 05452

Owner Information

Owner: 7 Carmichael LLC (N 104349) Address: 218 Overlake Drive
 eMail: rickbove@comcast.net COLCHESTER, VT 05446
 Phone: 802-864-3430

Building Description

Risk Index: H1	Smoke Det: Yes	Occupants:	Units: 20
Const Type: VB	CO Detect: Yes	Stand Pipe:	Floors: 3
Occ Type: MX	Fire Alarm:	Sprinkler: Complete	Sq Feet: 29535
Heating: Gas			

Project Description

Name: New construction - April 2016
 Type: Building Project Received: 04/19/2016 Workitem Id: 392532

Inspection Detail

Insp Date: 04/28/2017 Insp Type: Follow-up Violations:
 Comply By: 06/07/2017 Occ Granted: Conditional Hazard Index: Level 2
 Inspector: CHRIS A BOYD (S 58514)
 With: Jeffrey Fuesner, Homestead Design; Capt Dave Sheeran, Essex Town Fire Department

Violations and Notes

This inspection was conducted to follow-up on the April 24th inspection to confirm if occupancy can occur for the dwelling units and common areas. The following details the level of compliance achieved:

(1) It was discussed at an earlier inspection with the Superintendent of the Timberlane Dental space that there needed to be at least one fire alarm A/V on each level of the space under construction that is active with the system for any type of conditional occupancy to be granted to the building. At this time the Audible / Visual devices in this space did not function when the system was in an alarm condition. At least one on each level must be made functional during an alarm for a conditional occupancy to be granted.

CORRECTED -All devices function in alarm condition within the Timberlane Dental space.

(2) It was noted the sprinkler heads in unit 206 had protective covers in place and must have them removed and approved eschusion covers installed.

CORRECTED

(3) All doors (stairway and dwelling unit) that are designed to be self closing and latching must have their hardware adjusted to achieve this. Not all doors close and positively latch when checked.

CORRECTED

(4) The Low Frequency device in unit 307 did not sound during an alarm condition and must be repaired or replaced.

CORRECTED

(5) All penetrations in the common area of the basement (and areas being inspected that are not associated with Timberlane Dental) must be fire stopped in a listed and approved manner.

CORRECTED

(6) The door entrances in the basement must be provided with signage that identifies what each room houses.

NOT CORRECTED - Currently the signage is being made and will be installed when received.



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FIRE INSPECTION RESULTS

Site Id: 96406

7) It was discovered that the fire alarm monitoring company is calling the wrong number to notify the Fire Department when an alarm occurs. The correct number was provided to Mr. Fuessner for the proper notification to occur.

CORRECTED

8) Keys must be provided to the Fire Department for insertion into the building key box for access to the building and all secured areas and components within the building.

TO BE CONFIRMED AT TIMBERLANE DENTAL FINAL INSPECTION