

TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: Jan 4, 2011 FEE: \$85.00 pc (includes recording)

MAP/PARCEL/LOT: 2-091-004-001 NO. 2010-176

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 # _____

issued to Homestead Design/Purple Sage on 11-29-10

Premises are at 4 Commercial Street Unit 107

Water service installation inspected and approved by existing

Driveway location inspected and approved by existing

Sanitary sewer connection or septic system inspected and approved by:

Name: existing Date: _____

Construction was begun NOV, 20 10 and completed Jan, 20 11

Approval granted by _____ P.C. or Z.B.A. on N/A, 20 _____

Use of premises intended Commercial - 6 chair beauty salon
(type of use)

Applicant's Signature Jeff Feuserby Telephone: 819-1160 Cell: _____

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.

1/4/11
Date

Sharon L. Kelly
Zoning Administrator



BARBER AND COSMETOLOGISTS INSPECTION REPORT

Establishment Type	Barbering	Cosmetology	<input checked="" type="checkbox"/> Esthetics	Nail	School
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Inspection Type	New	Change in Location	<input checked="" type="checkbox"/> Change in Ownership	Routine	Reinspection
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Result Of Inspection	Pass	<input checked="" type="checkbox"/> Fail	Reinspect
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Name of Establishment		Shop License Number	
Purple Sage Salon LLC		012-2446	
Owner of Establishment		Physical Address of Establishment	
Kim M. Scofield		4 Carmichael St. Suite 107 ESSEX Vt 05452	
Telephone Number	Designated Licensee	License Number	
802-879-1160	Kim M. Scofield	009-00001569	
Date of Inspection	Inspector's Name	Inspector's Signature	
1-3-11	Ruth M. Conner	Ruth M. Conner	

LICENSED PERSONNEL			
NAME	POSITION	LICENSE NUMBER	LICENSE POSTED
KIM M. SCOFIELD	<input checked="" type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician	009-00001569	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

		LICENSED PERSONNEL			
NAME	POSITION	LICENSE NUMBER	LICENSE POSTED	ID PROVIDED	
KAREN Y. CARROLL	<input checked="" type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician	010 - 000 64289	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Chelsey L. KERNISON	<input checked="" type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician	010 0000 4710	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Lynnda L. DENKHOFF	<input checked="" type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician	010 0000 3552	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LYNN M. CASE	<input checked="" type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician	010 000 68907	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sheena L. LaFram	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician	010 0000 4311	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Aurum Verleux	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input checked="" type="checkbox"/> Esthetician	087 - 0072991	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Nail Technician <input type="checkbox"/> Esthetician		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL WORKING	Pursuant Rule	Pass/Fail Status	COMMENTS
1. Shop sign visibly displayed on the premises?	9.2(f)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
2. Licenses displayed together at eye level and at front entrance of shop?	9.2(g)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
3. Designated licensee's name is posted on shop license?	9.2(g)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
4. Designated licensee is on premises?	9.2(a)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Inspector granted access to adequately inspect shops for rule compliance?	9.3(a)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
6. Vermont State Photo I.D. available upon request?	2.5	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
7. Waiting room areas neat and clean with covered waste receptacles for trash?	12.3(a)(4)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
8. Working Areas are neat and clean with washable floors and surfaces in work areas?	12.3(a)(1)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
9. Hair Dryers cleaned and in working order? Covered Electrical Outlets?	12.3 (6-7)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Shop is in good general condition and is well-lit	12.3, 12.1	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
11. Shop and immediate work areas shall be free of insects, rodents, or any type of animals. Service animals such as hearing and seeing eye dogs are exempt.	OK 12.3 (a)(10)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
12. MSDS sheets in immediate working area?	12.3(d)(1)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
13. Blood spill kit available in working area?	12.3(d)(2)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
14. Ventilation in shop area?	12.3(a)(3), (8)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
EACH STATION AREA			
15. Spray disinfectant and sterilizers are present and used between every client?	12.2(a)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
16. Disinfectant solutions and sprays are EPA registered hospital and tuberculocidal approved?	12.2(a)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
17. Combs, brushes, scissors, clipper blades, clipper attachments, dusters, etc. cleaned and sanitized?	12.2(a)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

EACH STATION AREA - CONTINUED	Pursuant Rule	Pass/Fail Status	COMMENTS:
18. Combs, brushes, scissors, clipper blades, clipper attachments, dusters, etc. are stored in an enclosed cabinet or covered receptacle with sanitized defusers?	12.3 (c)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
19. Blow dryers and curling irons in a safe, out of the way environment?	12.3 (6)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Neck strips/or neck towels used on each client?	12.2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. Straight Razor Blades (used on skin) must be discarded after each use and replaced with a new blade.	12.2	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
SHAMPOO AREA			
22. Sinks and shampoo bowls are sanitary and supplied with soap/shampoo?	12.3(b)(1)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
23. Sinks/Shampoo Bowls with running hot and cold water?	12.2(f)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
24. Shampoo Capes Sanitized after each use?	12.3(b)(2)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
25. Backboards Sanitized After Each Use?	12.3(b)(2)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
DISPENSERY AREA			
26. SOILED linens and equipment stored in a sanitary enclosed cabinet or covered receptacle?	12.2(c), 12.3(c)(10)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
27. CLEANED Linens and equipment stored for use in a sanitary enclosed cabinet or covered receptacle ?	12.3(c)(9)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
28. Flammable chemicals stored in a non-flammable storage cabinet/ventilated room.?	12.3(d)(3)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
RESTROOMS			
29. Ventilation in restroom area?	12.3(a)(3)(8)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
30. Customer Restroom is Fully Functional and In Clean Condition?	12.3(a)(3)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
31. Liquid Soap Available?	12.3(a)(3)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
32. Single-Use Towels?	12.3(a)(3)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
33. Covered Receptacle Provided?	12.3(a)(3)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

WAXING/FACIAL/OTHER		Pursuant Rule	Pass/Fail Status	COMMENTS:
34.	Massage Tables Sanitized After Each Use?	12.3(b)(2)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
35.	Manicuring Tables Clean and Sanitized After Each Use?	12.3(b)(1)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
36.	Facial and Waxing Tables Sanitized After Each Use?	12.3(b)(2)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
37.	Apparatus for Waxing and Facials Sanitized After Each Use?	12.3(b)(2)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
38.	Tanning Beds Sanitized After Each Use?	12.3(b)(2)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
39.	Ear Piercing Equipment Sanitized After Each Use?	12.3(b)(2)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
40.	Powder Puffs or Sponges Sanitized or discarded after each use?	12.3(a)(5)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
41.	Lotions, ointments, creams and powders kept in closed containers? •When Manicuring, provide a sanitary container or finger bowl for each client?	12.3(a)(6)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
	•Emery Boards Discarded after each use?	12.3(a)(6)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
42.	Any multi-use articles, tool or produce which can not be cleaned or sanitized is prohibited from use. Are the articles discarded?	12.3(c)(1)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
43.	All implements and supplies discarded if they can not be sanitized?	12.3(a)(6)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

STATEMENT OF OWNER OR DESIGNATED PERSON OF SHOP BEING INSPECTED

I HAVE READ THIS INSPECTION REPORT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT I MUST RESPOND TO THE DISCREPANCY LETTER WITHIN THIRTY (30) DAYS, EXPLAINING WHAT CORRECTIVE ACTION HAS BEEN TAKEN OR WHY I FEEL NO ACTION IS NECESSARY. I UNDERSTAND THAT FAILURE TO RESPOND TO THE DISCREPANCY WITHIN THIRTY (30) DAYS MAY RESULT IN DISCIPLINARY ACTION AGAINST MY ESTABLISHMENT AND/OR LICENSE/CERTIFICATION RESPONDING TO THE INSPECTION DOES NOT LIMIT THE AUTHORITY OF THE BOARD TO PURSUE DISCIPLINARY ACTION.

[Handwritten Signature]
Signature of Owner or Designated Licensee

1/3/11
Date

[Handwritten Signature]
Signature of Inspector

1-3-11
Date