

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____

FEE: \$82.00 *pd* (includes recording)

MAP/PARCEL/LOT: 2047001002

NO. 2005-151

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 # 2005-151

issued to Ewing & McKinstry on 6-3-05

Premises are at 26 Susie Wilson Road Unit E

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: _____ Date: existing

Construction was begun 6-3, 2005 and completed 4-13, 2008

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

Use of premises intended Cafe + take-out Dinners
(type of use)

Applicant's Signature: James R. Ewing Telephone: _____ 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.

4/28/08
Date

Sharon L. Kelley
Zoning Administrator

2005-151

APPROVED FOR OPERATIONS

VERMONT DEPARTMENT OF HEALTH - FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

ID# _____ Time In 7:30 Time Out _____ Date 4/16/06 Travel Time _____
 Routine _____ Follow-up _____ New/Change of Owner _____ Preliminary _____ Complaint _____ Other _____ Dem. of Knowledge: Yes _____ No _____
 Establishment Name Bury Cafe License Type 01
 Licensee Name _____ Street Address _____ Town Essex
 Water Supply Public Sewage Disposal Public
 Dining Capacity: Indoor _____ Outdoor _____ Total _____ License Posted: Yes _____ No _____

RECEIVED
 MAY 11 2008
 TOWN OF ESSEX
 COMMUNITY DEV. OFFICE

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 _____ Presoaked _____	*35	4	No Insects/Rodents/Vermitt _____ 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	Hot-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>2</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>98</u>		
17	1	Provided: Accurate Temperature Measuring Devices _____ Chemical Test Kits _____ Pressure Gauges _____	5-213 Garbage & Refuse Disposal					

112 1000 2 98 37

Inspector: Sherry Gage Date Re-Inspect By: _____ Voluntarily Closed: 1 Reopened: _____
 Title: _____ Signature: Sherry Gage

Require immediate attention. Circled debit points indicate non-compliance.