

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$85.00 70 (includes recording)

MAP/PARCEL/LOT: 2/076/026/000 NO. 2015-23

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 # 2015-23

issued to 264 Colchester Rd LLC on 3-12-15

Premises are at 258 Colchester Rd, Essex Junction, VT 05452

Water service installation inspected and approved by Private

Driveway location inspected and approved by (state road)

Sanitary sewer connection or septic system inspected and approved by:

Name: Hambin Consulting Engineers Inc. Date: 7/21/15

Construction was begun 4/12, 2015 and completed 7/15, 2015

Approval granted by P.C. or Z.B.A. on Aug 14, 2014.

reference approval # 2014-23

Use of premises intended Industrial Garage
(type of use)

Applicant's Signature: _____ Telephone: 288-9097 Cell: 373-4931

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. over

Certificate of Occupancy denied _____. Please see attachment with reasons for denial.

9-1-15
Date

Sharon L. Kelley
Zoning Administrator

9-1-15

Certificate of Occupancy conditions 2015-23

1. It was agreed to plant shrubbery in lieu of a street tree at this time due to the existing mature tree that is situated close to the property line. This is to keep the line of vision for traffic clear. Once the existing tree is removed, the new street tree for this land shall be planted.

J. Kelley, Z.A.



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
 372 Hurricane Lane, Suite 102
 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: 93156

Structure Information

Name: Auto Repair Shop - new (Aug 2014)/ Paya's North Inc. Address: 258 Colchester Road
 Structure Id: 93156 ESSEX, VT 05452

Owner Information

Owner: Chris Paya (N 100800) Address: 1221 Mount Philo Road
 Phone: 802-373-4931 CHARLOTTE, VT 05445

Building Description

Risk Index: H3	Smoke Det:	Occupants:	Units: 1
Const Type: VB	CO Detect:	Stand Pipe:	Floors: 1
Occ Type: B	Fire Alarm:	Sprinkler:	Sq Feet: 2800
Heating: Gas Fired Hot Air			

Project Description

Name: New construction - August 2014
 Type: Building Project Received: 07/31/2014 Workitem Id: 367540

Inspection Detail

Insp Date: 08/18/2015	Insp Type: Occupancy	Violations: 3
Comply By: 10/21/2015	Occ Granted: Yes	Hazard Index: Level 2
Inspector: CHRIS A BOYD (S 58514)		
With: Kyle Paya; Sharon Kelly		

Violations and Notes

This was a final inspection for the work completed under this permit. The following items must be addressed as documented and discussed:

- 1) At the time of inspection the fire department key box had not been installed on the building however they had been ordered through the fire department. The fire department has confirmed that when they receive these boxes this facility will get one to be installed. Confirm when this has been done and the keys inserted in it for fire department access.
- 2) It was discussed during the inspection about the blacktop being marked for parking. The handicap parking spot must be identified both with ground markings in the parking space and signage on a post located at the head of the parking space.
- 3) The attic access panel located over the office in the garage Bays must be no less than 20 inches wide by 30 inches long.

Faxed
12-4-15
SLC

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$85.00 pd (includes recording)

MAP/PARCEL/LOT: 2-076-024-000

~~NO. 2014-115~~
~~NO. 2015-23~~

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 # 2014-115; 2015-23

issued to 264 Colchester Rd LLC on 3-12-15

Premises are at 258 Colchester Road

Water service installation inspected and approved by private

Driveway location inspected and approved by AOT

Sanitary sewer connection or septic system inspected and approved by: private

Name: _____ Date: _____

Construction was begun July, 2014 and completed Aug, 2015

Approval granted by P.C. or Z.B.A. on June 26, 2014. reference PC Approval # PC 2014-23

Use of premises intended Auto Repair Shop
(type of use)

Applicant's Signature: [Signature] Telephone: 288-9097 Cell: 373-4931
288-9016

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. * 1 street tree needs planting. To be done no later than June 30, 2016

Certificate of Occupancy denied _____. Please see attachment with reasons for denial.

12-4-15
Date

[Signature]
Zoning Administrator