

TOWN OF STARKSBORO

P.O. Box 91

Starksboro, VT 05487

Zoning Office 1-802-453-2768

Certificate of Occupancy

Office Use Only

Certificate #: _____

Parcel ID: _____

Zoning District _____

Date Received: _____

Water/Waste Water Permit Install

Fee Paid: _____

Date of Inspection: _____

Certificate Received? _____

Orig. Zoning Permit _____

RBES / Homeowner Disclosure

Cert. Received? _____

Other Permit Conditions? _____

The undersigned hereby applies for a Certificate of Occupancy.

Applicant Name: _____ Phone #: _____

Landowner Name: _____

Location of Property: _____

Signature of Applicant: _____ Date: _____

Mailing Address: _____ E-mail: _____

A fee of \$65 made payable to the Town of Starksboro must be submitted with this application.

Certificate Status:

Denied: ____ Reason for Denial: _____

Temporary: ____ Temp. CO Expires _____ Temporary Conditions _____

Approved ____ Based upon my review of the application and upon my inspection of the property, I hereby certify that the buildings and use thereof at the above location conform to the zoning plans heretofore filed with the Administrative Officer.

Zoning Administrator

Signature

Date

Nothing herein shall relieve the buyer of real estate and his representatives and agents of responsibility for making thorough review of municipal records and independently determining whether there are any encumbrances on the subject property arising out of or related to acquisition all necessary and required zoning and other municipal approvals or with the laws of the state of Vermont.

Received for Recording, _____, AD 20__ at _____ o'clock AM/PM

Recorded in Book number _____, Page _____

Attest: _____, Town Clerk / Assistant Town Clerk