

TOWN OF STARKSBORO

Certificate of Occupancy

Office Use Only

Permit #: _____ Parcel ID: _____ Zoning District _____
Date Received: _____ Fee Paid: _____
Date of Inspection: _____ Original Permit _____

The undersigned hereby applies for a Certificate of Occupancy, to be issued on the basis of the representations contained herein, of which the applicant swears to be true.

Applicant Name: _____ Phone #: _____

Landowner Name: _____

Location of Property: _____

Signature of Applicant: _____ Date: _____

Send OR E-mail To: _____

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

All permit application fees must be paid and above information received before any action on your application may be taken. Permit application fees are non-refundable.

Permit Decision

I, _____, Zoning Administrative Officer for Starksboro, Vermont, have inspected the following items:

Toilet Facilities Water Supply Cooking Facilities Heating System

Based upon my review of the permit application(s) 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

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