TOWN OF RICHFORD

ZONING OFFICE

94 Main Street, P.O. Box 236 Richford, Vermont 05476

(802)848-7751, Fax (802)848-7752

E-Mail: zoning@richfordvt.org

APPLICATION FOR DETERMINATION OF ZONING COMPLIANCE CERTIFICATE OF OCCUPANY

Owners(s) of Record:				
Property Address:				
Parcel ID#	Date Purchased:	Book #	Page #	
List All Structures & Year of Const	ruction:			
Current Use (Check all Applicable)	:			
Residential:/Describe	beNumber of Units			
Commercial:/Describe				
Farming:/Describe				
If Property is Being Transferred, W	hat Uses are Being Contemplate	d:		
List All Structures that HAVE Recei Garages, Porches/Deck, Additions,		built Since Property was Fuction:	Purchased/Acquired (Include	
Septic Type	Dat			
Water System Type	Dat	Date Installed		

Notice to be sent to:				
Name	Pho	Phone/Fax #		
Mailing Address:				
	N IS TRUE AND CORRECT TO THE BEST OF M E OF A REQUEST FOR A DETERMINATIOIN A			
Landowner Signature	Print Name	Date		
Landowner Signature	Print Name	Date		
Applicant Signature	Print Name	Date		
	d by ZAAprroved	Denied		
Zoning Administrator	Date issued	Certificate Effective Date		
•	ng Administrator which could take up to two	The state of the s		
Checks Payable to: Town of Richford	Certificate of Compliance	\$75.00		
	Certificate of Occupancy	\$55.00		
P.O. Box 236	Recording Fe	e 15.00		
Richford Vt 05476	Total Due	\$90.00/70.00		

Should the Administrator fail to make a decision within thirty (30) days, it will be deemed that no violation exists. You should visit the office to make a thorough search of Town Records. The Town shall not be liable for any consequential damages resulting from the failure to render a timely decision.