TOWN OF FAIR HAVEN
APPLICATION FOR CERTIFICATE OF COMPLIANCE

Zoning Permit Number: _____ Date of Issue: _____

Location of Property: _____

Deed Reference for Property: Book # _____ Page # _____ Tax Map # _____

Name of Property Owner: _____ Phone: _____

Address: _____

Name of Applicant: _____ Phone: _____

Address: _____

Please note that the issue of a Certificate of Compliance is the Zoning Administrative Officers confirmation that the completed, permitted development conforms to the approved plans and the provisions of the Zoning Regulations at the time the zoning permit was issued.

The issue of a Certificate of Compliance does not warrant that the construction, electrical wiring, heating system or plumbing of an approved development or use meet any or all of the appropriate State of Vermont or Federal code requirements.

Also, the issue of a Certificate of Compliance does not warrant that the locally approved development or use has received all State of Vermont or Federal permits required by law.

CERTIFICATION OF APPLICANT & PERMISSION TO INSPECT

I, the undersigned applicant hereby certify that the structure or use at the above location conforms to the approved plans filed with the Zoning Administrator and with all applicable provisions of the Town of Fair Haven Zoning Regulations. I give the Zoning Administrator permission to inspect the development on the property.

_____ _____

Date Applicants' Signature

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FOR COMPLETION BY ADMINISTRATIVE OFFICER

Date of Receipt: _____ Fee Paid: _____

Date of Inspection: _____ Certificate Granted ( ) Certificate Denied ( )

_____ _____

Date Administrative Officers' Signature

Comments: _____

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