



# APPLICATION FOR CERTIFICATE OF COMPLIANCE

ZONING ADMINISTRATOR  
PO BOX 317, CONCORD, VT 05824  
802-695-1094 EXT 24  
ZONINGADMIN@CONCLERK.COM

## TOWN OF CONCORD

**To be filed after project is complete**

Applicant Last Name	First	Daytime Phone
Applicant Mailing Address	E-mail Address	Apartment #
City	State	ZIP
Property Owner Last Name (if different than applicant)	First	Daytime Phone
Property Owner Mailing Address	E-mail Address	Apartment #
City	State	ZIP
Parcel ID #	Book	Pages(s)
Proposed Use and/or Construction	Zoning Permit #	

**Applicant's Signature**

**Owner's Signature**  
(if different than applicant)

This permit certifies that the building or use at the above location conforms to the approved plans heretofore filed with the Zoning Administrator and with all applicable provisions of the town zoning regulations. No construction may be commenced or change of use made in any building or on any premise which is inconsistent with this permit.

Application #	Certificate Granted	Certificate Denied
<b>Zoning Administrator's Signature</b>	Date	

**CONCORD, VERMONT TOWN CLERK'S OFFICE**

Received for record on \_\_\_\_\_ A.D., 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ minutes.

And duly recorded in Book \_\_\_\_\_ Page(s) \_\_\_\_\_

Attest : \_\_\_\_\_  
Town Clerk – Assistant Town Clerk