APPLICATION & CERTIFICATE OF COMPLIANCE

Zoning administrator, P.O. Box 317, Concord, VT 05824
802-695-2910, Ext. 24 | 802-274-7644 (text/cell)
zoningadmin@concordvt.org

To be filed out and submitted after the project has been completed.

For Zoning Permit #: 20____-_____.

1. Address of completed project: _____.
2. Name of Owner or Applicant: _____.
3. Mailing address: _____.
4. Daytime phone: _____.
5. Email address: _____.
6. Parcel ID #: _____.
7. Proposed Use: _____.
8. Fee Paid (Y/N): _____.

9. **Owner or Applicant's Signature**:

_____.
Name Date

This certifies the structure 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 land use (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. Land use regulation (bylaw) section 709.

Certificate Granted: _____. **Certificate Denied: _____.**

Zoning administrator's signature: _____ Date: _____

TOWN CLERK'S OFFICE, CONCORD, VT		
Received for record on _____ day of _____, 20___, at _____ o'clock and duly recorded in:		
Book: Page(s):		
Attest: Town Clerk / Assistant Town Clerk Signature		