

# CERTIFICATE OF OCCUPANCY APPLICATION

OCCUPANCY PERMIT # \_\_\_\_\_  
(staff use only)

MAP# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(staff use only)

1. Date: \_\_\_\_\_ **Building Permit Number** \_\_\_\_\_

2. Landowner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Property Address: \_\_\_\_\_

4. Applicant: \_\_\_\_\_  
(If different from Landowner)

5. Building Permit Description (*Check one for A & B*):

A. \_\_\_\_\_ Residential (*House, Duplex, Apartment, etc.*)

-OR-

\_\_\_\_\_ Non-residential (*Commercial, Church/Temple, Industrial, School, etc.*)

B. \_\_\_\_\_ New Building

-OR-

\_\_\_\_\_ Addition/Renovation

-OR-

\_\_\_\_\_ Retroactive Request for Existing, Permitted Building

6. Landowners with properties served by an on-site wastewater disposal system shall submit a letter from the design engineer or technician certifying that the wastewater system was constructed according to the Town approved plans.

7. By signing this document the applicant certifies that the building and use at the above address conforms to the approved plans filed with the Planning & Zoning Department and with all applicable provisions of the Shelburne Zoning Bylaws.

**Applicant Signature:** \_\_\_\_\_

- Please include copy of Building Permit and \$7.00 Recording Fee.

**CERTIFICATE OF OCCUPANCY PERMIT**  
(COMPLETED BY TOWN STAFF)

**Wastewater:**

Private \_\_\_\_\_

-OR-

Public \_\_\_\_\_

Authorization Letter Received \_\_\_\_\_

Sewer Dept.

Signature: \_\_\_\_\_

**Water:**

Private \_\_\_\_\_

-OR-

Public \_\_\_\_\_

Water Dept. Signature: \_\_\_\_\_

**Roads:**

Private \_\_\_\_\_

-OR-

Public \_\_\_\_\_

Highway Dept. Signature: \_\_\_\_\_

**Public Works:**

Public Works Signature: \_\_\_\_\_

**Outstanding items:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The Town of Shelburne certifies the building and/or use(s) at the referenced location conforms to the approved plans filed with the Planning and Zoning Department and with all applicable provisions of the Shelburne Zoning Bylaws and the Subdivision Regulations as demonstrated by the applicant as of the date listed below.**

Certificate Granted \_\_\_\_\_ Denied \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Zoning Coordinator or Designee**