



Town of Shelburne, Vermont

CHARTERED 1763

P.O. BOX 88 5376 SHELBURNE ROAD SHELBURNE, VT 05482

Clerk/Treasurer
(802) 985-5116

Town Manager
(802) 985-5111

Zoning & Planning
(802) 985-5118

Assessor
(802) 985-5115

Recreation
(802) 985-5110

FAX Number
(802) 985-9550

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

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 \$10.00 Recording Fee.

CERTIFICATE OF OCCUPANCY PERMIT
(COMPLETED BY TOWN STAFF)

Wastewater:

Private _____

-OR-

Public _____

Wastewater 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