3045 Theodore Roosevelt Highway
Waterbury, VT 05676
Phone: (802) 434-3064 • Fax: (802) 434-6404
E-Mail: zoningbolton@gmavt.net

ZONING CERTIFICATION

Application Fee [$60.00]
Recording Fee [$15.00]

File ref. ID:_____

Nature of Request:

_____ **Refinancing** _____ **Property Sale** _____ **Other (explain)**

Project Information:

Location: _____ (*911 Address + Town Road / Street / Highway*)

Warranty Deed: _____ (*Book and Page Number – In Bolton Town Office*)

Tax Parcel ID #: _____ (*Tax Maps in Bolton Town Office*)

Applicant Information:

	Owner(s) of Record (*as shown on deed*)	Applicant(s) (*if not owner*)	Other Contact
Name(s) (*all*)			
Mailing Address			
Phone / Fax #'s			

I, _____, Zoning Administrative Officer for the Town of Bolton, do hereby certify the following:

☐ That I am not aware of any existing violation of the Town of Bolton's Zoning Regulations or Subdivision Regulations relating to the property noted above.

☐ That I am not aware of any complaints of alleged violations of the Town's Zoning Regulations

☐ Evidence that other applicable permits and conditions required by the Town of Bolton have been obtained or met, including but not limited to Subdivision Regulations, Curb Cut Permits and Septic.

Please note: *The Town of Bolton is happy to provide assistance with your upcoming property sale. However, please allow an appropriate amount of time to complete our research on your property.* At least 1 – 2 weeks prior to your scheduled closing is required. *This is to allow enough time to complete a thorough background check on the property in question. You **MUST** supply the name & contact info for the current property owner(s), and name & complete contact info for applicant requesting this information (if different than the current owners). Please feel free to contact the Clerk's Office at (802) 434-5075 x225 if you have any questions.* *There is a $60.00 filing fee and a $15.00 recording fee for this certification, payable at the time the request is made and should be a check separate from any other fees.*

I solemnly swear of affirm, under pains of penalty and perjury that all statements herein, and other evidence I submit in connection with this application shall be true and correct to the best of my knowledge and belief, and that I have read and followed all instructions.

Signature of Applicant(s): _____ Date: _____

_____ Date: _____

_____ _____

Administrative Use Only	**Date Received:** _____ **Fee Paid:** _____ **Recording Fee Paid:** _____ **Zoning Administrator:** _____ Date: _____