

TOWN OF BOLTON

3045 Theodore Roosevelt Highway
Bolton, VT 05676

Phone: (802) 434-5075 x 225

email: zoningbolton@gmavt.net

CERTIFICATE OF OCCUPANCY APPLICATION

NOTE: A C.O. is required to close out zoning permits issued for all insulated buildings. Check with staff re: required attachments.

OFFICE USE ONLY:

APPLICATION # _____

Date rec'd: _____

Check/receipt #: _____

FEES: \$75

(Includes \$15 recording fee)

APPLICANT(S):	MAILING ADDRESS:
PHONE:	EMAIL:
LANDOWNER(S):	PROPERTY ADDRESS:
MAILING ADDRESS:	PHONE:
ZONING DISTRICT(S): To find out what zoning district the parcel is in, please visit http://map.ccrpcvt.org/boltonmapviewer	
<input type="checkbox"/> Village <input type="checkbox"/> Resort Village <input type="checkbox"/> Resort Residential <input type="checkbox"/> Rural I <input type="checkbox"/> Rural II <input type="checkbox"/> Forest <input type="checkbox"/> Conservation	
ORIGINAL ZONING PERMIT #:	DATES OF CONSTRUCTION: Start End
BRIEF PROJECT DESCRIPTION:	
APPLICANT SIGNATURE:	DATE:

OFFICE USE ONLY:

ZA Inspection:

Site Visit Date: _____ Conditional (see Comments) Denied (see Comments) Final approval

Setback Distances: Front: +/- Side: +/- Side: +/- Rear: +/-

Wastewater Certification: Yes No N/A

Energy Certificate: Yes No N/A

HUD Form 309: Yes No N/A

Comments:

I hereby certify that the building(s) and/or use(s) at the above property conform to the above-referenced permits, and to the current Bolton Land Use & Development Regulations. The Town of Bolton does not certify or imply conformance with State or Federal building codes. This certificate does not relieve the Applicant from the conditions as set by the Bolton Development Review Board, or requirements of other State and/or Federal permits, if applicable.

ZONING ADMINISTRATOR:

DATE: