

TOWN OF RICHFORD

ZONING OFFICE

94 Main Street, P.O. Box 236 Richford, Vermont 05476

(802)848-7751, Fax (802)848-7752

E-Mail: zoning@richfordvt.org

APPLICATION FOR DETERMINATION OF ZONING COMPLIANCE

CERTIFICATE OF OCCUPANCY

Owners(s) of Record: _____

Property Address: _____

Parcel ID# _____ Date Purchased: _____ Book # _____ Page # _____

List All Structures & Year of Construction: _____

Current Use (Check all Applicable):

Residential: _____/Describe _____ Number of Units _____

Commercial: _____/Describe _____

Farming: _____/Describe _____

If Property is Being Transferred, What Uses are Being Contemplated: _____

List All Structures that HAVE Received Permits and Been Built or Rebuilt Since Property was Purchased/Acquired (Include Garages, Porches/Deck, Additions, Sheds, etc.) with Date of Construction: _____

Septic Type _____ Date Installed _____

Water System Type _____ Date Installed _____

