



Town of St. Albans
Office of the Zoning Administrator
P.O. Box 37
St. Albans Bay, VT 05481
(802) 527-1672 ext. 100
a.johnson@stalbanstown.com

THIS APPLICATION IS FOR A **FIRST TIME CERTIFICATE OF COMPLIANCE**. ONLY COMPLETE THIS APPLICATION IF YOUR PROPERTY WAS NOT PREVIOUSLY ISSUED A CERTIFICATE OF OCCUPANCY/COMPLIANCE.

ONLY THOSE INDIVIDUALS WHOSE NAMES APPEAR ON THE DEED ARE TO SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC. ALL RECORD OWNERS ARE TO SIGN. A POWER OF ATTORNEY MUST ACCOMPANY THOSE SIGNATURES THAT ARE NOT THE OWNERS OF RECORD.

THE FEE FOR A CERTIFICATE OF COMPLIANCE IS:

BUILDING PERMIT HAS NOT EXPIRED: \$25.00
BUILDING PERMIT HAS EXPIRED: \$90.00

PLEASE DO NOT HESITATE TO CONTACT THE ZONING OFFICE SHOULD YOU HAVE ANY QUESTIONS REGARDING THE ABOVE.

How would you like to receive your finished COC?

Mail: (please provide name and mailing address below)

Call for pick-up: (please provide phone number) _____

Email & mail original: (please provide email and mailing address below)

In order for the Town of St. Albans to issue a Certificate of Compliance, the attached Application must be completed.

Please make sure to answer all questions, supply the required drawing including all measurements regarding setbacks & dimensions and sign in the presence of a Notary Public.

Once these forms are returned to the Zoning Office we will verify the information and either issue the Certificate, deny the Certificate, or describe the necessary steps to bring the property into compliance with the Unified Development Bylaws.

Applicable Unified Development Bylaws, Regulations and Ordinances have been duly adopted by the Town of St. Albans and govern the use of real property within the area affected by those Bylaws, Regulations and Ordinances.

- 1. The Town of St. Albans has zoning regulations, duly adopted on December 11, 1968 as amended from time to time, providing generally that no land development may be commenced within the area affected by such regulations without a permit thereby issued by the Zoning Administrator.**
- 2. The Town of St. Albans has subdivision regulations, duly adopted on September 29, 1987 as amended from time to time, providing generally that no land development may be commenced within the area affected by such regulations without a permit therefore issued by the Development Review Board and/or Zoning Administrator.**
- 3. The Town of St. Albans has an impact fee ordinance, duly adopted on November 13, 1989 as amended from time to time, requiring the payment of impact fees for land development, as defined in the most current impact fee ordinance.**
- 4. The Town of St. Albans *does not* have building codes (BOCA).**

Nothing herein shall relieve the buyer of real estate and his/her representatives and agents of responsibility for making a thorough review of municipal records and independently determining whether there are any encumbrances on the subject property arising out of or related to acquisition of all necessary and required zoning and other municipal approvals or with the laws of the State of Vermont.

TO BE COMPLETED BY OWNER OF RECORD

Parcel ID No.: _____ Application Date: _____

911 Address of Property: _____

Name of Landowner(s): _____ Phone: _____

Mailing Address: _____

1. Current Use of the Property: _____ single family
 _____ duplex
 _____ multi-family (# of units _____)
 _____ commercial (describe) _____
 _____ other (describe) _____

a) Does number one (1) above describe how your property is being marketed, sold or refinanced? _____ Yes _____ No (If no, please explain)

b) If the property is residential, are any businesses currently being run from the property? _____ Yes (If yes, please explain) / _____ No

c) Predecessors in title from 1968:

2. List any additions, garages, porches, decks, or other structures existing on the lot today which were constructed after December 11, 1968.

3. List all municipal permits obtained for structures on the lot:

Date Issued	Permit #	Description
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

4. Has this lot been subdivided or subject to a boundary line adjustment since September 29, 1987?

[] Yes [] No

5. Please draw, to scale, a site plan of your lot and as built structures on your lot providing detailed measurements and information requested below. In lieu of providing this drawing, you may provide the following information, to scale, on a copy of a survey of the property (prepared by a licensed land surveyor) if you have one.

- a) Note scale of drawing and name of person preparing drawing.
- b) North arrow.
- c) Location and name(s) of street(s)/road(s) bordering property.
- d) Location of all property lines with dimensions/distances (from survey or subdivision map if available).
- e) Location of all structures (including porches, decks, pools, sheds, etc.) located on property with outside dimensions of structure(s).
- f) Using arrows, provide accurate measurements from the edges of all property lines to closest part of all structures on lot.
- g) Using arrows, show accurate measurement from centerline of the traveled portion of highway or right-of-way which the lot has frontage on, to closest part of all structures on lot.
- h) Lot number and Subdivision name (if applicable).

Notarized Signatures and Certification of Owners of Record of subject property.

By affixing my signature to this document, I hereby swear that, to the best of my knowledge and understanding, the information provided on this form is true and accurate.

Signatures: _____

Printed Names: _____

State of Vermont
County of Franklin

At _____ this _____ day of _____, 2____, _____ personally appeared before me and swore to the truth and accuracy of the above written instrument.

Before Me, _____
Notary Public



Signatures: _____

Printed Names: _____

**State of Vermont
County of Franklin**

At _____ this _____ day of _____, 2____, _____ personally appeared before me and swore to the truth and accuracy of the above written instrument.

Before Me, _____
Notary Public



Signatures: _____

Printed Names: _____

**State of Vermont
County of Franklin**

At _____ this _____ day of _____, 2____, _____ personally appeared before me and swore to the truth and accuracy of the above written instrument.

Before Me, _____
Notary Public