



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 **UPDATED** CERTIFICATES OF COMPLIANCE. ONLY COMPLETE THIS APPLICATION IF YOUR PROPERTY WAS 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.

COMPLETE STATEMENT ONE IF YOU HAVE **NOT** DONE ANY IMPROVEMENTS TO YOUR PROPERTY THAT WOULD HAVE REQUIRED A ZONING PERMIT.

COMPLETE STATEMENT TWO IF YOU **HAVE** DONE IMPROVEMENTS TO YOUR PROPERTY THAT WOULD HAVE/DID REQUIRE A ZONING PERMIT.

THE FEE FOR AN UPDATE IS \$25.00.

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 Updated 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)

I/We _____, whose property is located at _____ in the Town of St. Albans with Parcel ID # _____, hereby certify that we have done no improvements to our property that would have required a building/zoning permit since the prior Certificate of Occupancy/Compliance was issued on _____.

***** OR *****

I/We _____ whose property is located at _____ in the Town of St. Albans with Parcel ID# _____, hereby certify that the following improvements were completed with the benefit of a zoning permit issued by the Zoning Administrator.

<u>Permit No.</u>	<u>Permit Granted Date</u>	<u>Brief Description of Permit</u>

since our prior certificate of occupancy/compliance was issued on _____.

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 that the information provided on this form is true and accurate.

Signatures: _____

Printed names: _____

State of Vermont
County of _____

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

Application for Certificate of Compliance Update

Signatures: _____

Printed names: _____

State of Vermont
County of _____

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

Before Me, _____



Signatures: _____

Printed names: _____

State of Vermont
County of _____

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

Before Me, _____