



Town of Bradford

172 North Main Street, PO Box 339, Bradford, VT 05033

Phone: (802) 222-4727/ Fax: (802) 222-3520/ E-mail: Zoning@bradford-vt.us

CERTIFICATE OF OCCUPANCY / COMPLIANCE

LANDOWNER

APPLICANT (if not landowner)

Name:

Address:

City/Town:

State:

Zip code:

Telephone:

PROPERTY

Parcel ID #:

Property 911 Address:

Zoning Permit # s:

We the undersigned, hereby certify that all applicable local, state and federal permits have been obtained and complied with.

Signatures of property owner/ applicant

Date

FOR OFFICIAL USE ONLY

Comments:

This permit certifies that the building or use at the above location conforms with the approved plans and zoning permits on file with the TOWN of BRADFORD. No construction may commence or change of use made in any building or premise that is inconsistent with this permit. This permit is with respect to municipal regulations only. The applicant is responsible for obtaining other applicable state or federal approvals.

Approved by:

Date: _____

Robert Wing , Zoning Administrator

\$25 FEE plus \$10 Recording Fee = TOTAL \$35

Rev. 01/15