



CERTIFICATE OF OCCUPANCY APPLICATION

Parcel ID: _____
Fee: \$10.00 + RBES/CBES
Recording Fee (if applicable)

For information contact the Zoning Administrative Officer at 434-2430.
Other federal, state and local permits or approvals may additionally be required, the applicant retains the duty to obtain all relevant and applicable approvals. To inquire about State permits contact the State Permit Specialist at 879-5676.

Application Date: _____ Physical Address of Property: _____

Applicant Name: _____ Property Owner Name: _____

Applicant Mailing Address: _____ Owner Mailing Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

The purpose of this permit request is to certify that the structure or use at the above location conforms to the approved plans filed with the Zoning Administrative Officer for the zoning permit referenced below and with all applicable provisions of the Richmond Zoning Regulations. No construction may be commenced or change of use made which is inconsistent with this permit.

Certificate of Occupancy Requested for the following Permits (include zoning permit numbers of previously approved permits, the permit number can be found on the top right-hand side of permit application form): _____

If the CO is a requirement for a property closing please indicate closing date: _____

As per VSA 24 section 4449, for building projects (including new construction, additions, alterations, renovations or repairs to an existing building) a certificate shall be presented to the Zoning Administrative Officer certifying the building has been constructed in compliance with the requirements of the residential building energy standards (RBES) or the commercial building energy standards (CBES). A copy of the certificate shall also be recorded in the land records. An additional \$10 per page recording fee shall be charged for the recording of this documents.

Signatures: The undersigned hereby certifies this information to be complete and true.

Applicant Signature Date Property Owner Signature Date

— DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—

Application Complete Date: _____ Decision: APPROVED / DENIED / WITHDRAWN Recording Fee: _____

Comments: _____

Zoning Administrative Officer signature: _____ Date: _____

TOWN CLERK'S OFFICE Received for Record: _____ A.D. _____ At _____ o'clock _____ minutes _____ M
And Recorded in Book: _____ page _____ Attest: _____