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| **APPLICATION FOR CERTIFICATE OF OCCUPANCY PERMIT** | | | | | | | | | | |
| The undersigned hereby requests a zoning permit for the following use, to be issued on the basis of the representations contained herein. Permit will become void in the event of misrepresentation or failure to undertake construction within one year of the date of approval or completion within two years. | | | | | | | | | | |
| Owner of Record: | |  | | | | | | | | |
| Mailing Address: | |  | | | | | | | | |
| Telephone: | |  | | | | | | | | |
| Telephone: | |  | | | | | | | | |
| Email: | |  | | | | | | | | |
| Representative or Contact Person:  (if different from owner) | |  | | | | | | | | |
| Mailing Address: | |  | | | | | | | | |
| Telephone: | |  | | | | | | | | |
| Telephone: | |  | | | | | | | | |
| Email: | |  | | | | | | | | |
| **Description of Property** (The following information may be obtained in the Mendon Town Office.) | | | | | | | | | | |
| Deed to this parcel is recorded in: | | Book | | |  | | Page | |  | |
| Zoning District: | |  | | | | | | | | |
| Names of all Owners of Record: | |  | | | | | | | | |
| 911 Street Address: | |  | | | | | | | | |
| Property Tax Map Number: | | Map | |  | | Block |  | Parcel | |  |
| Lot Size: | |  | | | | | | | | |
| **Description of Project** | | | | | | | | | | |
| Nature of Project: | |  | | | | | | | | |
| **For commercial applicants: a Department of Labor and Industry Inspection and Fire Prevention Code occupancy approval letter is required. (Mendon Zoning Regulations: Section 1006 (a))** | | | | | | | | | |
|  | | | | | | | | | |
| **Applicant understands that this Certificate of Occupancy is being issued in compliance with Section 1006 of the Mendon Zoning Regulations and the only use hereof shall be to show compliance therewith. This certificate is issued for the benefit of the applicant only and for the benefit of no other person or entity, and may not be relied upon by any other such person or entity and any liability to any such person or entity is expressly disclaimed.** | | | | | | | | | |
|  | |  | | | | | | | |
| Signature of Owner of Record:  (At least one owner of record, as shown in the Mendon Land Records, must sign this application) | |  | | | | | | | |
| Date: | |  | | | | | | | |

|  |  |
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| **Administrator Review** | |
| Date Received: |  |
| Permit Fee: |  |
| Recording Fee: |  |
| Paid: |  |
| Permit Received By: |  |
| Date of Inspection: |  |
| Approved: |  |
| Denied: |  |
| Inspection Notes: |  |
| Reason for Denial: |  |
| Appealed: | Choose an item. |
| Appeal Date: |  |
| Signature of Administrative Officer: |  |
| Date: |  |

**This permit certifies that the building or use at the above location conforms to the approved plans and zoning permit conditions heretofore filed with the Administrative Officer and with all applicable provisions of the Mendon Zoning Regulations and any permits or approvals issued thereunder. No further construction may be commenced or change of use made in any building or on the property which is inconsistent with this approval. The Town is not responsible for any State of Vermont wastewater and/or water permits. The applicant or an interested person may appeal any decision by the Administrative Officer within fifteen days of the date of such decision.**