



Town of Bradford

Zoning Administration

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

APPLICANT

LANDOWNER (if different)

Name:

Address:

Telephone:

PROPERTY

Zoning Permit # s:

Parcel #:

Property Location:

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

Signatures of all property owners/ applicants

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 Zoning Administrator. 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:

Zoning Administrator