



**TOWN OF CHARLOTTE
PLANNING & ZONING**
P.O. Box 119, Charlotte, VT 05445
Phone: 802-425-3533 Fax: 802-425-4241

**APPLICATION FOR
CERTIFICATE OF COMPLIANCE (C.C.)**

Application No. _____ Date ____/____/____
FOR OFFICE USE ONLY

Property Address _____

Property Owner(s): _____ Phone _____

Mailing Address _____

Email Address _____

Applicant(s): _____ Phone _____

Mailing Address _____

Email Address _____

Property Identification: Parcel ID # _____ Acreage _____

If Related to a Property Sale or Refinancing:

Attorney or Closing Coordinator _____ Closing Date ____/____/____

Email Address _____ **OR** Phone _____

Present Use of Property, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Single-family Residential | <input type="checkbox"/> Outbuildings (over 250 sq. ft.) No. _____ |
| <input type="checkbox"/> Multi-family Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Home Occupation II or III | <input type="checkbox"/> Mixed-Use, define: _____ |
| <input type="checkbox"/> Accessory Dwelling Unit | <input type="checkbox"/> Other _____ |

Signature of Applicant: _____

Application Fee: \$75.00
Recording Fee: \$15.00
TOTAL: \$90.00

Received by: _____ Date: ____/____/____

IF MAILING: Submit a check payable to *Town of Charlotte* with Property Address in the memo line.

Standard processing time is 7-10 business days.