



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

APPLICATION FOR CERTIFICATE OF OCCUPANCY (C.O.)

A Certificate of Occupancy (CO) is required to close out zoning permits issued by the Town. Please complete the form below and submit it with your application fee. For heated structures, a completed Residential Building Energy (RBES) form must be attached. A site visit is required; please contact the Planning & Zoning office, 802-425-3533, to arrange a site visit when construction is complete.

Original Zoning Permit No. _____ - _____ - _____ C.O. Application #: _____ / _____ / _____

Date of original permit: _____ / _____ / _____ Date of application: _____ / _____ / _____

Property Address _____

Property Owner(s): _____ Phone _____

Mailing Address _____

Email Address _____

Applicant(s): _____ Phone _____

Mailing Address _____

Email Address _____

- If new residence, expected "move-in" date: _____ / _____ / _____
- Has a certification of new wastewater system been requested or received? Yes ___ No ___
- The work done under this permit differs from what is described on the permit application or approved plans: Yes ___ No ___ (Describe any significant differences): _____

I hereby apply to the Town of Charlotte for a Certificate of Occupancy and state that all construction relative to the above permit has been completed in accordance with the plans and information submitted with that application, or as amended with the approval of the Zoning Administrator. Attached are final "as-built" plans, where applicable (recommended for all projects, required for commercial projects).

Signature of Applicant: _____ Date: _____ / _____ / _____

FOR HEATED STRUCTURES

Attach completed copy of the Residential Building Energy Standards (RBES) certificate.

C.O. Permit Fee **\$150.00**
C.O. Recording Fee **\$15.00**
RBES Recording Fee **\$15.00**
TOTAL: \$180.00

FOR UNHEATED STRUCTURES

C.O. Permit Fee **\$50.00**
C.O. Recording Fee **\$15.00**
TOTAL: \$65.00
(check payable to the Town of Charlotte)

FOR OFFICE USE ONLY:

Zoning Administrator Inspection:

Site Visit Date: _____ / _____ / _____

Setback Distances: Front: +/- Side: +/- Side: +/- Rear: +/-

WW Certification: _____ RBES Certification: _____ HUD Form 309: _____

Other issues noted, if any: _____