

**TOWN OF SWANTON
ZONING & PLANNING OFFICE**

P.O. Box 711
Swanton, VT 05488-0711
Tel. (802) 868-3325
Fax. (802) 868-4957

**APPLICATION FOR CERTIFICATE OF
COMPLIANCE**

Today's Date:	
Applicant(s):	
Name of Closing Attorney or Firm:	
Needed for (check one):	<input type="checkbox"/> REFINANCE <input type="checkbox"/> SALE
Closing Date:	
Owner(s) of Record:	
Property's Locatable E-911 Address	
Property is:	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Seasonal Dwelling <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Please Describe) _____
Choose 1:	___ Mail to (complete address):
	___ Fax to: # _____
	___ Hold for pick-up by _____ on _____.

FEE: \$25.00 cash or check made out to the Town of Swanton MUST BE SUPPLIED AT TIME OF APPLICATION.

Internal Use Only	Received by: _____	Date: _____
	Paid CK# _____	
	Processed Excel <input type="checkbox"/> Word <input type="checkbox"/>	