

**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):	_____ REFINANCE _____ SALE
Closing Date:	
Owner(s) of Record (& ph #):	
Property's Locatable E-911 Address	
Property is:	_____ Primary Residence _____ Seasonal Dwelling
	_____ Multi-Family _____ Commercial
	Other (Please Describe)
Choose 1:	___ Mail to (complete address):
	Fax to: _____ # _____
	Hold for pick-up by _____ on _____ .

EEE: \$30.00 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 _____ Word _____