

LOCAL ZONING, HEALTH & SUBDIVISION COMPLIANCE CERTIFICATION

(Fee: \$100.00 - Please make check payable to Town of Castleton)

Requesting Party \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**TO BE COMPLETED BY REQUESTING PARTY**

Town \_\_\_\_\_ Tax Map# \_\_\_\_\_

Property Location \_\_\_\_\_

Owner \_\_\_\_\_

Owned Since \_\_\_\_\_ Year Constructed \_\_\_\_\_

Previous Owner(s) \_\_\_\_\_

(With dates) use reverse side for additional owner information

**TO BE COMPLETED BY TOWN OFFICER (S) - on above referenced premises**

1. In reference to local ordinances/regulations, please check all that apply and/or please make any necessary comments:

( ) No outstanding Notice of Violation has been issued.

( ) I am aware of NO threatened or pending actions for alleged violations of local ordinances.

( ) I am aware of NO facts which would lead to the issuance of a Notice of Violation.

2. Certificates of Occupancy - Required - yes ( ) no ( )  
Obtained - yes ( ) no ( )

3. Disposal System Permit- Required - yes ( ) no ( )  
Obtained - yes ( ) no ( )

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sewer/Septic Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer

\_\_\_\_\_  
Date