TOWN OF SWANTON

ZONING & PLANNING OFFICE

PO Box 711
Swanton, VT 05488-0711
Tel: (802) 868-3325
Fax: (802) 868-5957

APPLICATION FOR

CERTIFICATE OF COMPLIANCE

Application Date:	
Applicant:	
Property's Locatable Address: (E911)	
Property Is:	**_____ Single-Family/ Year-Round Residence _____ Seasonal Dwelling** **_____ Multi- Family _____ Commercial _____ Land Only _____ Other**
Property Owner (If different from applicant)	
Applicant or Agent Signature:	

CLOSING DATE: _____

The certificate will be mailed to the property owner upon completion. If you would like a copy mailed/faxed/emailed to an agent or attorney please indicate their information here:

_____
_____
_____
_____
_____

FEE: $50.00 **(Must be supplied at time of application)**

Internal Use Only: Received By: _____ Date Received: _____

Paid: CK#_____ Cash: _____ **ZA COMPL DATE: _____**

Rev 9-9-2026