



MONTGOMERY
FOUNDED 1789

**Town of Montgomery - P.O. Box 356
Montgomery Center, VT 05471
802-326-4719
www.montgomeryvt.us**

APPLICATION FOR DETERMINATION OF ZONING COMPLIANCE

ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE, PLEASE NOTE "NA".

OWNER(S) OF RECORD: _____

PROPERTY LOCATION: _____

PROPERTY TAX ID#: _____

List all structures on the property and the approximate year of construction:

Current use of the property: (check all that apply)

Residential If more than one unit, number of units? _____

Commercial Describe: _____

Farm Describe all structures: _____

Is the property ownership being transferred? If yes, what use(s) is/are contemplated?

Year septic was installed: _____ (approximate)

I certify that the above information is true and correct to the best of my knowledge and belief. This information is given in furtherance of a request for a determination as to zoning violation on the above described property.

Signature of Applicant: _____ Print Name: _____

Date of Application: _____ Date of Closing: _____

Where completed Compliance Letter is to be sent:

Name: _____

Phone: _____

Fax: _____

Email: _____

THIS APPLICATION WILL NOT BE PROCESSED IF ANY QUESTION/NOTE IS LEFT BLANK.

Fee of \$35.00 payable to the Town of Montgomery must accompany the application. Please submit to the Town Clerk's Office.