

**Zoning Regulations and Permit
CERTIFICATE OF COMPLIANCE**

Date: ____ / ____ / ____ (of issue)

Certificate #: _____ (ZA)

The information presented here relates to the present permit status of the following-described real property in regard to the *Zoning Regulations* and related ordinances in the Town of Shoreham.

Property

Location: _____

Map #/Block #/ID# _____ - _____ - _____ District: _____

Owner: _____

Address: _____

Certificate requested by: _____

Statement

As Zoning Administrator for the Town of Shoreham, I am not aware of any violations of the Town of Shoreham *Zoning Regulations*, any pending enforcement actions commenced by the Town, or any ongoing investigation related to the property as of this date, except as may be noted below.

Issued by:

Zoning Administrator

Disclaimer

You must understand, however, that nothing herein shall relieve the applicant(s) or their representative(s) of their own responsibility for making a thorough review of the Town records of this property, and independently determining whether there are any encumbrances on the property arising out of, or related to, the acquisition of all necessary and required zoning permits and other town approvals, or those which may be required by laws of the State of Vermont, the enforcement of which has been entrusted to the Town.

Further, nothing herein shall preclude or prejudice the Town of Shoreham from taking any and all enforcement actions it deems appropriate against the present owner(s) or future owner(s) for a violation of the *Zoning Regulations*, other Town ordinances or bylaws or regulations, or laws of the State of Vermont, the enforcement of which has been entrusted to the Town of Shoreham.

You also agree, by receiving this information, to indemnify and hold the Town of Shoreham and its agents and representatives harmless for any and all information found in the town records and as reported to us.

A Permit Fee of \$40.00 is due and payable to the Town of Shoreham. Recording fee is \$10.

Paid _____ Check No. _____ Date _____ By _____