



Town of St. Albans  
Office of the Zoning Administrator  
P.O. Box 37  
St. Albans Bay, VT 05481  
(802) 527-1672 ext. 103  
[satzoning@comcast.net](mailto:satzoning@comcast.net)

THIS APPLICATION IS FOR **UPDATED** CERTIFICATES OF COMPLIANCE.  
ONLY COMPLETE THIS APPLICATION IF YOUR PROPERTY WAS PREVIOUSLY  
ISSUED A CERTIFICATE OF OCCUPANCY/COMPLIANCE.

**ONLY THOSE INDIVIDUALS WHOSE NAMES APPEAR ON THE DEED ARE TO  
SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC. ALL RECORD  
OWNERS ARE TO SIGN. A POWER OF ATTORNEY MUST ACCOMPANY THOSE  
SIGNATURES THAT ARE NOT THE OWNERS OF RECORD.**

COMPLETE STATEMENT ONE IF YOU HAVE **NOT** DONE ANY IMPROVEMENTS TO  
YOUR PROPERTY THAT WOULD HAVE REQUIRED A ZONING PERMIT.

COMPLETE STATEMENT TWO IF YOU **HAVE** DONE IMPROVEMENTS TO YOUR  
PROPERTY THAT WOULD HAVE/DID REQUIRE A ZONING PERMIT.

THE FEE FOR AN UPDATE IS \$20.00.

PLEASE DO NOT HESITATE TO CONTACT THE ZONING OFFICE SHOULD YOU  
HAVE ANY QUESTIONS REGARDING THE ABOVE.

I/We \_\_\_\_\_, whose property is located at \_\_\_\_\_ in the Town of St. Albans, hereby certify that we have done no improvements to our property that would have required a building/zoning permit since the prior Certificate of Occupancy/Compliance was issued on \_\_\_\_\_.

**OR**

I/We \_\_\_\_\_ whose property is located at \_\_\_\_\_ in the Town of St. Albans hereby certify that the following improvements were completed with the benefit of a zoning permit issued by the Zoning Administrator.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

since our prior certificate of occupancy/compliance was issued on \_\_\_\_\_.

**Notarized Signatures and Certification of Owners of Record of subject property:**

By affixing my signature to this document, I hereby swear that to the best of my knowledge and understanding that the information provided on this form is true and accurate.

Signatures: \_\_\_\_\_  
\_\_\_\_\_

Printed names: \_\_\_\_\_  
\_\_\_\_\_

State of Vermont  
County of \_\_\_\_\_

At \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
\_\_\_\_\_ personally appeared before me and  
swore to the truth and accuracy of the above written instrument.

Before Me, \_\_\_\_\_  
Notary Public

Signatures: \_\_\_\_\_  
\_\_\_\_\_

Printed names: \_\_\_\_\_  
\_\_\_\_\_

State of Vermont  
County of \_\_\_\_\_

At \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
\_\_\_\_\_ personally appeared before me and  
swore to the truth and accuracy of the above written instrument.

Before Me, \_\_\_\_\_

-----  
Signatures: \_\_\_\_\_  
\_\_\_\_\_

Printed names: \_\_\_\_\_  
\_\_\_\_\_

State of Vermont  
County of \_\_\_\_\_

At \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
\_\_\_\_\_ personally appeared before me and  
swore to the truth and accuracy of the above written instrument.

Before Me, \_\_\_\_\_