

Fee: _____
Date Received: _____

Application No.: _____
Parcel ID No.: _____

TOWN OF FAIRFAX
Application for Certificate of Compliance

Owner of Record _____ Date _____

Mailing Address _____ Phone _____

Address of Parcel _____

List any structures including additions, garages, porches, decks, barns, pools, etc. on the property, or any other businesses or other uses on the property, that do not have approved permits. _____

Reason Certificate of Compliance is being requested. _____

The undersigned hereby requests a Certificate of Compliance with the applicable Zoning Regulations with respect to the property identified above and swears that the representations made herein are true.

*Signature of Owner
or Authorized Agent* _____

Nothing herein shall relieve the owner or buyer of real estate and his representatives and agents of the responsibility for making a thorough review of municipal records. This review should independently determine whether there are any encumbrances on the subject property arising out of, or related to, the failure to acquire or comply with all required zoning and other municipal, state and federal regulations, permits and approvals.

Nothing herein shall prevent the Town of Fairfax from taking an enforcement action against the owner of real estate for a violation of the Zoning Bylaws or other municipal regulations.

By approving this application I affirm that I know of no Zoning violations pertaining to the subject property at this time. I have reviewed the Town zoning files and visited the property in making this determination.

Approved
 Rejected Apply for Zoning Permit Denied Pending _____

Reasons or Remarks:

Date

Administrative Officer