

TOWN OF HIGHGATE



LETTER OF COMPLIANCE APPLICATION

Please complete, sign and return to the Town of Highgate. The form and fee may be dropped off or mailed to PO Box 189, Highgate VT 05459. Questions, please call 868-4697. Please allow five business days for your LOC to be completed by the Zoning Administrator. If you do not have any of the septic information being asked for below, please leave that section blank. Thank you.

Current Owner(s)

Mailing Address

Home Phone #

Work or Cell Phone #

Physical property address (911 address)

Present Use of Property
(single family, seasonal, commercial, etc.)

Parcel # from Grand List

Secondary use of property? home business?

Zoning District

Is Septic original with home? If not, date of installation, Septic System Permit #/ date

Signature of Property Owner(s) or Agent(s)

Date

Fee of **\$30.00** received cash / check / credit card Date _____ By _____

Where should this Letter of Compliance be mailed, faxed or emailed? Applicant, Lender, Attorney, Realtor? Please provide names and address, fax or email info below:

Estimated date of closing? _____

THANK YOU ☺

Complete _____ date by _____