



Change of Use or Ownership Inspection Request

Name of Building or Association: _____

Physical 911 Address: _____ City: _____

Building Number: _____ Unit Number: _____ Number of Units in Building: _____

Current Owner Contact Information

Contact Name: _____

Contact Phone: _____ E-Mail: _____

New Owner /Condominium Association Contact Information

Contact Name: _____

Contact Phone: _____ E-Mail: _____

Change of Use Request - Current Use: _____ Proposed Use: _____

Change of Ownership Request: _____ Date of Closing: _____

Contact Name to Schedule Inspection: _____

Relationship: Current Owner Realtor Condo Association

Phone: _____ E-Mail: _____

Please remember to give the Division of Fire Safety Staff at least 15 days' notice

We do our best to meet your deadlines but can only do so if enough advanced notice is given.

Fee: \$125 – Please make check payable to: Department of Public Safety

Williston Regional Office

380 Hurricane Lane, Suite 101
 Williston, VT 05495
 Phone: 802-879-2300

Barre Regional Office

1311 US Route 302, Suite 500
 Barre, VT 05641
 Phone: 802-479-4434

Rutland Regional Office

56 Howe Street Building A: Suite 200
 Rutland, VT 05701
 Phone: 802-786-5867

Springfield Regional Office

100 Mineral Street, Suite 307
 Springfield, VT 05156
 Phone: 802-885-8883

*** FOR OFFICE USE ONLY ***

Structure ID:	Work Item ID:	Received Date:	
Check From:	Check #:	Amount:	Inspector: