

MUNICIPAL CONDEMNED TO BE DESTROYED ORDER

When a disaster or emergency has been declared by the Governor, a municipal building inspector, health officer, fire marshal, or zoning administrator may declare condemned to be destroyed a property that has been damaged in the disaster or emergency and is dangerous to life, health, or safety due to the disaster-related damage. The owner of property condemned under this subdivision may appeal the condemnation according to the condemnation appeals procedure of chapter 83 of this title, provided that any appeal to the Superior Court shall be to the Civil Division (Title 24, Chapter 061 §2291).

MAIL COPY TO: Homeowner, Town Clerk & Department of Housing and Community Development, 1 National Life Drive, Deane C. Davis Building, 6th Floor, Montpelier, VT 05620-0501

Municipality: _____	Inspector: <input type="checkbox"/> Municipal Building Inspector
Physical Address: _____	<input type="checkbox"/> Health Officer
Town and Zip Code: _____	<input type="checkbox"/> Fire Marshal
	<input type="checkbox"/> Zoning Administrator

Physical Location: (9-1-1 Address)	_____
	Street and Mailing Address

	City and Zip Code
Owner Name	_____
Address:	Name

	Street and or PO Box

	City and Zip Code

Structural	Electrical / Heating	General / Health
<input type="checkbox"/> The structure pose an immediate hazard to the public or public right of way. <input type="checkbox"/> The structure has moved off of its foundation. <input type="checkbox"/> Other _____ <small>(Attach additional information if needed)</small>	<input type="checkbox"/> Electrical wiring has been submerged <input type="checkbox"/> Furnace has been submerged <input type="checkbox"/> Other _____ <small>(Attach additional information if needed)</small>	<input type="checkbox"/> There is a fuel oil or other hazardous spill <input type="checkbox"/> There is significant mold <input type="checkbox"/> Other _____ <small>(Attach additional information if needed)</small>

Damage Information	
Date Damaged Occurred (mm/dd/yyyy): _____	Date of Inspection (mm/dd/yyyy): _____
Cause of Damage: _____ Fire _____ Flood _____ Flood and Wind _____ Seismic _____ Wind _____ Other _____	
Cause of Damage (if "Other" is selected): _____	

<input type="checkbox"/> Structure has been condemned to be destroyed Inspector Name: _____ Inspector Signature: _____
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