



# 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

**Waterbury Regional Office**

45 State Dr  
 Waterbury, VT 05671-8200  
 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: 802-216-0500

**\* FOR OFFICE USE ONLY \***

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