



STATE OF VERMONT
DIVISION OF FIRE SAFETY
Compliance Certificate



Site Number:	Work Notice Number:	Project:
Name Building/Site:	_____	
Former Building Name	_____	
Physical Location:	_____	
(9-1-1 Address)	<i>Street name and number, City/Town, Zip code</i>	
Name of Lessee:	_____	
(if business)	_____	
Building Owner Name:	_____	
Owner Mailing Address	_____	Zip Code _____
Owner Phone Number: () _____	E-Mail _____	

Your building has been found to have violation(s) and has been assigned a hazard index of ___ on a scale of 5 which, requires corrective action to be taken to resolve the violation(s) or hazard(s).

By signing this certificate you are confirming that the Violation(s) / hazard(s) identified during the fire prevention inspection conducted on _____ by Inspector _____ have been corrected as noted.

Additional Comments:

Date _____

Owners Signature _____

Other Signature _____

Title _____

Return this certificate to the appropriate Regional Office

<input type="checkbox"/> Williston Regional Office – 372 Hurricane Lane, Suite 102, Williston, VT 05495 Phone: 802-879-2300 Fax 879-2312	<input type="checkbox"/> Barre Regional Office -- 1311 US Route 302-Berlin, Suite 500, Barre, VT 05641 Phone: 802-479-4434 Fax 479-4446
<input type="checkbox"/> Rutland Regional Office – 56 Howe street Building A Suite 200, Rutland, VT 05701 Phone: 802-786-5867 Fax 786-5872	<input type="checkbox"/> Springfield Regional Office – 100 Mineral Street, Suite 307, Springfield, VT 05156 Phone: 802-885-8883 Fax 885-8885