

VERMONT DEPARTMENT OF PUBLIC SAFETY

DIVISION OF FIRE SAFETY



Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team WWW.FIRESAFETY.VERMONT.GOV

Change of Use or Ownership Inspection Request

Name of Building or Asso	ciation: High H	ills Condomini	sm
Physical 911 Address:	587 Stowe Hollo	w Road city:	Stowe
Building Number: <u>68</u> 7	Unit Number:	A Number of	f Units in Building:3_
Current Owner Contact In	<u>formation</u>		
Contact Name: Rich	ard and Anne f	Idler	
Contact Phone: N	A E-Mail:	NA	
New Owner /Condominium	m Association Contact In	formation	
Contact Name: Juc	li Pepper (conc	do manager)	
Contact Phone: 802 2		0	nail.com
☐ Change of Use Requ	est - Current Use:	Proposed	Use:
Change of Ownership	Request:	Date of C	losing: 3 30 2018
Contact Name to Schedul	e Inspection:	oline Marhefk	Ο,
Relationship:	ırrent Owner 🔀 Re		Association
Phone: 802 272 15	550 E-Mail: _	caroline mark	refka@pallspera.
Please remember t	o give the Division o	of Fire Safety Staff a	t least 15 days' notice
We do our best to	meet your deadlines but ca	an only do so if enough ac	Ivanced notice is given.
Fee: \$1	25 – Please make check pa	yable to: <u>Department of Pu</u>	ıblic Safety
Williston Regional Office	Barre Regional Office	Rutland Regional Office	Springfield Regional Office
380 Hurricane Lane, Suite 101 Williston, VT 05495 Phone: 802-879-2300	1311 US Route 302, Suite 500 Barre, VT 05641 Phone: 802-479-4434	56 Howe Street Building A; Suite 200 Rutland, VT 05701 Phone: 802-786-5867	100 Mineral Street, Suite 307 Springfield, VT 05156 Phone: 802-885-8883
	* FOR OFFICE		
Structure ID:	Work Item ID:	Received I	Date:
Check From:	Check#:	Amount:	Inspector: