

CITY OF BARRE FIRE DEPARTMENT

CODE ENFORCEMENT

Office of the City Fire Marshal www.BarreCity.org

15 Fourth Street * Barre * Vermont * 05641 * (802) 477-7833



Time of Sale Inspection Request

Name of Building or Association:	
Physical 911 Address:	
Number of Units in Building:	
Owner Contact Information	
Contact Name:	
Contact Phone:	E-Mail:
Date of Request:	Date of Closing:
Contact Name to Schedule Inspection:	
Relationship: Current Owner Realtor	☐ Condo Association ☐ Other:
Phone:	E-Mail:
New Owner / Condominium Association Co	ontact Information (if known)
Contact Name:	
Contact Phone:	E-Mail:
	arshal's Office at least 15 days' advanced notice* out can only do so if enough advanced notice is given.
\$125 for Initial Inspection & 1 Re-in	checks payable to: City of Barre spection (additional \$25 for each additional unit)

\$50 for Second Re-inspection (additional \$10 for each additional unit)

Return to the Permits & Zoning Office: 6 N. Main St., Suite 7, Barre, VT 05641

For Office Use Only

Received Date:		Parcel ID:			
Check From:	Check #:	Amount:	Cleared: □ Y	□N	Inspector: