



OFFICE OF THE CLERK AND TREASURER
149 CHURCH STREET
BURLINGTON, VT 05401
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Encumbrance Application / Renewal

DBA NAME: _____ DATE: _____
 CONTACT NAME: _____ PHONE: _____
 MAILING ADDRESS: _____ FAX: _____
 _____ EMAIL: _____

DBA NAME: _____
 COMPANY: _____

LOCATION OF ENCUMBRANCE: _____

Permission is requested to allow/continue the encumbrance in the following area and manner (please describe fully, including size and physical barriers around area i.e. trees, grates, parking meters, etc with photos, diagrams, blueprints; may reference prior application):

Description: _____

Total Square Feet (\$1.00 per SF): _____

PLEASE ATTACH:

1. Certificate of Liability Insurance with holder as the: "CITY OF BURLINGTON, CLERK/TREASURER'S OFFICE ENCUMBRANCE APPLICATION DEPT., 149 CHURCH ST., BURLINGTON, VT 05401"
2. Endorsement to Insurance Policy (separate from the Certificate of Insurance) listing the Cancellation Policy as 15 days notice for non-payment or 45 days for any other reason.
3. Endorsement to Insurance Policy (separate from the Certificate of Insurance) specifically listing the City as Additional Insured
4. Sketch, Photo, or Blueprint of what you are proposing.
5. Check for the square feet fees (\$1 per square foot) + \$25 Application fee: _____

Signature: _____ Date: _____

For office use only: Amount received \$ _____ on _____ Check # _____
 Sent to DPW: _____ Sent to Attorney: _____