

For Sale

Restaurant Space – 2,868+/- SF on 1.2+/- Acres

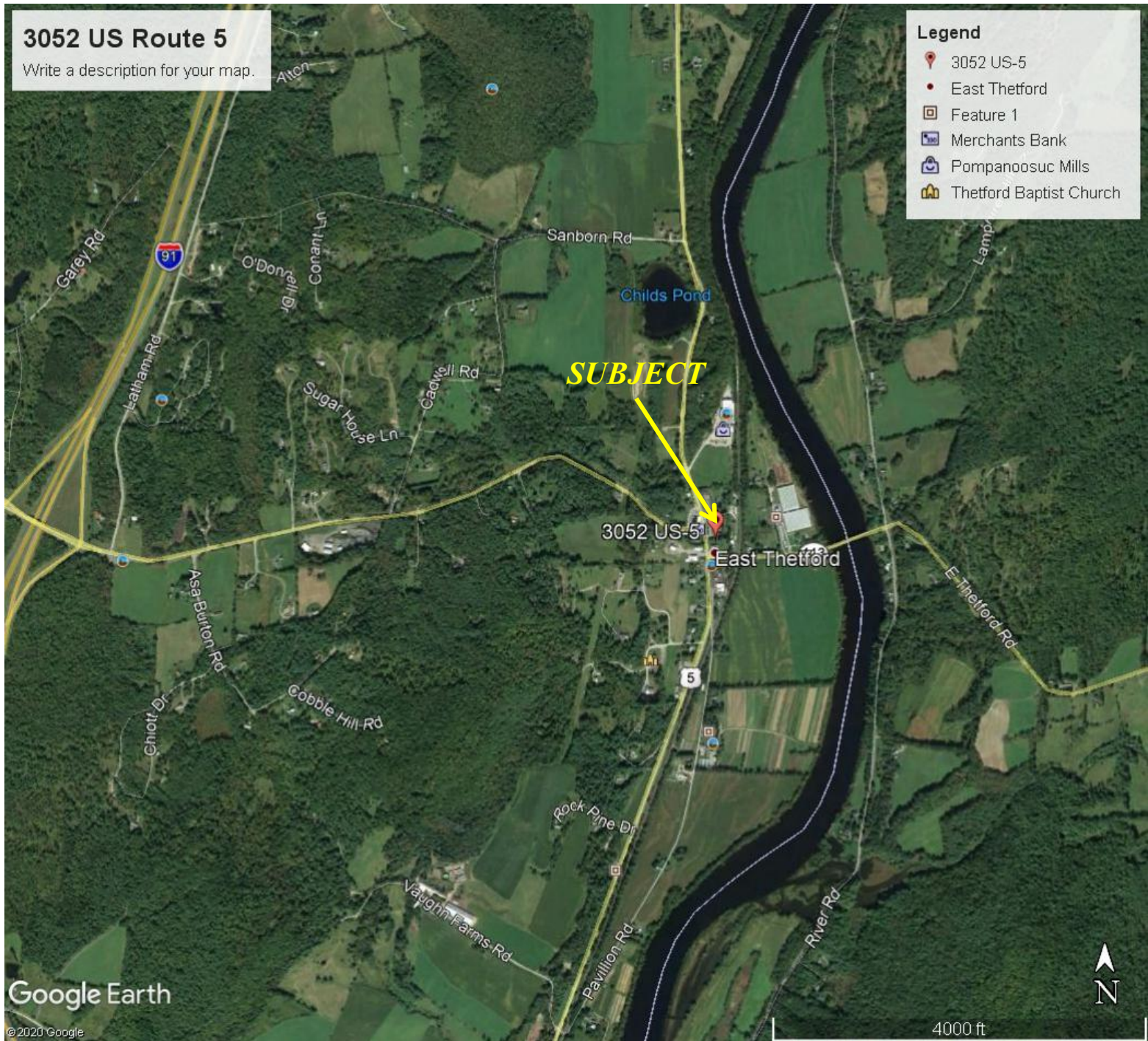
3052 Route 5 East Thetford, VT



Lang McLaughry Commercial Real Estate
93 South Main Street
West Lebanon, NH 03784
(603) 298-8904
www.langmclaughrycommercialrealestate.com

Lang
McLaughry
Commercial

General Location Map



3052 Route 5, East Thetford, VT

Executive Summary

A rare opportunity to purchase this charming and popular restaurant property. Located in East Thetford, Vermont on busy US Route 5 this successful location services Thetford and the neighboring communities of Lyme, Hanover, Norwich, Fairlee and beyond.

Voted best creamy in Vermont!

The building sits on approximately 1.2 acres of level land with over 200' of road frontage. There is plenty of parking and a large deck for outdoor seating.

There is an attached one bedroom, one bath apartment where you could live or enjoy additional income.

The café business is not included in the sale, but a long list of restaurant equipment is being included. A turnkey opportunity – come to Thetford and realize your restaurant dream!

•Offered at \$549,000.

***For additional information, please contact
Lang McLaughry Commercial Real Estate:***



Chris Hoskin
Sales Associate
Office: (603) 298-8904
Cell: (603) 359-5836
chris.hoskin@lmcre.com

3052 Route 5, East Thetford, VT



Property Information

Restaurant Space



**3052 Route 5
East Thetford, VT**

Restaurant Space

- *Fulfill your restaurant dream!
- *Great location in East Thetford, Vermont.
- *Lots of parking and outdoor dining area!

Offered at \$549,000.

Area:	1.2+/- Acre	Power:	200 Amp
Frontage:	200' +/-	Heat:	Forced Hot Air and Heat Pump
Zoning:	Commercial	Gas:	LP
Building Dimension:	55' x 44' Approximately, Varied	Water:	Private
Total Area:	2,868+/- SF	Sewer:	Private
Foundation:	Concrete	Lighting:	Fluorescent/Misc.
Store Front:	Yes	Air Conditioning:	Yes – Heat Pump
No. of Floors:	One (1)	Sprinklers:	No
Floor Type:	Concrete/Wood	Restrooms:	Two (2)
Roof Type:	Metal	Off St. Parking:	Yes
Floor Area:	2,868+/- SF	Loading Docks:	No
Construction:	Wood Framed	Telecomm.:	EC Fiber
Ceiling Height:	Varied	Internet Provider:	EC Fiber
Floor Load:	100 lbs. +/-	Total Assessment:	\$273,860
Scaled Floor Plan:	Yes	Tax Map Location:	11-01-62
Outside Storage:	No	Lot:	62
Office:	No	Taxes:	\$7,924.69
Manufacturing:	No		
Warehouse:	No		



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3052 Route 5, East Thetford, VT



Photos



3052 Route 5, East Thetford, VT

Photos



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Photos



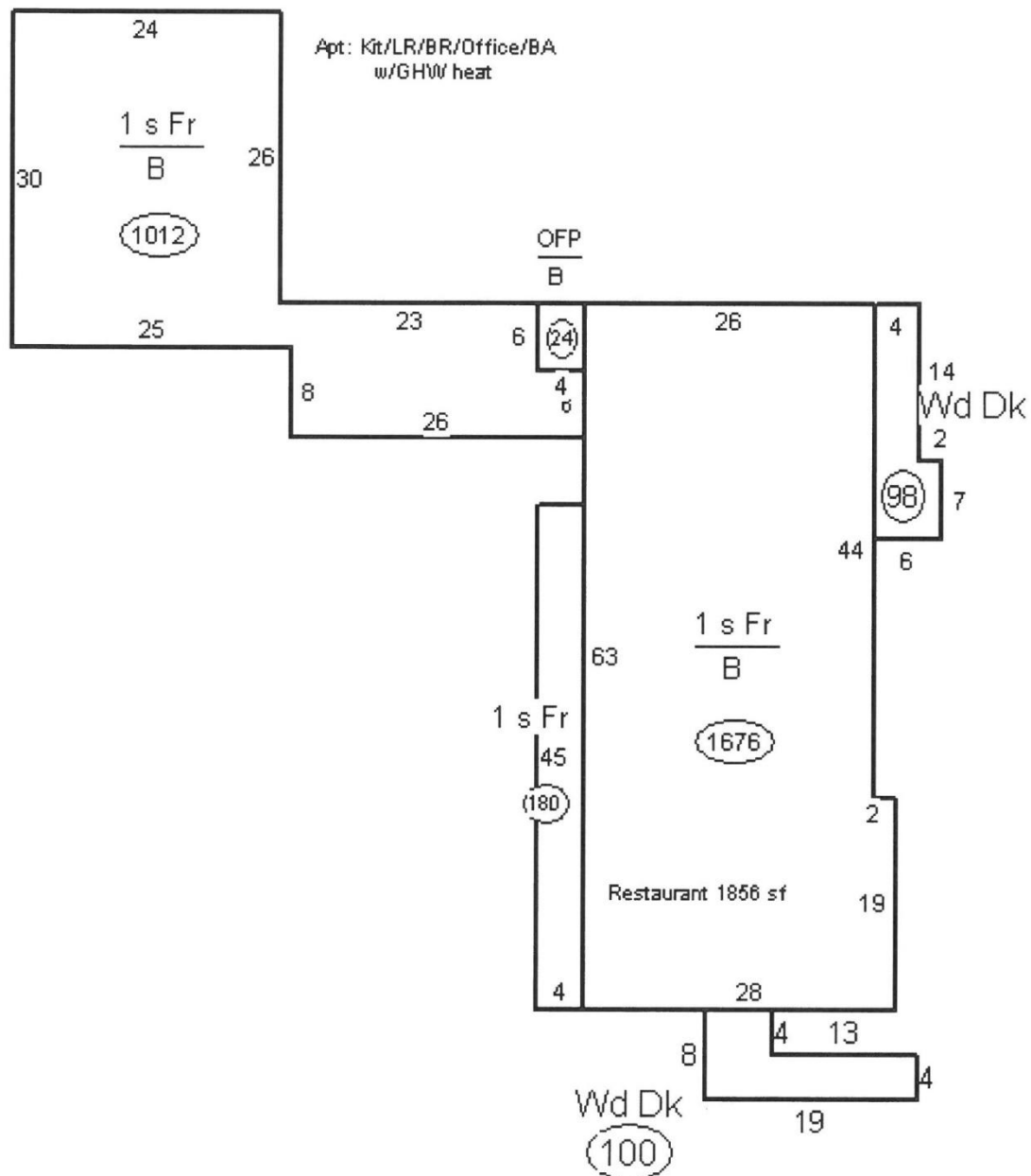
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Photos



3052 Route 5, East Thetford, VT

Floor Plan



3052 Route 5, East Thetford, VT

Property Card

0US05B.01

CALL JANET TRUST

ROUTE 5 3052

393

CALL JANET TRUST
CALL JANET TRUSTEE
3052 ROUTE 5
EAST THETFORD, VT 05043
Neighborhood Number
5
Neighborhood Name
NBHD 5
Property Class
393 Store & Apartments
TAXING DISTRICT INFORMATION
Jurisdiction Name
THETFORD
Area
642
Routing Number
11-01-62

Printed 08/13/2025

Card No. 1 of 1

Transfer of Ownership

Owner	Consideration	Transfer Date	Deed Type	Deed Book/Page
HODGDON BEVERLY & DONALD R JR	275000	06/07/2021	WD	168 425
HODGDON BEVERLY J	132890	04/30/2013	WD	147 527
FARNHAM ROBERT C	195000	11/27/2002		107 518
DAVIES MARTHA	115000	05/23/2001	FD	100 526
ROY VIGEANT	52500	05/01/1978		58 392

Valuation Record

Assessment Year	2011	2012	2023
Reason for Change	2011	2012	2023
MARKET	L I T	76170 168500 244670	90140 175640 265780
		90140 183720 273860	

Land Size

Rating, Soil ID - or - Actual	Frontage	Acres - or - Effective Frontage	Square Feet - or - Effective Depth	Influence Factor
Homesite Water & Septic		1.2000		G 50%



3052 Route 5, East Thetford, VT

0US05B.01

Physical Characteristics

Style: Duplex
Occupancy: Duplex

Story Height:	1.0
Finished Area:	2868
Attic:	None
Basement:	Full

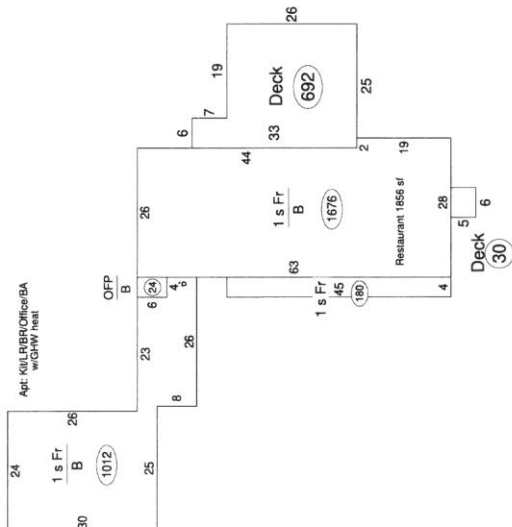
Basement:	
ROOFING	
Material:	Metal
Type:	Gable
Framing:	Std for class
Pitch:	Not available

FLOORING

EXTERIOR COVER
Vinyl 1.0

Vinyl	1.0
INTERIOR FINISH	
Drywall	1.0

ACCOMMODATION		HEATING AND AIR CONDITIONING		PLUMBING	
		Lower	Full		
		/Bamt	Part		
			Upper		
			Upper		
			0		
			0		
			0		
Finished Rooms	9				
Bedrooms	2				
Commercial Rooms	2				
Forced Hot		1			
Water		1856			
Hot Water		0	1012		
3 Fixt. Baths				TF	
2 Fixt. Baths				2	6
Kit Sink				4	4
Water Heat				4	4
TOTAL				2	16

REMODELING AND MODERNIZATION
Amount Date

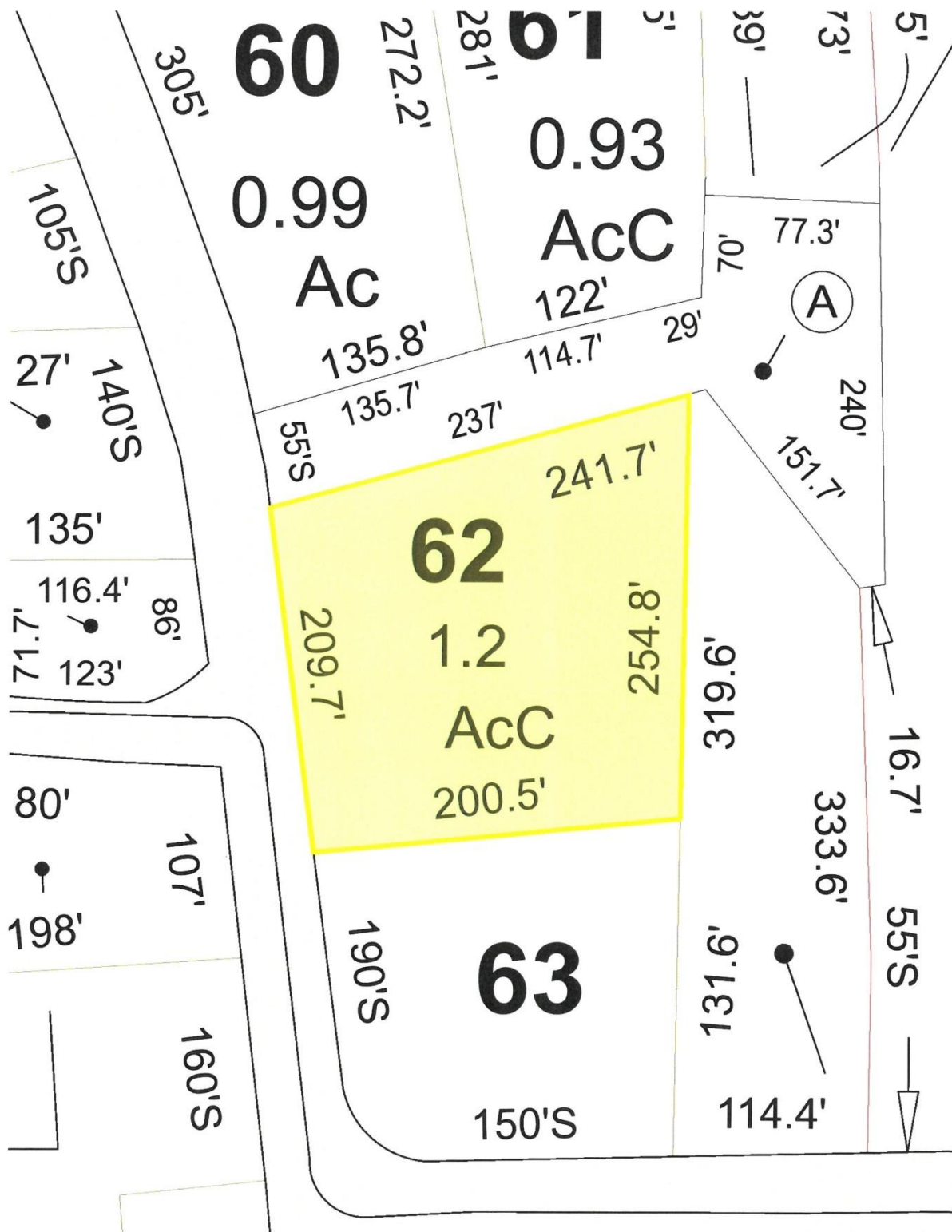
Special Features

Description
P : Masonry FP + Stack

Summary of Improvements

Const	Year		Cond	Size or		
	Type	Grade			Year	Area
00		Avg	1970	1983	Gd	5580

Tax Map



3052 Route 5, East Thetford, VT

Seller's Disclosure



SELLER'S PROPERTY INFORMATION REPORT TO BE COMPLETED BY SELLER



Date Prepared: 16/13/2025

Seller's Name(s): JAVET CALL

Physical Property Address: 3052 Route 5 East Thetford, VT 05043
Street City/Town

Type of Property: ☐ Single Family Residence ☐ Multi-Family Residence (duplex, triplex, etc.)
☐ Condominium/Townhouse ☐ Land Only ☒ Commercial

Use of Property: ☐ Primary Residence ☐ Vacation Property ☐ Rental Property ☐ Other: CAFE

INTRODUCTION: This Report provides information from the Seller based on Seller's personal knowledge concerning the above Property. Unless otherwise disclosed, Seller does not have any expertise in construction, architecture, engineering, surveying or any other skills that would provide Seller with special knowledge concerning the condition of the Property. Other than having owned the Property, Seller has no greater knowledge about the Property than that which could be obtained by a careful inspection performed by or on behalf of a potential buyer. The real estate agents involved with the sale of this Property do not conduct or perform any inspection of the Property. Unless otherwise disclosed, Seller has not inspected or examined those portions of the Property that are generally inaccessible. **THIS REPORT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE SELLER OR BY ANY REAL ESTATE AGENT CONCERNING THE CONDITION OF THE PROPERTY. THIS REPORT IS NOT A SUBSTITUTE FOR A PROPERTY INSPECTION. BUYER HAS THE OPPORTUNITY TO REQUEST THAT SELLER AGREE TO A PROPERTY INSPECTION AS PART OF ANY CONTRACT FOR THE SALE OF THE PROPERTY.**

INSTRUCTIONS TO SELLER: (1) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS THE ANSWER TO ANY QUESTION.

THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.
THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).

1. LAND (SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

(a)	Has any fill or off-site material been placed on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(b)	Do you know of any sliding, settling, subsidence, earth movement, upheaval or earthstability problems that have affected the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is the Property located in a federal flood hazard zone or wetlands, public waters or conservation zones designated by federal, state or local statute, regulation or ordinance?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Do you know of any past or present drainage, high water table, or flood problems affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Is the Property served by a road maintained by the municipality?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	If the answer to (e) above is "No," how is the road serving the property maintained? <input type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Association <input type="checkbox"/> Shared Driveway Other (explain): Annual Cost(s):			
(g)	Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials: [Signature]

Purchaser's Initials: [Signature]

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Seller's Disclosure

(h)	Are there currently any underground fuel storage tanks on the Property? If "Yes," Fuel Type:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Have there been any underground fuel storage tanks on the Property in the past? If "Yes," have they been removed? When? By whom?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(j)	Do you know the location of the boundary lines of the Property?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(k)	Are the boundary lines of the Property marked in any way? If "Yes," how are they marked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(l)	Has the Property been surveyed? If "Yes," when? By whom?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(m)	Are copies of any of the following available? <input type="checkbox"/> Site Plan <input type="checkbox"/> Survey <input checked="" type="checkbox"/> Tax Map <input type="checkbox"/> Subdivision Plan/Sketch	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(n)	Are there any easements or rights of way affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Are there any boundary line disputes, claims of adverse possession, encroachments, or zoning set back violations affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Further explanation of any of the above:

2. MECHANICAL, ELECTRICAL, APPLIANCES & OTHER SYSTEMS

HEATING/AIR CONDITIONING/HOT WATER SYSTEMS

(a)	Heating System (check all that apply): <input type="checkbox"/> Base Board <input checked="" type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Direct <input type="checkbox"/> Vent <input type="checkbox"/> Steam Other (explain): Primary Fuel Type: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal Age of Furnace/Boiler: <input checked="" type="checkbox"/> Don't Know Other (explain): Primary Annual Fuel Usage: 405 Gallons (or other measure) Date Range: 2024 Provider: THOMSON Secondary Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal Other (explain): Secondary Annual Fuel Usage: 68 Gallons (or other measure) Date Range: 2024 Provider: THOMSON If propane, who owns propane tank? <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Propane Supplier <input type="checkbox"/> Association Property used: <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Seasonally Fuel consumption may vary by user, number of occupants and weather conditions.			
(b)	Air Conditioning: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," describe type and number of units (central, heat pump, window, etc.) 2 mitsubishi heat pumps for heat/ac			
(c)	Hot Water System (check all that apply): <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Domestic/Off Boiler <input type="checkbox"/> On Demand <input checked="" type="checkbox"/> Heat Pump Water Heater Age of Hot Water System: 2021 <input type="checkbox"/> Don't Know Fuel Type: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Other Hot Water Tank is: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, from whom: Monthly rental fee: \$ (d) Alternative Energy System(s) (check all that apply): <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Unknown Energy returned to grid: <input type="checkbox"/> YES <input type="checkbox"/> NO Owned or Leased: (e) Electrical System: Electrical service panel has: <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) Annual electricity usage: \$ Date Range: 2024 Electric utility provider: GREEN MOUNTAIN POWER Property used: <input type="checkbox"/> Full <input checked="" type="checkbox"/> Time Seasonally Electricity consumption may vary by user, number of occupants, number of appliances and weather conditions. Main Breaker Amperes: Amps <input checked="" type="checkbox"/> Don't Know			
(f)	Has a Vermont Home Energy Profile been created? If yes, when? By whom?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(g)	Are you aware of any problems or conditions that affect any of the above systems? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," explain in detail:			

Seller's Initials

Purchaser's Initials

Seller's Disclosure

TELEPHONE/INTERNET/TELEVISION

(h)	Is landline telephone service present at the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," current provider:
(i)	Is cellular telephone service available at the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," list available providers:
(j)	Is internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Comcast</u> If "Yes," service is: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic
(k)	Is television service available at the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," current provider: If "Yes," source is: <input type="checkbox"/> Antenna <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic

OTHER EQUIPMENT AND APPLIANCES

(l)	Check the items that will be included in the sale of the Property: <input type="checkbox"/> Electric Garage Door Opener - Number of Transmitters: _____ <input type="checkbox"/> Security Alarm System <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Humidifier <input checked="" type="checkbox"/> Dehumidifier <input type="checkbox"/> Lawn Sprinklers <input type="checkbox"/> Automatic Timer <input checked="" type="checkbox"/> Smoke Detectors - How Many? _____ <input type="checkbox"/> Whirlpool Bath <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Pool Heater <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Pool/Spa Equipment (list): _____ <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Stove <input checked="" type="checkbox"/> Hood/Fan <input checked="" type="checkbox"/> Microwave Oven <input checked="" type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Trash Compactor <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Central Vacuum <input checked="" type="checkbox"/> Freezer <input type="checkbox"/> Intercom <input checked="" type="checkbox"/> Ceiling Fans <input type="checkbox"/> Woodstove <input type="checkbox"/> Sump Pump <input checked="" type="checkbox"/> Well Pump <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Indoor/Outdoor Grill <input type="checkbox"/> Attic Fan(s) <input type="checkbox"/> Window A/C <input checked="" type="checkbox"/> Mini Split <input type="checkbox"/> Compost Bin <input type="checkbox"/> Wood/Gas/Pellet/Other Stove (describe): _____ <input type="checkbox"/> OTHER: _____ List additional equipment and appliances, including any AC units, that will be excluded from the sale of the Property: <u>SEE LIST</u> Are any of the items that will be included in the sale of the Property in need of repair or replacement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes," explain in detail: <u>ALL NEW 2021-2022</u>
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3. STRUCTURAL COMPONENTS

Type of construction (check all that apply) <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Other (describe): _____
Age of Building(s): Main Bldg. <u>33 YRS</u> Additions to Main Bldg. _____ Additional Building(s): (a) _____ (b) _____
Has Seller built or caused to be built any of the buildings on the Property, or made any additions, modifications, alterations or renovations to any building on the Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain: <u>MAJOR UPGRADE OF WINDOWS, DOORS, FLOORING, PLUMBING</u>
If "yes," did you obtain all necessary permits and approvals for such work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Check any of the following items that have significant defects or malfunctions or that need significant repair: <input checked="" type="checkbox"/> Foundation <input type="checkbox"/> Slab <input type="checkbox"/> Chimney <input type="checkbox"/> Fireplace <input type="checkbox"/> Interior Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> Floors <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Storms/Screens <input type="checkbox"/> Exterior Walls <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalks <input type="checkbox"/> Pool <input type="checkbox"/> Roof <input type="checkbox"/> Outside Retaining Walls <input type="checkbox"/> Other Structures/Components: _____
If any of the above items are checked, describe the defect, malfunction or item(s) that need significant repair: _____
Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements or landslides? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW If "Yes," explain in detail, including any repairs: _____

Seller's Initials

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Purchaser's Initials

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BASEMENT/CELLAR/CRAWL SPACE:	
Has there ever been any water leakage, accumulation of water, dampness or visible mold within the basement, cellar or any crawl space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If "Yes," explain in detail: <u>AT LOW SPOT IN FLOOR</u>	
Have there been any repairs or other attempts to control any water or dampness within the basement, cellar or crawl space? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "Yes," explain in detail, including any repairs: <u>WALLS PAINTED WITH WATERPROOF COATING</u>	
Are any of the above recurring problems? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," what are the problems and how often have they recurred?	
ROOF: <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Other (describe) <input type="checkbox"/> Don't Know	
Approximate age of roof?	
Has the roof ever leaked since you have owned the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "Yes," explain:	
Has the roof been replaced or repaired since you have owned the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "Yes," when?	
Are there any current problems with the roof? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "Yes," explain:	

4. WATER SUPPLY

Special Notice: Water supplies, especially those that are not public or municipal supplies, are affected by many conditions about which Seller may have no knowledge or have any ability to control. These water supply systems can change, deteriorate or fail, often with no warning signs. Seller makes no warranty or representation whatsoever that the water supply, including quality or quantity, will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is strongly recommended. As required by law, any Seller with a potable water supply that is not served by a public water system shall provide the Purchaser with an informational brochure developed by the Vermont Department of Health regarding Testing Water from Private Water Supplies within 72 hours of the execution of a contract for the purchase of the Property.

TYPE OF WATER SYSTEM The Property is connected to and serviced by (check all applicable boxes):	
<input type="checkbox"/> Public or Municipal <input checked="" type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> Driven Point Well <input type="checkbox"/> On-site <input type="checkbox"/> Off-site	
<input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Spring <input type="checkbox"/> Lake/Pond <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Other <u>EAST THETFORD WATER CO. OFF-PAN</u>	
Water System Features: <input type="checkbox"/> Cistern/Reservoir/Holding Tank <input type="checkbox"/> Water Softener/Conditioner <input type="checkbox"/> Reverse Osmosis	
<input type="checkbox"/> Infrared Light <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Other:	
Water Pipes are: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Metal Lead <input checked="" type="checkbox"/> PVC (Plastic) <input type="checkbox"/> Combination <input type="checkbox"/> Don't Know	
Age of Water System: <u>37 YEARS WITH UPGRADES</u>	
If Drilled Well: Drilled by: Tag #: Depth:	
Gallons Per Minute (at time of driller's report): Date of driller's report:	
What is the annual cost for municipal water \$ <u>1600</u> Date Range: <u>2024</u> Metered <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CONDITION OF WATER AND WATER SYSTEM	
Has the water been tested for coliform bacteria? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "Yes," when? <u>YEARLY</u> By whom? <u>EAST THETFORD WATER CO</u> Results: <u>NEG</u>	
Has any other water quality or water chemistry testing been done? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "Yes," when? <u>YEARLY</u> By whom? <u>EAST THETFORD WATER CO</u> Results: <u>MANGANESE SLIGHTLY ↑</u>	
Water softener <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," <input type="checkbox"/> Own <input type="checkbox"/> Rent If rented, from whom:	
Are you aware of low pressure in your water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Has your water supply ever run out or run low? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe:	
Does the water have any odor, bad taste, cloudiness or discoloration? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe in detail:	
Describe in detail any other problems you have had with your water system, including water quality or quantity:	

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Seller's Disclosure

5. SEWER/SEPTIC/WASTEWATER SYSTEM

Special Notice: Sewer septic and wastewater systems that are not public or municipal systems are not designed to perform indefinitely and are affected by many conditions about which Seller may have no knowledge or have any ability to control. In addition, the useful life of these systems is affected by the amount and type of use, soil conditions, maintenance, the inherent design of these systems and many other factors. Seller makes no warranty or representation whatsoever that these systems will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is recommended. State and local permits may be required for sewer, septic and wastewater systems.

TYPE OF SYSTEM The Property is connected to and serviced by (check appropriate boxes):	
<input type="checkbox"/> Public or Municipal Sewer System	<input type="checkbox"/> Shared <input checked="" type="checkbox"/> On-site septic/wastewater system <input type="checkbox"/> Off-site septic/wastewater system
<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> New or Alternate Technology (explain technology)
<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage Pump <input type="checkbox"/> Dry Well <input type="checkbox"/> Conventional disposal area <input type="checkbox"/> Mound System disposal area
<input type="checkbox"/> At Grade	<input type="checkbox"/> Other <input type="checkbox"/> Don't Know If other, please explain: <u>ALSO GREASE TRAP</u>
What is the annual cost of municipal sewer? \$ _____ Date Range: _____	
CONDITION OF SYSTEM If other than public or municipal sewer/wastewater system, answer the following:	
Date system installed: _____	Is the system entirely on your Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
If "No," where is it? _____	
Has the system been repaired since you have owned the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," when? _____	
What was done? _____ By whom? _____	
Type of septic tank: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Don't Know
Septic tank capacity (in gallons) _____	<input type="checkbox"/> Don't Know
Date Septic Tank Last Inspected? _____	<input type="checkbox"/> Don't Know Reports of last inspection/pumping attached <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Septic Tank Last Pumped? <u>2023</u>	<input type="checkbox"/> Don't Know By whom? <u>JAYS SEPTIC</u>
If required by a State of Vermont wastewater permit, have required periodic maintenance/inspections been completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, date of most recent service _____	Cost: \$ _____ By whom: _____
To your knowledge, is any portion of the system in need of repair or replacement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe in detail: _____	
Has the property been occupied as a primary residence for at least 181 days during any one calendar year between December 31, 1986 and December 31, 2006? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW <u>WAS A RESTAURANT, PHARMACY</u>	

6. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

(a)	Is Seller currently occupying the Property? If "No," how long has it been since Seller occupied?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(b)	Are any property or development rights (e.g. conservation easements to Land Trusts, etc.) owned by others? If "Yes," by whom?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(c)	Is property enrolled in Vermont's Current Use program?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(d)	Has Seller received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(e)	Are there any property tax abatements, land use value appraisal, land use tax stabilization agreements or other special property tax arrangements applicable to the Property? If yes, explain:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
(f)	If the house was built after December 31, 1997, is a Residential Building Energy Standard (RBES) certification available?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW	
(g)	Has Seller received notice that the Property will be reassessed by any taxing authority during the next 12 months?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(h)	Does the property have Urea-Formaldehyde Foam Insulation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
(i)	Does the Property have Asbestos and/or Asbestos Materials in the siding, walls, plaster, flooring, insulation, heating system?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	

Seller's Initials

Purchaser's Initials

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3052 Route 5, East Thetford, VT

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Seller's Disclosure

(j)	Has the Property been tested for Radon Gas? If "Yes," when? By whom? Results:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Has paint containing lead been used on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Does the Property have evidence of mold? If "Yes," what has been done about the mold?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(m)	Are you aware of any off-site conditions in your neighborhood/community that could affect the value or desirability of the Property, such as noise, proposed major new development, relocation or major construction of roads or highways, proposed zoning changes, etc.? If "Yes," explain in detail:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(n)	Is there any infestation by pests that affect the property? If "Yes," explain:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Do you have any knowledge of any damage to the Property caused by pests?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(p)	Is the Property currently under warranty or other coverage by a pest control company?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(q)	Do you know of any termite/pest control reports or treatments for the Property in the last five years?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(r)	Does the Property have any audio and/or video surveillance or recording equipment? If Yes, will said equipment be active during showings? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(s)	Further explanation of answers to any of the above: WE HAVE PLACED MOUSE TRAPS IN BASEMENT - CLEAR AS OF 10/10/23			

7. CONDOMINIUMS/SUBDIVISIONS/HOMEOWNERS' ASSOCIATIONS				
(a)	Is the Property part of a condominium or other common interest ownership association or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(b)	Is there any defect, damage, or problem with any common elements or common areas? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is there any condition or claim which may result in an increase in assessment or fees? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Are pets allowed? If yes, what is allowed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Are there any rental restrictions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(f)	Are there any homeowners' association dues associated with the Property? If "Yes," amount: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(g)	Are there any special assessments on the Property? If "Yes," amount: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Purpose of special assessments: _____ Years or term remaining on any outstanding special assessments: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(h)	Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Do you know of any violations of local, state, or federal laws or regulations, condominium rules or CC&R's relating to the Property? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Contact person/manager for condominium/homeowner association: Name: _____ Phone number/e-mail: _____			
Further explanation of any of the above:				

Seller's Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Purchaser's Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3052 Route 5, East Thetford, VT

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Seller's Disclosure

IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE CONDITION OF THE PROPERTY? (In answering this question, you should be guided by what you would want to know about the condition of the Property if you were buying it.)
☐ YES ☐ NO ☐ DON'T KNOW OF ANYTHING ELSE. If "Yes," explain:

MAJOR REMODELING IN 2021/2022

SELLER'S STATEMENT: Seller is providing the information in this report to reduce the likelihood of DISPUTES or LEGAL ACTION concerning the sale of the Property. The information provided herein does not constitute any warranty, express or implied, by Seller about the Property or any feature of the Property. Seller hereby authorizes any real estate agent to provide a copy of this report to any prospective buyer. IN DELIVERING THIS REPORT TO A BUYER OR PROSPECTIVE BUYER, NO REPRESENTATION IS MADE BY ANY REAL ESTATE AGENT THAT THEY HAVE ANY INDEPENDENT OR PERSONAL KNOWLEDGE ABOUT THE CONDITION OF THE PROPERTY, THAT THEY HAVE MADE ANY INQUIRY OR INVESTIGATION ABOUT THE CONDITION OF THE PROPERTY OR ANY OF THE INFORMATION PROVIDED IN THIS REPORT BY SELLER OR THAT THEY HAVE VERIFIED THE INFORMATION PROVIDED IN THIS REPORT BY THE SELLER. Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by Seller.

BUYER/PROSPECTIVE BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS REPORT ON THE DATE SET FORTH BELOW. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THIS REPORT PROVIDES INFORMATION ABOUT THE PROPERTY MADE BY THE SELLER AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR ANY REAL ESTATE AGENT. THIS REPORT IS NOT A SUBSTITUTE FOR ANY PROPERTY INSPECTION. BUYER/PROSPECTIVE BUYER MAY OBTAIN A PROPERTY INSPECTION, HOWEVER, ANY SUCH INSPECTION MUST BE BY WRITTEN AGREEMENT WITH SELLER. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THERE MAY BE MATTERS RELATING TO THE PROPERTY WHICH ARE NOT ADDRESSED IN THIS REPORT.

Seller: <u>[Signature]</u> <u>11/13/25</u> (Signature) (Date)	Purchaser: _____ (Signature) (Date)
Seller: _____ (Signature) (Date)	Purchaser: _____ (Signature) (Date)
Seller: _____ (Signature) (Date)	Purchaser: _____ (Signature) (Date)
Seller: _____ (Signature) (Date)	Purchaser: _____ (Signature) (Date)

Property Tax Bill

PROPERTY TAX BILL			Town of Thetford, Vermont																																																																																																																									
Payable by the due date to: TOWN OF THETFORD Mail to: Thetford Town Offices P.O. Box 126 • 1910 Route 115 Thetford Center, VT 05075-0126			P.O. Box 126 • Thetford Center, VT 05075 802.785.2922																																																																																																																									
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<p>THANKS FOR GOING TO THE TOWN TAXPAYER OFFICE BY THE DUE DATE. ALL DELINQUENT ASSESSMENTS WILL BE SENT TO THE TOWN TAXPAYER OFFICE BY THE DUE DATE. ALL DELINQUENT ASSESSMENTS WILL BE SENT TO THE TOWN TAXPAYER OFFICE BY THE DUE DATE. ALL DELINQUENT ASSESSMENTS WILL BE SENT TO THE TOWN TAXPAYER OFFICE BY THE DUE DATE.</p> <p>POSTMARKS ARE NOT ACCEPTED</p> <p>HOUSEHOLD TAX INFORMATION</p> <p>SPAN # 642-202-10425 SCL CODE: 202</p> <p>TOTAL PARCEL ACRES 1.20</p>																																																																																																																												
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3052 Route 5, East Thetford, VT



Vermont Real Estate Commission Mandatory Consumer Disclosure



[This document is not a contract.]

This disclosure must be given to a consumer at the first reasonable opportunity and before discussing confidential information; entering into a brokerage service agreement; or showing a property.

RIGHT NOW YOU ARE NOT A CLIENT

The real estate agent you have contacted is not obligated to keep information you share confidential. ***You should not reveal any confidential information that could harm your bargaining position.***

Vermont law requires all real estate agents to perform basic duties when dealing with a buyer or seller who is not a client. All real estate agents shall:

- Disclose all material facts known to the agent about a property;
- Treat both the buyer and seller honestly and not knowingly give false or misleading information;
- Account for all money and property received from or on behalf of a buyer or seller; and
- Comply with all state and federal laws related to the practice of real estate.

You May Become a Client

You may become a client by entering into a written brokerage service agreement with a real estate brokerage firm. Clients receive the full services of an agent, including:

- Confidentiality, including of bargaining information;
- Promotion of the client's best interests within the limits of the law;
- Advice and counsel; and
- Assistance in negotiations.

You are not required to hire a brokerage firm for the purchase or sale of Vermont real estate. You may represent yourself.

If you engage a brokerage firm, you are responsible for compensating the firm according to the terms of your brokerage service agreement.

Before you hire a brokerage firm, ask for an explanation of the firm's compensation and conflict of interest policies.

Brokerage Firms May Offer

NON-DESIGNATED AGENCY or DESIGNATED AGENCY

- **Non-designated agency** brokerage firms owe a duty of loyalty to a client, which is shared by all agents of the firm. No member of the firm may represent a buyer or seller whose interests conflict with yours.
- **Designated agency** brokerage firms appoint a particular agent(s) who owe a duty of loyalty to a client. Your designated agent(s) must keep your confidences and act always according to your interests and lawful instructions; however, other agents of the firm may represent a buyer or seller whose interests conflict with yours.

THE BROKERAGE FIRM NAMED BELOW PRACTICES

DESIGNATED AGENCY

I / We Acknowledge Receipt of This Disclosure

This form has been presented to you by:

Printed Name of Consumer

Printed Name of Real Estate Brokerage Firm

Signature of Consumer

Date

Printed Name of Agent Signing Below

[] Declined to sign

Printed Name of Consumer

Signature of Agent of the Brokerage Firm

Date

Signature of Consumer

Date

[] Declined to sign

9/24/2015



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9/24/2015