



Zoning Complaint Form

Date Received:

Location of alleged violation:

Owner's Name (if known):

Owner's Address (if known):

Date(s) of observed violation(s):

Select violation type from the list below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Blight | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Building Permit | <input type="checkbox"/> Home Business | <input type="checkbox"/> Commercial Vehicle |
| <input type="checkbox"/> Light | <input type="checkbox"/> Inoperable/Junk Cars | <input type="checkbox"/> Sight Distance |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Setbacks | <input type="checkbox"/> Other |

Describe above choice(s):

Complainant Information:

Name:

Address:

Phone Number:

For purposeful consideration, this document must be completed in it's entirety.