

MENDON, VERMONT ZONING VIOLATION COMPLAINT

Date Received:

Property Address: _____

Tax Parcel #: _____ - _____ - _____ . _____

Date and Time of Alleged Violation: _____

Location of Violation on the Site: _____

Nature of the Violation: _____

COMPLAINANT INFORMATION

Name: _____ Email: _____

Mailing Address: _____ Telephone: _____

Complainant Acknowledgement: As the complainant described above, I hereby submit a Zoning Violation Complaint. The information on this form is true and accurate to the best of my knowledge.



Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY STAFF

Taken in by: Office Mail Electronic

PROPERTY OWNER INFORMATION

Owner Name: _____

Contact Information: _____

Zoning Regulation Information

Associated Section: _____

Additional Information: _____

ZONING ADMINISTRATOR ASSESSMENT & DETERMINATION

The Zoning Administrator visited the site on: _____

After reviewing the complaint and conditions on the site, the Zoning Administrator has made the following determination:

Zoning Violation Exists No Zoning Violation

Signature of Zoning Administrator: _____ Date: _____