Zoning Complaint Form

Please use this form to report possible Zoning violations or concerns related to any zoning issue you observe. Return this signed form to the Community Development Office. Include below your name, address, and a daytime phone number where you can be reached should we require additional information.

Town policy establishes that zoning complaints are investigated upon receipt of a complaint alleging a violation of the zoning ordinance. Submission of this form alone does not mandate than an inspection be conducted.

COMPLAINANT NAME: __________________________________________

COMPLAINANT ADDRESS: ________________________________________

COMPLAINANT CITY/STATE: ___________________________ ZIP CODE: ___________

COMPLAINANT PHONE: ___________________________ EMAIL: ______________________

NAME OF VIOLATOR: __________________________________________

ADDRESS OF VIOLATION: _________________________________________

ZONING DISTRICT: __________________ MAP: ______ LOT: _______

SIGNATURE OF COMPLAINANT: _________________________________

DATE: _____________________________

Please use the space on the back of this form to describe the violation. Include any dates that violations occurred as well as any previous actions taken by yourself or the property owner.

Any attempt at submitting fraudulent information either expressed or by omission will result in the termination of this complaint.

TOWN OF SALEM

COMMUNITY DEVELOPMENT
DESCRIPTION OF THE VIOLATION:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

FOR OFFICE USE ONLY:

DEPARTMENT RECOMMENDATION:

________________________________________
________________________________________
________________________________________
________________________________________

NAME: ___________________________ SIGNATURE: ___________________________
DATE: ___________________________