

Zoning Violation Complaint Form

Town of Plymouth

68 Town Office Rd., Plymouth VT 05056

Violation Address: _____

Location of Violation on the Site: _____

Date and Time of Alleged Zoning Violation: _____

Alleged Zoning Violation

Nature of Violation: _____

Description: _____

Complainant/ Reporting Party

Name (required): _____

Mailing Address: _____

Phone (daytime): _____ Email: _____

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*

Complainant Signature: _____ Date: _____

Town Use

Received by: _____ Date: _____ Time: _____ Parcel #: _____

Owner: _____

Zoning Administrator Assessment & Determination

Date of site visit: _____ Zoning Violation Exists, No Zoning Violation

Reference to Zoning Ordinance section:

Zoning Administrator signature: _____ Date: _____

Date & Time Warning issued: _____ Method issued: _____