



# GEORGIA VERMONT

## Zoning Complain Form

### SECTION 1: OWNER/APPLICANT INFORMATION (complete all)

Name of Complainant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2: PROPERTY WHICH IS THE SUBJECT OF THIS COMPLAINT

Tax Parcel ID: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Other Location Information: \_\_\_\_\_

### SECTION 3: DESCRIPTION OF COMPLAINT

Please describe below the condition or use of the property or structure which may not be in compliance with the Town of Georgia Zoning Bylaws. Please submit any photographic evidence with this form.

**AFFIRMATION: The undersigned hereby certifies that the information submitted in this application is true, accurate, and complete.**

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

### DECISION/ACTION TAKEN (FOR TOWN USE ONLY):

Date received: \_\_\_\_\_

Action taken:

Date: \_\_\_\_\_ Action taken: \_\_\_\_\_

Date: \_\_\_\_\_ Action taken: \_\_\_\_\_

Date: \_\_\_\_\_ Action taken: \_\_\_\_\_

Date: \_\_\_\_\_ Action taken: \_\_\_\_\_

Signed: \_\_\_\_\_

Douglas Bergstrom

Zoning Administrator Planning, DRB & 911 Coordinator