

Zoning Complaint Form

You must have JavaScript enabled to use this form.

Owner / Applicant Information

First Name

Last Name

Phone Number

Email

address

Address

City/Town

State/Province

- None -



ZIP/Postal Code

Description of Complaints

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.

Description of Complaints

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

Signature of Complainant

Date