Parcel Number _ _ _ - _ _ _ - _ _ _ - _ _ _

Date: _____

Name: _____

ZONING
VIOLATION
COMPLAINT FORM

Whereas the Village of Kaleva desires to resolve complaints concerning zoning/ordinance problems, only written complaints submitted on this form, with attached photos will be considered.

Complainant's Information:
Name: _____ **Phone No.:** _____

Address of Violation/Complaint:
_____
_____

Date of Complaint: _____

Description of Complaint: (Must have all names and addresses pertinent to the issues)_____
_____
_____
_____
_____
_____

If more space is needed, use the back of this form or add an attachment

A. Review of the complaint as filed indicates:
□ No violation of the provisions of the zoning ordinance.
□ There may be a violation of the following provisions of zoning ordinance (cite §: _____)
Comments: _____
_____
_____

B. Inspection of premises indicates:
□ No violation of the provisions of the zoning ordinance.
□ Violations noted of the following provisions of the zoning ordinance
Date(s) of inspection: _____

C. Action of complaint:
□ No enforcement action taken as no violation was found: Complainant was notified that no violation was found.
□Action taken as follows: _____
_____

Zoning Administrator Date: _____