

# SCHOOLCRAFT COUNTY ZONING VIOLATION COMPLAINT FORM

*Please note no action will be taken unless this form is signed and dated.*

## **Statement by Complainant:**

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

It is my belief that the property located at (address) \_\_\_\_\_

and being used by (name of perpetrator) \_\_\_\_\_

may be in violation of the Schoolcraft Zoning Ordinance because \_\_\_\_\_

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

Complainant Address: \_\_\_\_\_

Complainant Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Complainant Email Address: \_\_\_\_\_

Legal Description of Subject Property: \_\_\_\_\_

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Parcel Tax ID# (if known): \_\_\_\_\_

Complainant Signature: \_\_\_\_\_

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

*To be completed by Zoning Administrator:*

## **Action of Zoning Administrator**

A. Review of the complaint as submitted indicates:

- No violation of the provisions of the zoning ordinance.
- There may be a violation of the following provisions of zoning ordinance (cite §:)

Comments: \_\_\_\_\_

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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 Signature

\_\_\_\_\_  
Date