TOWN OF CHAPLIN

CONNECTICUT 06235

INCORPORATED 1822

ZONING COMPLAINT FORM

Date: _____

Location of Alleged Violation: _____

Map: _____ Block: _____ Lot: _____ (attach assessor's field card)

Name & Address of Property Owner:_____

Nature of Alleged Zoning Violation: _____

_____

_____

Applicable Section(s) of the Chaplin Zoning Regulations: _____

_____

_____

Complainant: _____

Complainant's Address:_____

Complainant's Telephone Number:_____

The Planning & Zoning Official is a part-time employee and will investigate substantiated zoning violations in the order in which they are received, and as time permits. You may submit a revised complaint form and/or additional information at any time.

_____

FOR OFFICIAL USE ONLY

Visual Site Inspection(s) (attach photos if necessary):

First Notice (attach):

Official Notice of Violation & Order (attach):

Referral to Town Counsel for Legal Remedy (attach):