

Village of Metamora Zoning Violation Complaint Form

Form Completed by: _____

Date Completed: _____

Complaint Location:

Owner (if known): _____

Address: _____

Complaint is in Regard to (please choose all that apply):

_____ New Principal Building

_____ Addition

_____ New Accessory Building

_____ Demolition

_____ Private Pool

_____ Sidewalk

_____ Alteration

_____ Fence

_____ Other

_____ Other (please explain): _____

Details: _____

OFFICE USE ONLY

Received by: _____ Date: _____

Action Taken: _____

Zoning Inspector Only:

Date Received: _____ Violation of Ordinance # (if any): _____

Action Taken: _____

Date Resolved: _____