

**TOWN OF LAGRANGE**  
**ZONING COMPLAINT RECORD**

**ZONING**

*Instructions: Applicant Completes Sections A1-A4 of this form. Section B of this form will be completed by the Zoning Administrator.*

**SECTION A1: COMPLAINANT INFORMATION**

COMPLAINT MADE BY: NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**SECTION A2: LOCATION OF ALLEGED VIOLATION**

LOCATION OF PROPERTY \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

**SECTION A3: COMPLAINT INFORMATION**

NATURE OF COMPLAINT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B: OFFICE USE ONLY**

DATE INVESTIGATED \_\_\_\_\_  YES VIOLATION  NO VIOLATION

SEND LETTER (PURSUANT TO CHAPTER 240 SECTION \_\_\_\_\_ OF THE ZONING CODE)

ISSUE NOTICE OF VIOLATIONS (PURSUANT TO CHAPTER 240 SECTION \_\_\_\_\_ OF THE ZONING CODE)

ISSUE STOP WORK ORDER (PURSUANT TO CHAPTER 240 SECTION \_\_\_\_\_ OF THE ZONING CODE)

ISSUE APPEARANCE TICKET (PURSUANT TO CHAPTER 240 SECTION \_\_\_\_\_ OF THE ZONING CODE)

COMMENTS \_\_\_\_\_

CALLED COMPLAINANT  YES  NO REFERRED FOR ENFORCEMENT  YES  NO DATE \_\_\_\_\_

SIGNATURE OF ZONING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_