



# Zoning Complaint Form

5095 4<sup>th</sup> Street, Eagle River Michigan 49950

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**ALL INFORMATION IS REQUIRED**

|   |  |                        |          |   |  |
|---|--|------------------------|----------|---|--|
| Date  |  | Parcel ID (tax) Number |          |   |  |
| <b>ACCUSED INFORMATION</b>  |  |                        |          | <b>COMPLAINANT INFORMATION</b>  |  |
| Name  |  |                        |          | Name  |  |
| Physical Address of Possible Violation                              |  |                        |          | Address   |  |
| City  |  | State                  | Zip code | Signature of Complainant  |  |
| Day Phone   |  | Evening Phone          |          | Day Phone   |  |
|   |  |                        |          | Evening Phone   |  |
| Type of Violation   |  |                        |          | <input type="checkbox"/> I request anonymity regarding this complaint<br><input type="checkbox"/> I would like to be informed as to the outcome |  |
| Description of Violation  |  |                        |          |   |  |
| Method of Determination by Zoning Administrator                     |  |                        |          |   |  |
| <input type="checkbox"/> Founded <input type="checkbox"/> Unfounded |  |                        |          |   |  |
| Signed  |  |                        |          | Date  |  |
| Contact with Property Owner   |  |                        |          |   |  |
| If Complaint is a violation, document follow up actions below       |  |                        |          |   |  |
| 1 <sup>st</sup> Contact   |  |                        |          |   |  |
| 2 <sup>nd</sup> Contact   |  |                        |          |   |  |
| Violation Letter  |  |                        |          |   |  |
| ZBA Request   |  |                        |          |   |  |
| Ticket Issued   |  |                        |          |   |  |
| Conclusion  |  |                        |          |   |  |