

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

**COMPLAINT OF VIOLATION  
OF  
TOWN OF LOWVILLE  
ZONING CODES AND STATE BUILDING CODES**

PROPERTY LOCATION: TOWN OF LOWVILLE

ROAD/STREET \_\_\_\_\_

NAME AND ADDRESS OF OWNER OR MANAGER: \_\_\_\_\_

\_\_\_\_\_

Tax Map Number: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Telephone Number of Owner or Manager: \_\_\_\_\_

USE OF PROPERTY : Check One

- |  |  |
|--|--|
| <input type="checkbox"/> One-Family Dwelling                               | <input type="checkbox"/> Business                |
| <input type="checkbox"/> Two-Family Dwelling                               | <input type="checkbox"/> Mercantile              |
| <input type="checkbox"/> Multiple Dwelling-Permanent Occupancy             | <input type="checkbox"/> Industrial              |
| <input type="checkbox"/> Multiple Dwelling-Transient Occupancy             | <input type="checkbox"/> Storage                 |
| <input type="checkbox"/> Multiple Dwelling-Senior Citizen Housing          | <input type="checkbox"/> Area of Public Assembly |
| <input type="checkbox"/> Multiple dwelling-Adult Residential Care Facility | <input type="checkbox"/> Other                   |

**BRIEFLY DESCRIBE THE CONDITIONS FOR WHICH YOU BELIEVE THERE IS A VIOLATION :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheet if needed)

\_\_\_\_\_  
(signature of complainant)

\_\_\_\_\_  
(address)

\_\_\_\_\_

\_\_\_\_\_  
(phone number)

**THIS SIDE FOR OFFICE USE ONLY**

**DISPOSITION OF COMPLAINT**

A) According to the information filed by the complainant:

\_\_\_\_\_ The following sections of the Code may be involved. (State whether State or zoning codes are being looked at.)

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

B) Action taken on complaint filed ...

\_\_\_\_\_ An inspection of the property or building involved in the complaint has been conducted on the following dates :

\_\_\_\_\_

The following action was taken : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ This matter was referred to the following appropriate official on :

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Office or Dept. \_\_\_\_\_

\_\_\_\_\_ Other : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C) Final disposal of complaint ... Date : \_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Enforcement Official

