

Office Use Only

Date Received: _____

Case Number: _____



**TOWN OF SALEM, NH
COMMUNITY DEVELOPMENT
33 GEREMONTY DRIVE
SALEM, NH 03079
603-890-2080
www.townofsalemnh.org
Zoning Complaint Form**

Please use this form to report possible Zoning violations or concerns related to any zoning issue you observe. Return this form to the Community Development Office. Include below your name, address, and a daytime phone number where you can be reached should we require additional information.

Town policy establishes that zoning complaints are investigated upon receipt of a *complaint* alleging a violation of the zoning ordinance. Submission of this form alone does not mandate that an inspection be conducted.

COMPLAINANT NAME: _____

COMPLAINANT ADDRESS: _____

COMPLAINANT CITY/STATE: _____ ZIP CODE: _____

COMPLAINANT PHONE: _____ EMAIL: _____

NAME OF OWNER/OPERATOR: _____

ADDRESS IN QUESTION: _____

ZONING DISTRICT: _____ MAP: _____ LOT: _____

SIGNATURE OF COMPLAINANT: _____

DATE: _____

Please use the space on the back of this form to describe the violation. Include any dates that violations occurred as well as any previous actions taken by yourself or the property owner.

Any attempt at submitting fraudulent information either expressed or by omission will result in the termination of this complaint.

TOWN OF SALEM

COMMUNITY DEVELOPMENT

DESCRIPTION OF THE VIOLATION:

FOR OFFICE USE ONLY:

DEPARTMENT FINDINGS/RECOMMENDATION:

ACTION TAKEN:

NAME: _____ SIGNATURE: _____

DATE: