



Zoning Complaint Form
Town of Stowe Planning & Zoning Department
PO Box 216
Stowe VT 05672
Voice (802) 253-6141

Date Received:

Complaint Information

Please use this form to record and report possible Zoning violations or concerns related to any zoning issue you observe. Mail or return this signed form to the Planning and Zoning Office. Include your name, address, and a daytime phone number or email address where you can be reached should we require additional information.

Property Address:

Location of Violation at the Site:

Day and Time of Alleged Zoning Violation:

Alleged Zoning Violation

- Please briefly describe the alleged violation:

For All Complaints:

Zoning complaints are investigated upon receipt of a signed complaint alleging a violation of the Zoning Regulations. Please note: in the absence of a signed complaint, a concern will be acted upon at the discretion of the Zoning Administrator, and only as time allows.

Complainant Name:

Complainant Address:

Complainant Phone (daytime)/ email:

Complainant Signature:

Date:

Office Use Only

- Founded
 Unfounded

Date Inspected:
Zoning Administrator: