

ZONING COMPLAINT FORM

Rootstown Township
3988 State Route 44
Rootstown, OH 44272
Zoning Office 330-325-9341
rootstownzoning@sbcglobal.net

COMPLAINANT INFORMATION

Complainant _____ Daytime Phone _____

Address _____

INFORMATION ABOUT PARCEL WHICH IS THE SUBJECT OF THIS COMPLAINT

Street Address _____

Other location information _____

INFORMATION ABOUT THE OWNER IF KNOWN

Property Owner _____ Daytime Phone _____

Property Owner Address _____

DETAILS

Please describe the condition or use of a property or structure which may not be in compliance with the Township Zoning Resolution:

COMPLAINANT CERTIFICATION

By signing this complaint form, the undersigned hereby confirm(s) that the information presented in this complaint was witnessed by him/her/them and the details are true, accurate and complete.

Signature _____ Date _____

Signature _____ Date _____

ZONING OFFICE USE

Date received _____

Nature of complaint: use of property structure

Bylaw Section which applies: _____

Date of Bylaw which applies: _____

Zoning District: _____

Flood Hazard complaint: Referral Date: _____ Result: _____

Wetlands complaint: Referral Date: _____ Result: _____

Review of zoning file: Date _____

Use of property permitted by _____

Structure permitted by _____

Use of property not permitted

Use of structure not permitted

Other:

Letter to property owner dated _____ Warning Notice of Violation Copy to Complainant

Date and time of inspection _____

Response from property owner received on _____ Written Telephone In person

Inspection not conducted; reason _____

Inspection conducted as requested with the following result:

Photos taken No photos taken; reason _____

Measurements taken No measurements taken; reason _____

Notice of Violation posted _____

Violation found cured after re-inspection on _____

Violation not cured after re-inspection on _____

Referred to _____ on _____

Other action taken

Zoning Administrative Officer Date