

# Negaunee Township

"A Community on the Grow"

42 State Highway M-35 Negaunee MI 49866

Telephone (906)475-7869 Fax 906 475 5071



## ZONING COMPLAINT FORM

Date \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Owner/Operator \_\_\_\_\_

*(if known)*

Location of Complaint \_\_\_\_\_

*(address/Lot#)*

Nature of Complaint \_\_\_\_\_

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

.....  
\*\_\*\_

*(To be completed by Zoning Administrator)*

Date of Inspection \_\_\_\_\_ Property Zoned \_\_\_\_\_

Disposition of Complaint \_\_\_\_\_

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

Signature of Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Date Complainant notified of disposition \_\_\_\_\_

*This form shall be completed for each complaint. Upon correction of the complaint, The Zoning Administrator shall complete and sign the form. The complainant shall be notified of the outcome of the zoning investigation.*