



CODE ENFORCEMENT OFFICE

645A Pine St, PO Box 849

Burlington, VT 05402-0849

VOICE (802) 863-0442

FAX: (802) 652-4221

Zoning Enforcement Complaint Form

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 Code Enforcement Office. Include your name, address, and a daytime phone number where you can be reached should we require additional information.

Pursuant to Article 19, Section 19.1.5 of the Burlington Zoning Ordinance, zoning complaints are investigated upon receipt of a signed complaint alleging a violation of the zoning ordinance. All complainant information is kept confidential by our office consistent with Section 19.1.5.

Please note: In the absence of a signed complaint, a concern will be acted upon at the discretion of the Department Director, and only as time allows. No follow-up information can be provided in the absence of a signed complaint form.

Property Address: _____

Location of Violation at the Site: _____

Date and Time of Alleged Zoning Violation: _____

Alleged Zoning Violation

- Construction without an approved Zoning permit
- New Business (change of use) without an approved Zoning Permit
- Change in Number of Units (change of use) without an approved Zoning Permit
- Occupancy without a Zoning Certificate of Occupancy
- Expansion of parking area without an approved Zoning Permit
- Exterior changes without an approved Zoning Permit: (Please circle type: new/alterd sign, new fence, retaining wall, exterior lighting, large (> 24 inch) satellite dish/ antennae, other _____)
- Demolition without an approved Zoning permit
- Site improvements, excavation or fill without an approved Zoning permit.
- Subdivision without an approved Zoning permit
- Unmet Conditions of Approval / Property Inconsistent with approved plans
- Other change of use or expansion of use without approval (Please describe on back of this form)

Additional information: _____

Name (Please print legibly): _____

Address: _____

Phone (daytime) / email: _____

Complainant Signature: _____ Date: _____