



**ZONING COMPLAINT OF VIOLATION**

Complaints forms *not* signed will *not* be processed.

Form of Complaint:  Letter (attach)  In Person

Today's Date: \_\_\_\_\_

1. Date the alleged offense started: \_\_\_\_\_

2. Complainant's Name (Person filing a complaint): \_\_\_\_\_

3. Complainant's Address (Person filing a complaint): \_\_\_\_\_

4. Complainant's Phone Number. (Person filing a complaint): \_\_\_\_\_

5. Complainant's Cell Phone Number (Person filing a complaint): \_\_\_\_\_

6. Site address of the alleged zoning violation: \_\_\_\_\_

7. Name of the Property Owner allegedly in violation: \_\_\_\_\_

8. Can the violation be seen from the road?  Yes  No If not, what is the best inspection point?

\_\_\_\_\_

9. Have you attempted to resolve this complaint with the property owner?  Yes  No

Result:

\_\_\_\_\_

10. Is the complainant (the person filing the complaint) a neighbor?  Yes  No

11. Will you, the complainant give the Boone County Planning and Zoning Office staff permission to use your property for viewing the violation?  Yes  No If not, why?

\_\_\_\_\_

12. Will you, the complainant, testify in court should the need arise?  Yes  No

Note: If you have photos or other related information that can be used as evidence of this violation, please submit them with this application. The submitted documents will not be returned and will become part of the complaint file.

Details of Complaint: (if you need more space, attach another sheet of paper)

I, the undersigned, understand that this complaint/violation form will become part of the Public Record. I also understand that the Boone County Zoning Administrator may call me for more information concerning the complaint or violation. (**Complaint form that is not signed will not be processed.**)

Signed: \_\_\_\_\_  
 /s/ Complainant

Date: \_\_\_\_\_

**Action by Zoning Administrator:**

Possible Violation of Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection \_\_\_\_\_ of the Boone County Zoning Ordinance No. 88, as amended and approved on June 6, 2008.

**Report of Findings:**

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 /s/ Zoning Administrator

\_\_\_\_\_  
 (Date)

Return completed and signed Zoning Complaint Form, along with photographs, to:

Boone County Zoning Administrator  
 Department of Planning and Development  
 201 State Street  
 Boone, Iowa 50036

