

TOWN OF WEST NEWBURY

INSPECTION DEPARTMENT

381 Main Street, West Newbury, MA 01985 Tel. 978-363-1100 ext. 122 Fax 978-363-1119

ZONING COMPLAINT FORM

Dear Building Commissioner:

This is a formal request for enforcement of an allege	d violation of the	Town of West	Newbury's	Zoning
By-Law.				

Property address of the alleged violation(s):

Property owners name(s):

Property owner's mailing address:

Date(s) of alleged violation:

Nature and details of alleged violation(s):

Town of West Newburn	Zoning Dry Low	Article(a) and	Section(a) you	faal and haing wieletade
Town of West Newbury	Zonnig Dy-Law	Alucie(s) and	Section(s) you	leef are being violated.

Article #	
Section #	
Name of Complainant:	
Mailing Address:	
	ve:
Best method of communication:	Email address:
	□ Phone:

All fields are required to be completed. Once this complaint form is signed and submitted to the Inspector of Buildings it becomes a **public record and is accessible for public view.**

I believe the above facts to be true, and I understand that if it becomes necessary for the Town of West Newbury to institute legal action in the courts I will agree to testify on behalf of the Town of West Newbury.

Signature of complainant _____

Date _____

After completing this form, it can be scanned and emailed to inspection.admin@wnewbury.org