



1000 West Cedar Avenue
Gladwin, Michigan 48624
Telephone: (989)426-9231
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CITY OF GLADWIN
ZONING COMPLAINT FORM

Complainant Name: _____

Complainant Phone Number: _____

Complainant Email Address: _____

Compliant: (Please provide details such as address, nature of complaint, dates, etc.): _____

Complainant Signature: _____

Date: _____

(Office Use Only)

Action by Zoning Administrator:

A. Review of the complaint indicates (check one):

- No violation of the provisions of the zoning ordinance.
- There may be a violation of the following provisions of zoning ordinance (City Ordinance Section: _____)

Comments: _____

B. Inspection of premises indicates:

- No violation of the provisions of the zoning ordinance.
- Violations noted of the following provisions of the zoning ordinance (City Ordinance Section: _____)

Comments: _____

Date of Inspection: _____

C. Action on Complaint:

- No enforcement action taken as no violation was found; complainant was notified that no violation was found.
 - Action taken as follows: _____
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Zoning Administrator Name: _____

Signature: _____

Date: _____