Zoning Complaint Form

All signed complaint forms received in this office will be investigated in accordance with the Unified Development Ordinance and the IPMC. If department determines the original complaint was filed without merits this complaint forms may be made available to the property owner against whom the complaint was filed when requested in writing.

Date: _____

Complainant Information	**Accused Information**
Name_____	Name_____
Address_____	Address_____
City_____State_____Zip_____	City_____State_____Zip_____
Phone #_____	Phone #_____
Signature_____	Type of Violation:
	_____
	_____
	_____

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.

FOR OFFICE USE ONLY

Tax Map Number: _____Zoning district_____

Code Section being violated: _____

Notes:_____

_____

_____

_____

_____

_____

_____

Zoning Official_____ Date_____