



NORWOOD TOWNSHIP ZONING
ZONING / CODE ENFORCEMENT COMPLAINT FORM

SUBJECT OF COMPLAINT *(Person or Property complaint is about)*

Name _____

Address _____

Phone _____ Tax Parcel Number: **15-011-** ____ - ____ - ____

Nearest Intersection _____

Nature of Complaint _____

COMPLAINANT *(Person submitting complaint)*
Note: Anonymous Complaints will not be accepted

Date of submittal _____

Name _____

Address _____

Phone _____ Email address _____

Do not write below this line. For staff use only.

Complaint Number: **C20**__- ____ Staff Member Taking Complaint _____

Zoning Designation (Circle one): AG Commercial R-1 RR Industrial

Alleged Code(s) Violated / Comments _____

Forwarded to (note date):

Twp Attorney _____ Chx. Co. Sheriff _____ Animal Control _____

Twp Board _____ Chx. Co. Bldg Dept. _____ Other _____

INITIAL INSPECTION	
Inspection By:	Date:
Was Site in Violation?	What Code(s)
Notice Mailed?	Date:
Notice Posted at Site?	Date:
FOLLOW-UP INSPECTION & ACTION	
Was Compliance Reached?	Date
Action taken by Township	
Comments	

Send to: Norwood Township Zoning Administrator
P.O. Box 113, Charlevoix, MI 49720
email: Zoning@norwoodtp.org