

BAYFIELD COUNTY PLANNING AND ZONING DEPT
COMPLAINT / VIOLATION FORM

Entered into Database

Property Owner: _____

Contractor: _____

Property Address: _____

Accurate Legal Description involved in this request (specify only the property involved with this application)

____ 1/4 of ____ 1/4 Section ____ Township ____ N. Range ____ W. Town _____

Govt. Lot ____ Lot ____ Block ____ Subdivision _____ CSM# _____

Parcel I.D# _____ Acreage _____

Additional Legal Description: _____

Complaint / Violation of:

ZONING ORDINANCE SUBDIVISION ORDINANCE SANITARY ORDINANCE

NON METALLIC MINING OTHER _____

EXPLANATION: _____

Date Inspected: _____

Findings: _____

Date of Contact: _____

Letter: _____ Telephone _____ Face to Face Contact with: _____

Deadline Date: _____

Date of Compliance: _____

Date of Court Proceedings: _____

Explanation: _____

Date Received

Anonymous Complainant

Complainant: _____

Address: _____

Phone: _____