



**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: **C2010** - \_\_\_\_ Staff Member Taking Complaint \_\_\_\_\_

Zoning Designation (Circle one): AG Commerical 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 \_\_\_\_\_

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

*Send to: Frank Hamilton, Norwood Township Deputy Zoning Administrator  
P.O. Box 113, Charlevoix, MI 49720  
Cell Phone: 231-675-5440*