



VILLAGE of RICHFIELD SPRINGS

PO Box 271 Richfield Springs, NY 13439
315-858-1710 Fax: 315-858-9202

ZONING ENFORCEMENT COMPLAINT FORM

In order for your complaint to be accepted, you must fill in all questions completely and sign this form. It is important that you supply as much detail as possible. If you have any questions call the village office at number above or the Zoning Enforcement Officer (Joseph Roberts) at 315-360-7136. Complete form and return to the Village Office.

Please circle the topic your problem is relevant to:

Trash	Housing	Working w/o Permit	Health	Zoning	Other
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Description of Complaint

Location of offense: _____ Resident's Name _____

Owner Name _____ Address _____

Village of Richfield Springs: or **Other:** _____ Phone(s) _____

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION? IE: Dangerous or unstable residents, dogs, criminal activity, etc. () YES () NO () UNKNOWN.

If yes, please identify the hazard in detail: _____

Can violation be seen from the road? () Yes () No If not, what is the best inspection point?

Is the Complainant a neighbor? () Yes () No

Does complainant give the Zoning Enforcement Officer permission to use their property for viewing the violation?

() Yes () No If not, why: _____

Will you, the complainant, testify in court, should the need arise? () Yes () No

(Note: your complaint **may** not be accepted without your being available to testify.)

Please submit any photos or other related information that can be used as evidence of this violation with this form. The submitted documentation will not be returned and will become part of the complaint file.

Complainant Name (Your Name): _____ Address _____

Village of Richfield Springs: or **Other**: _____ Phone(s) _____

Signature _____ Date _____

Municipal Code Compliance Request Process

1. Receive compliant
2. Investigate to determine if a violation exists
3. If the complaint does not constitute a Municipal Code violation, complainant will be notified.
4. If a violation does exist, the property owner will be contacted and informed of the violation, what actions are needed to remedy the situation, and given a specific compliance deadline date.
5. On the compliance deadline date, Zoning Enforcement Officer will verify that compliance has been remedied.

FOR OFFICE USE ONLY

COMPLAINT RECEIVED DATE _____ Tax Map #: _____

DATE OF INSPECTION ____/____/_____

COMMENTS: _____

CORRECTIVE ACTION, IF ANY: _____

ZONING ENFORCEMENT OFFICER SIGNATURE _____ Date _____