



# Town of Yorktown

## Building Department

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598  
Tel. (914) 962-5722 ext.233

### ZONING COMPLAINT FORM

**Complainant Information:**

**Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Property Address which is the Subject of this Complaint:**

**Property Owner Information: (if known):**

**Name:** \_\_\_\_\_ **Premise Type: Residential** \_\_\_\_\_ **Commercial**

**Nature of Complaint:** Please describe the condition or use of the property or structure which may not be in compliance with the Town's Bylaws.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby give permission for the Township Officials to enter upon my property for the sole purpose of investigating the above complaint.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Date received:** \_\_\_\_\_ **Inspection Date:** \_\_\_\_\_

**Violation(s) Found:** \_\_\_\_\_

**Follow Up Info:**

	<b>Date Sent</b>	<b>Response Date</b>
<input type="checkbox"/> <b>Warning Letter</b>	_____	_____
<input type="checkbox"/> <b>Formal Notice:</b>	_____	_____

**Follow Up Inspection:** \_\_\_\_\_ **Resolved: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Code Enforcer Signature:** \_\_\_\_\_

