

Zoning Complaint Form

City of Harrisville 200 N. Fifth St. P.O. Box 278 Harrisville, MI 48740

989-724-6666

Harrisville1905@hotmail.com

Date	Parcel ID (tax) Number	ALL INFORMATION IS REQUIRED	
ACCUSED INFORMATION		COMPLAINANT INFORMATION	
Name		Name	
Physical Address of Possible Violation		Address	
City	State	Zip code	Signature of Complainant
Day Phone	Evening Phone		Day Phone Evening Phone
Type of Violation		<input type="checkbox"/> I would like to be informed as to the outcome	
City of Harrisville Ordinance Section			
Description of Violation			
For Department use only			
Method of Determination by Zoning Administrator			
<input type="checkbox"/> Founded <input type="checkbox"/> Unfounded			
Signed		Date	
Contact with Property Owner			
If Complaint is a violation, document follow up actions below			
1 st Contact			
2 nd Contact			
Violation Letter			
ZBA Request			
Ticket Issued			
Conclusion			