

CLERMONT ZONING COMPLAINT FORM

*The Town of Clermont takes zoning issues very seriously and we appreciate your feedback.
Please use the following form to file any complaints.*

Person filing the complaint:

Full name:

Address:

Email:

Phone

Property this complaint is related to:

Address:

Owner name, if known:

Is this the first time you've filed this complaint with the town? Yes No
If yes, what was the previous response and action taken?

Please describe your concern in detail. If there is a specific part of our local zoning or state zoning that is relevant, you may include this here. Use separate pages, as necessary.

Signed:

Name:

Date:

PLEASE RETURN THIS FORM TO THE CLERMONT TOWN HALL: 1795 U.S. 9, Germantown, NY 12526

CLERMONT ZONING COMPLAINT FORM - TOWN RESPONSE

Date: / /

Zoning Inspector:

Was action taken in response to the complaint? Yes No

Please provide detail as to the town's response:

Is additional or future action required? Yes No

Please provide detail as to any next steps:

Signed:

Signed, Zoning Inspector
Name
Date

Signed, Town Supervisor
Name
Date

PLEASE FILE WITH PROPERTY RECORDS