



FOR OFFICE USE ONLY

Tax PIN _____

Town Zoning _____

Received by _____

Case # _____

ZONING & MUNICIPAL CODE COMPLAINT FORM

DATE _____

CITIZEN'S NAME OBSERVING PROBLEM _____
(Please print; must be legible)

COMPLAINT RECEIVED Phone Office Visit Field Inspection Mail / Fax / Email

LOCATION OF PROBLEM

Street name, number or identifying landmarks, and directions (be very specific; attach a drawn map if necessary.)

TYPE OF PROBLEM HAS BEEN OBSERVED (Check appropriate box then describe in detail.)

Signage Vehicular Undue Growth Unsafe Structure Other

CAN PROBLEM BE SEEN FROM PUBLIC RIGHT-OF-WAY? Yes No

DATE PROBLEM WAS OBSERVED _____

PHOTOGRAPHS ATTACHED (Preferably dated. Please note that any photographs submitted will not be returned.)

If problem is not on your property, please fill out the box below (if known).

PROPERTY OWNER'S NAME _____

ADDRESS _____

SIGNATURE _____

ADDRESS _____

TELEPHONE # _____

PLEASE NOTE THAT BY SUBMITTING THIS FORM, ALL INFORMATION BECOMES PUBLIC RECORD.
FORM MUST BE COMPLETE.

Please Return To:

Town of North Wilkesboro, Department of Planning & Inspections
832 Main St.

North Wilkesboro, NC 28659

Phone: 336-667-7129

Fax: 336-838-1779