Town of

Wilmington

Suspected Violation Report Form

Address of Suspected Violation: _____

Additional Location Information: _____

_____

Type of Violation: ☐ Unpermitted Use/Development ☐ STR ☐ Permit Conditions ☐ Sign Violation ☐ Health/Safety

Description:_____

_____

_____

Section(s) of The Wilmington Zoning Ordinance violated: _____

☐ Notify me of the outcome of this violation using the contact information below.

Violation reports are public records and can be obtained by any member of the public. You may make this complaint anonymously by omitting your name and contact information. The investigation and enforcement process may take time, so please be patient.

Name _____

Mailing Address _____

City _____ State_____ Zip _____

Telephone Day _____ Cell _____ Email _____

_____

Complainant Signature/Date

For Office Use: _____

Date Received: _____ Request Number _____ Parcel #_____

Administrator Notes: _____

_____

_____

_____

_____

_____

_____

Date Resolved: _____ _____

Zoning Administrator Signature