



Town of St. Albans
Office of the Zoning Administrator
P.O. Box 37
St. Albans Bay, VT 05481
(802) 527-1672 ext. 100
a.johnson@stalbanstown.com

Zoning Complaint Affidavit

Name of Complainant: _____
Mailing Address: _____
Contact Information (phone # or email): _____

Information About the Parcel Which Is the Subject of This Complaint:

Property Address: _____
Property Owner: _____
Other Location Information: _____

Description of Zoning Complaint:

Please describe the condition or use of the property or structure which may not be in compliance with the Town's Zoning Bylaws. Please attach copies of any photographic evidence.

Complainant Certification:

By signing this complaint form, the undersigned hereby confirm(s) that the information presented in this complaint was witnessed by him/her/them and the details are true, accurate, and complete.

Signature: _____ **Dated:** _____

Signature: _____ **Dated:** _____