

Glenn Clohecy, Building Inspector
Diane Rizza, Administrative Assistant



TOWN OF TOPSFIELD
INSPECTIONAL SERVICES DEPARTMENT
8 West Common Street, Topsfield, Massachusetts 01983
Tel. 978-887-1522 Fax 978-887-1540

ZONING COMPLAINT FORM

Dear Inspector of Buildings:

This is a formal request for enforcement of an alleged violation of the Town of Topsfield's Zoning By-Law.

Property address of the alleged violation(s): _____

Property owners name(s): _____

Property owner's mailing address: _____

Date(s) of alleged violation: _____

Nature and details of alleged violation(s):

Town of Topsfield Zoning By-Law Article(s) and Section(s) you feel are being violated:

Article # _____

Section # _____

Name of Complainant: _____

Mailing Address: _____

Local address if different from above: _____

Best method of communication: Email address: _____

Phone: _____

All fields are required to be completed. Once this complaint form is signed and submitted to the Inspector of Buildings it becomes a **public record and is accessible for public view.**

I believe the above facts to be true, and I understand that if it becomes necessary for the Town of Topsfield to institute legal action in the courts I will agree to testify on behalf of the Town of Topsfield.

Signature of complainant _____ Date _____

After completing this form it can be scanned and emailed to drizza@topsfeld-ma.gov