



PERQUIMANS COUNTY
PO BOX 45
HERTFORD, NC 27944
PHONE: 252-426-2027

ZONING COMPLAINT FORM

| |
|-------------------------------------|
| LOCATION OF THE DISTURBANCE: |
| PROPERTY OWNERS NAME _____ |
| PHONE/FAX _____ |
| ADDRESS OF PROPERTY _____ |

SELECT VIOLATION TYPE FROM THE LIST BELOW:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Apartment in a home | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Building Permit | <input type="checkbox"/> Home Business | <input type="checkbox"/> Commercial Vehicles |
| <input type="checkbox"/> Light | <input type="checkbox"/> Inoperable/Junk Cars | <input type="checkbox"/> Sight Distance |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Setbacks | <input type="checkbox"/> Other |

(Explain): _____

BEST TIME OF DAY TO OBSERVE DISTURBANCE:

Please Circle:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time: _____ AM/ PM

In order to receive serious consideration, please include your name and contact information and if you would like to receive any information as a result of any action taken by the county:

NAME: _____

CONTACT INFORMATION: _____
(phone/email/mailing address)

Signature of Applicant

Date

** Please note that the county does not currently regulate fencing (height or location), burning, spraying or the scent created thereby **

Once you have completed this form, you can print, mail or email **page 1** of this document to:

Planning/Zoning (252) 426-2027 (phone)
PO Box 45 sambarrow@PerquimansCountyNC.gov (email) or
104 Dobbs Street rhondamoney@PerquimansCountyNC.gov (email)
Hertford, NC 27944

To Be Completed by the County

PARCEL MAP NO. _____ ZONE _____

Front _____ Rear _____ Side _____ Side (abutting corner) _____

Investigators:

Time of Visit: _____ AM/PM Month/Day/Year _____

Contact:

Result:

Signature & Date

Docket No.