

# TOWN OF MARBLETOWN

BUILDING & SAFETY DEPARTMENT  
PO Box 217 Stone Ridge, NY 12484 1925 Lucas Ave. Cottekill, NY 12419  
845-687-7500 x 3 Email: [building@marbletown.net](mailto:building@marbletown.net)

## ZONING COMPLAINT FORM

### COMPLAINING PARTY:

Name: \_\_\_\_\_  
(Print)

Mailing Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Please notify me of the determination by: \_\_\_\_\_ Mail, \_\_\_\_\_ Phone (check one)

Note: The above information is required so that information can be verified, and you can be mailed the official determination of your complaint.

Nature of alleged zoning violation and description of its negative impacts:  
**(Please Print Clearly)**

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Name of property owner or party responsible for alleged violation:

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Location (address and Section/Block/Lot #) of alleged violation:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Received by: \_\_\_\_\_ Complaint#: \_\_\_\_\_

Date of Determination: \_\_\_\_\_

Entered & Scanned in Municipality \_\_\_\_\_ date/initials \_\_\_\_\_

Entered & Scanned in Filebound \_\_\_\_\_ date/initials \_\_\_\_\_