



Town of Clover
 Development Services
 114 Bethel Street, PO Box 106
 Clover, South Carolina 29710

**NUISANCE or ZONING ORDINANCE
 VIOLATION COMPLAINT FORM**
(Allow 7 days minimum for investigation completion)

Today's Date: _____

Date(s) Violation Observed: _____

CITIZEN INFORMATION

Your Name: _____

Your Home Phone: _____ Your Cell Phone: _____

Your Street Address: _____

Email: _____

NON-COMPLIANT PROPERTY ADDRESS INFORMATION (Provide all known information)

Owner Name: _____

Owner Home Phone: _____ Owner Cell Phone: _____

Property Street Address: _____

TYPE OF OCCUPANCY

Residential Commercial Vacant Lot Church Other

PROBLEM DESCRIPTION (specific and detailed)

I certify that I am a resident of the Town of Clover and that all information provided herein is true and that by signing this form, all the information contained in this document, including your name, becomes part of a public record that the Town of Clover may be compelled by legal means to release.

If this complaint goes to court, would you be willing to testify? Yes No

Citizen's Signature: _____ Date: _____

OFFICE USE ONLY	Zoning Dist: _____	Investigation Complete: <input type="checkbox"/>	Citizen Informed of Result: <input type="checkbox"/>
Ordinance Violation Section: _____			
Building Official Signature: _____		Date: _____	