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:						
Accessory Structure	Apartment in a home	Signs				
Building Permit		Commercial Vehicles				
Light	Inoperable/Junk Cars	Sight Distance				
Parking	Setbacks	Other				
(Explain):						
	BEST TIME OF DAY TO OBSERVE DISTURBANCE:					
Please Circle:						
Sunday Monday Tuesda	ay Wednesday Thursday Friday Saturday					
Time:	_ AM/ PM					
	onsideration, please include your name and contact info on as a result of any action taken by the county:	ormation and if you would				
NAME:						
CONTACT INFORMATION:						
(phone/email/mailing addre	ss)					
Signature of Applicant	Date					
** Please note that the cou	inty does not currently regulate fencing (height or locat	ion), burning, spraying or				
	the scent created thereby **					
Once you have completed th	nis form, you can print, mail or email page 1 of this docu	ument to:				
Planning/Zoning	(252) 426-2027 (phone)					
PO Box 45	RhondaRep@PerquimansCountyNC.gov (email)					

104 Dobbs Street 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 & Dat				et No.