

**TOWNSHIP OF RARITAN
CODE ENFORCEMENT COMPLAINT FORM**

THIS SECTION MUST BE COMPLETE FOR US TO ACT ON THE MATTER

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR PHONE NUMBER: DAYTIME _____ EVENING _____

SIGNATURE: _____ DATE: _____

THIS SECTION IS ABOUT THE COMPLAINT - BE CONCISE AND COMPLETE

ADDRESS OF THE VIOLATION: _____

BLOCK: _____ LOT: _____ (IF KNOWN)

PROPERTY OWNER (IF KNOWN:) _____

NATURE OF COMPLAINT: _____

THIS SECTION IS FOR DEPARTMENT USE ONLY

INSPECTOR: _____ INSPECTION DATE: _____ INSPECTOR'S INITIALS: _____

ASSUMED VIOLATION: _____ VERIFIED: YES NO

- 2 or more Residences on Single Family lot
- Approved Plan/Code Violation
- Commercial Use in Residential Zone
- Fire Code Violation
- Illegal Signs

- No Permit
- Occupancy without an approved final
- Unsafe Conditions
- Violation of Building Permit Conditions

INSPECTOR'S OBSERVATION/ACTION: _____

(CONTINUE ON BACK IF NECESSARY)

CC: _____