



**TOWN OF BETHEL**  
**ANTI-BLIGHT OFFICER**  
 Planning & Zoning Department  
 1 School Street, Bethel, Connecticut 06801

Date Received: \_\_\_\_\_

**ANTI-BLIGHT COMPLAINT FORM**

**ADDRESS OF COMPLAINT:** \_\_\_\_\_

Tax Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Tenant** (if different from owner): \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Nature of Complaint / Alleged Violation(s):**

**Blighted premises** shall mean any residential and/or housing structures and out buildings or parcels of land in a residential neighborhood in which at least one of the following conditions exist: **(check those that apply)**

- It is attracting illegal activity as documented by the police department.
- In the opinion of and documented by the fire marshal or by the local fire department, it is a fire hazard.
- Structures including out buildings, garages and porches that are dilapidated; have collapsing and/or missing walls and/or roofs; and/or structurally faulty or collapsing foundations.
- Garbage and trash that is not contained and covered.
- Landscaping including but not limited to trees, brush, shrubs, hedges and plants, which physically hinder or interfere with the lawful use of abutting premises or block or interfere with the use of any public sidewalk, public street, public right-of-way, public road sign and/or private street or private right-of-way.
- One (1) or more abandoned or unregistered motor vehicles situated on the premises.
- One (1) or more pieces of non-operational mechanical equipment stored on the premises.
- Premises containing accumulated debris.

Additional information \_\_\_\_\_

**Name of Complainant** (required): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ or  Taken over the phone

For Official Use Only **Complaint Assigned to:**

Date Assigned: \_\_\_\_\_

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Zoning Enforcement Officer | <input type="checkbox"/> Building Official | <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Health Director |
| <input type="checkbox"/> Police Department          | <input type="checkbox"/> Health Director   | <input type="checkbox"/> Public Works | <input type="checkbox"/> Other           |

**Notes:** \_\_\_\_\_