



**TOWN OF BETHEL**  
**Planning and Zoning Department**  
1 School Street, Bethel, Connecticut 06801  
Phone (203) 794-8578 Fax (203) 778-7518  
[landuse@bethel-ct.gov](mailto:landuse@bethel-ct.gov)  
[www.bethel-ct.gov](http://www.bethel-ct.gov)

**ZONING COMPLAINT FORM**

**DATE** \_\_\_\_\_

=====  
**Address of Complaint** \_\_\_\_\_

**Tax Map No.** \_\_\_\_\_, **Block:** \_\_\_\_\_, **Lot:** \_\_\_\_\_ **ZONE** \_\_\_\_\_

**Owner or Tenant** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Signature of Complainant** \_\_\_\_\_

=====  
**Referred to the following Departments:**

- |   |  |
|---|--|
| <input type="checkbox"/> INLAND WETLAND AGENT | <input type="checkbox"/> BUILDING DEPT |
| <input type="checkbox"/> FIRE MARSHAL         | <input type="checkbox"/> HEALTH DEPT   |
| <input type="checkbox"/> PUBLIC WORKS DEPT    | <input type="checkbox"/> POLICE DEPT   |
| <input type="checkbox"/> FIRST SELECTMAN      | <input type="checkbox"/> Other _____   |

**Field Inspection Dates and Findings:**

**Inspection Date:** \_\_\_\_\_ **Zoning Inspector** \_\_\_\_\_

**Findings:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_