

Cheryl A. Vallerie
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Incorporated 1787
Planning & Zoning Commission

Sally Korsh, Chair
Alexander Burns, Vice Chair
Gus Christensen, Member
Lauren Gojkovich, Member
Joseph Leone, Member
Megan Loucas, Member
Michael Reiner, Member

ZONING COMPLAINT FORM

Property Address of Alleged Violation: _____

Property Owner (if known): _____

Description of Alleged Violation: _____
If including attachments and/or pictures, check here

The Complaint is a public file subject to disclosure under the Connecticut Freedom of Information Act

Complainant Name: _____ Email: _____

Complainant Address: _____ Phone: _____

Complainant Signature: _____ Date: _____

The Town of Weston shall not respond to incomplete or anonymous complaints EXCEPT such complaints which, in the sole discretion of the ZEO, allege violations which pose an immediate danger to the health, safety and general welfare of the community.

OFFICE USE:

Date of Investigation: _____ Follow-up Investigations: _____

Map: _____ Block: _____ Lot: _____ Zone: _____

Inspection Findings: Action Taken No Violation Found Undetermined Based on Available information

Referrals: Inland Wetlands Health Dept Building Dept Public Works Police Fire First Selectperson