



Any person having complaint regarding any property within the City may at any time file a formal complaint by completing the following Zoning Complaint Form to the Community & Economic Development Department.

Upon receipt of a complaint, the appropriate City Departments will investigate the property and the claims of violation reported against it.





3401 Evaline Avenue, Hamtramck, Michigan 48212  
 Phone: 313.870.0355 Fax: 313.876.7771

**Office Use Only:**

Compliant Date: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I. PROPERTY INFORMATION**

Address: \_\_\_\_\_ Cross Streets: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

**II. COMPLAINANT INFORMATION** (optional)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you the Property Owner:  Yes  No Relationship to Property Owner: \_\_\_\_\_

**III. COMPLAINT** (attach separate sheets if necessary)

Explain in detail how the Zoning Ordinance is being violated. Include photographs if available.

**IV. REVIEW RECORD – OFFICE USE ONLY**

Reviews Required	Date Approved	Reviewed By
1. Department of Public Services		
2. Department of Community & Economic Development		
3. Police Department		
4. Fire Department		
5. Other		

**V. VALIDATION – OFFICE USE ONLY**

Building Permit Number:

Building Permit Issue Date:

Use Group:

Building Permit Fee:

Fire Rating:

Certificate of Occupancy Fee:

Live Loading:

Drain Title Fee:

Occupancy Load:

Plan Review Fee:

Approved By:

Title:

Date: