



# TOWN OF CARVER

## Permitting Department

108 Main Street, Carver, MA 02330

508-866-3450

### **REQUEST FOR ENFORCEMENT**

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

To: Inspector of Buildings / Zoning Enforcement Officer / Board of Health Agent

I believe the Town Bylaws, Zoning Bylaws, State Building Code or State Sanitary Code (circle one) is being violated because:

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(Please attach additional pages if needed)

Address of Allege Violation: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

I am basing my allegations on the above facts and understand that as the complainant, I may be asked to participate with the Inspector of Buildings/Zoning Enforcement Officer or the Board of Health Agent by appearing jointly with him/her at court in the event the Inspector of Buildings/Zoning Officer or the Board of Health Agent is personally unable to verify my allegations, thereby requiring legal proceedings to enforce the regulation referenced above. Pursuant to the above allegations I am requesting an investigation and enforcement if applicable.

I am certifying under the pains and penalties of perjury that the information provided above is true and correct.

Complainant original signature: \_\_\_\_\_

The following information is required. Failure to provide your name, address and telephone number will result in the Inspector of Buildings/Zoning Enforcement Officer or the Board of Health Agent to process the complaint at his/her discretion. (PLEASE PRINT)

Complainant Name: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

### Findings from Inspection:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Inspector Printed Name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_