



**Town of New Shoreham  
ZONING COMPLAINT FORM**

Jennifer Brady  
Zoning Official  
Administrative Officer  
Town of New Shoreham  
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Name: \_\_\_\_\_

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_ Fire#: \_\_\_\_\_ Street: \_\_\_\_\_

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

**Subject of Complaint:**

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

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_ Fire#: \_\_\_\_\_ Street: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Description of Complaint: (Please be specific on the zoning ordinance section and nature of activity)

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

*Zoning Official Report*

*Date Complaint Received:*

\_\_\_\_\_

*Date of On-Site Inspections:*

\_\_\_\_\_

*Violation Notice Sent:* Yes \_\_\_\_\_ No \_\_\_\_\_

*Violation Found (if any):*

\_\_\_\_\_ *And/or*

*Corrective Actions Ordered:*