



# Request for Zoning Violation Inspection: #

*to be completed by Planning & Zoning staff*

80 Front Street – PO Box 558 - Lovingston, VA 22949 (434) 263-7090 [Phone] ▪ (434) 263-7086 [Fax]

VIOLATION INFORMATION	
Address / Location:	
Property Owner:	
Description of Violation:  (Please provide specific details about the location, duration, and other characteristics.)	

YOUR CONTACT INFORMATION		
Name:		
Address:		City/State/Zip:
Home/Work Phone:	Cell:	Fax:
Email:		

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

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

Date received:

<b>TO BE FILLED BY COUNTY STAFF</b>					
	Inspection Date	Notes	Determination	Letter	Other notes
Initial Inspection					
Follow-up					
Follow-up					

Outcome: