



HUNTINGTON TOWNSHIP

P.O. BOX 247

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ZONING COMPLAINT

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LOCATION OF ZONING ISSUE: _____

NAME (OWNER): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CURRENT USE OF THE PROPERTY: _____

NATURE OF COMPLAINT: _____

TO BE COMPLETED BY ZONING OFFICIAL

TAX MAP PARCEL NO: _____

PROPERTY ZONE: AC RA RS CI FP (CIRCLE ONE)

ZONING REFERENCE FOR POTENTIAL VIOLATION: _____

IS USE PERMITTED IN THIS ZONE? ☐ YES ☐ NO

IS THERE AN EXISTING NONCONFORMITY? ☐ YES ☐ NO _____

INVESTIGATION NOTES: _____

CORRECTIVE ACTION TAKEN: _____

ISSUE RESOLVED ☐ _____ DATE _____ UNRESOLVED ☐ _____ DATE _____

COMPLAINT CLOSED: _____ DATE _____

SCOTT LONGSTRETH, PE
ZONING OFFICER