

TOWN OF TROY CODE VIOLATION

FOR OFFICE USE ONLY

Date received by Zoning Administrator: _____

Address of Property: _____

Owner of Property: _____

Owner's Address: _____

Occupant's Name: _____

Date of Inspection: _____

Inspector's Findings: _____

If violation is found, describe and list Zoning Code Section Violated: _____

Action and Date of Action Taken: _____

Response of Owner or Occupant, if any, including date: _____

Date of Compliance: _____

Case Closing Date: _____

Zoning Administrator or Designee

Date: