

COMPLAINT CASE # _____

TOWN OF COVENTRY-BLIGHT COMPLAINT FORM

(Please fill in the information and submit this form to the Land Use Office if you have an incident of blight to report)

1. Street Address of prospective Blighted Property _____

2. How long has blight been present? Less than 1 year More than 1 year Don't know

3. Describe the prospective blight condition: *(check all that apply)*

- Any structure which is in a state of dilapidation or decay; or is open to the elements as a result of damage, dilapidation or decay; or unable to provide shelter, or serve the purpose for which it is constructed due to damage, dilapidation, or decay;
- Premises occupied by a structure intended for human occupancy, in which weeds, or similar vegetation (excluding flowers, fruits and vegetables, and areas maintained in their original naturally wooded state, or natural field state) is allowed to reach or remain at a heights of 36 inches or greater for a period of thirty (30) days or longer;
- Dead, decayed, diseased or damaged trees constituting a hazard or danger to persons or property;
- Two or more unregistered motor vehicles in the public view pursuant to C.G.S. 14-150a;
- Residentially zoned property with any combination of five or more pieces of mechanical equipment stored on the premises and in the public view;
- Residential or commercial zoned property that has any of the following conditions:
 - 1) Premises containing accumulated debris, not including compost piles or piles of grass and/or brush which are not visible from a public right-of-way and do not otherwise constitute a public health or safety hazard; or
 - 2) Landscaping, including but not limited to, trees, shrubs, hedges, grass and plants, on any premises which physically hinder or interfere with the lawful use of abutting premises or block or interfere with the use of any public sidewalk and/or private street or right-of-way or any road sign.

(Please refer to reverse side for definitions of key terms)

4. Is the property a rental? Yes No Don't Know

5. Any other comments that you would like to make? _____

CONTACT INFORMATION *(Person Submitting Complaint)*

Name: _____

Address: _____

Telephone #: _____

Email: _____

Signature: _____

(Signed complaints will receive priority over anonymous complaints)

TOWN OF COVENTRY

BLIGHT ROUTING FORM

COMPLAINT CASE # _____

STREET ADDRESS OF BLIGHTED PROPERTY: _____

NATURE OF COMPLAINT: _____

STAFF TO BE INVOLVED TO ASSESS BLIGHT COMPLAINT:

_____ BUILDING OFFICIAL

_____ SANITARIAN

_____ ZONING AGENT

_____ TREE WARDEN

_____ POLICE DEPARTMENT

_____ DEPARTMENT OF PUBLIC WORKS

DATE COMPLAINT FORWARDED _____

DATED COMPLAINT REVIEWED _____

ACTION TO BE TAKEN BY _____