



# Town of Danvers

## Planning & Economic Development Division

1 Sylvan Street, Danvers, Massachusetts 01923 | p: 978-777-0001

[www.danversma.gov](http://www.danversma.gov)

David Fields, Director  
Josh Morris, Principal Planner  
Georgia Pendergast, Planner

### REQUEST FOR ENFORCEMENT

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

**I believe that the Danvers Zoning By-law is being violated because:**

*Reference the applicable sections of the Zoning By-law that you believe are being violated. Include the relevant section numbers and headings of the by-law being violated. Use additional sheets if needed. Include photos or other documents if available.*

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Address of Alleged Violation: \_\_\_\_\_

I am basing my allegations on the above facts, and understand that as the complainant, I may be asked to participate in enforcement efforts by appearing at court in the event the Administrative Staff is unable to verify my allegations, thereby requiring legal proceedings to enforce the regulation(s) cited above. Pursuant to the above allegations I am requesting an investigation and enforcement, if applicable.

*I am certifying under the pains and penalties of perjury that the information provided above is true and correct.*

Complainant Original Signature: \_\_\_\_\_

**Per M.G.L. 148A Section 2; Fine: Whoever, upon request of any local code enforcement officer, refuses to state their name and address, or if they state a false name and address or a name and address which is not their name and address in ordinary use, shall be punished by a fine of not more than \$200."**

The following information is required. Required fields not filled out will cause this form to be invalid.

<b>Name:</b>	<b>Daytime Phone:</b>
<b>Address:</b>	<b>Email Address:</b>

**RETURN THIS FORM TO [GPENDERGAST@DANVERSMA.GOV](mailto:GPENDERGAST@DANVERSMA.GOV) OR TO THE PLANNING DIVISION ON THE 2<sup>ND</sup> FLOOR OF TOWN HALL, 1 SYLVAN STREET, DANVERS.**

FOR STAFF USE ONLY

DATE RECEIVED: \_\_\_\_\_ BY (INITIALS) \_\_\_\_\_