

Parcel ID(s): __

City of Duluth Planning Division

411 West First Street • Room 208 • Duluth, Minnesota 55802-1197 218-730-5580 • Fax: 218-730-5904 • www.duluthmn.gov

An Equal Opportunity Employer

Zoning Code Enforcement INTAKE FORM

Date	e:	Address of Code Vio	olation*:			
		*or nearest street interse				
Nan	ne of Violator (if known)	:			_	
Тур	e of Violation (check all th ☐ Use of property (i.e. ☐ Noise ☐ Ligh					□ Odor lain below)
You orde	r Contact Information (i	.e. person filing complai	int. Note	his information is not	shared unless re	quired by legal
0.0.0	Name:	Phone):			
	Email:					
Ехр	lain the dates, times, an	d frequency of violat	ions:			
-	lain the location of the v	riolation on the lot. D	raw a m	ap if necessary to i	llustrate any is:	sues you are
noti	cing:					
	Please email using th	e Submit button on top	of the pa	ge, mail or drop off a	t the address list	ted above
time	k you for contacting the City of and the City generally does n ngs. If you would like to inquir	ot share information abou	t investiga	tions until findings have	been made and the	
	For office use only:					
	Date Received:					