DISTRESSED PROPERTY COMPLAINT FORM

If there is a blighted building in your neighborhood, complete this form and mail it to Office of the First Selectman, Town of Stonington, 152 Elm St., Stonington, CT 06378 or fax it to 860-535-1046. (If you have received this form via email, you may return it to Selectmen@Stonington-ct.gov) The Distressed Buildings Coalition will conduct a site visit and, if the conditions meet the standards established by the Distressed Buildings Ordinance, the property owner will be cited. (If you wish to remain anonymous, simply omit your name and address below.) For more information contact Office of the First Selectman at 860-535-5050.

Address of Distressed Property: ____________________________________________ Date: ______________ 

Distressed Conditions (Check (√) all that apply)

Exterior windows or doors
( ) Broken or missing
( ) Boarded
( ) Other ___________________________________________________________________________________________________

Exterior portions of the building are damaged; deteriorating, collapsing, and/or leave interior open to weather
( ) Walls
( ) Roof
( ) Porches
( ) Chimneys
( ) Other ___________________________________________________________________________________________________

Foundation walls
( ) Damaged
( ) Collapsing
( ) Other ___________________________________________________________________________________________________

Property is a menace to public health, safety, or welfare
( ) Trash, litter, or garbage
( ) Abandoned cars
( ) Other ___________________________________________________________________________________________________

Condition of property interferes with use and enjoyment of other space within the building or in the neighborhood
( ) Yes. Please describe ______________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

How long has property been in this condition? ____________________________________________________________

Name of Person Making Report: ________________________________________________________________________

Your Address: __________________________________________ Phone_______________________

Email: _____________________________________________________________________________________________

FOR OFFICE USE

Initials of Town Enforcement Official ______________

Rev.09.28.10