TOWN OF Leesburg VIRGINIA

Department of Planning, Zoning and Development
25 West Market Street, Leesburg, Virginia 20176
703-771-2765/Fax-703-771-2724
www.leesburgva.gov/planning

Excessive Occupancy Questionnaire

The following questionnaire is a recommended guideline for reporting an excessive occupancy complaint. Providing accurate and detailed responses to these questions will assist town staff to more effectively target their investigative efforts and will expedite the Town's ability to determine whether a violation exists related to your specific concern. If you have any additional questions or comments, please contact the Zoning Division at 703-771-2765. **PLEASE TYPE OR PRINT CLEARLY.**

ADDRESS OF PROPERTY IN QUESTION:

1. How many persons would you estimate are living at the residence on a permanent basis?

2. How did you conclude that these people are permanent residents?

3. Does the number of persons fluctuate throughout the week?   yes   no

4. Do more people stay at the residence on the weekends?   yes   no

5. Specify the number of adults (both male and female) and children, if possible

6. During what times of the day is the problem most noticeable?   am   pm

7. How many entrances/exits are used at the residence?   1-2   3 or more?

8. How long has the overcrowding problem been occurring at the residence?

9. How many vehicles do you believe are associated with the residence?

10. Briefly describe the makes, models, colors and license plate numbers of vehicles you believe may be linked to the residents of the dwelling?

11. Do you notice an unusually large amount of trash placed in front of the residence on trash collection days?
    yes   no

12. On what day of the week is trash collected at the residence?

13. Are there any other associated problems, such as parking or excessive noise?

14. What would be the best time for the Town Inspectors to observe the alleged violation?

15. Would you be willing to document your observation in writing, in the future   yes   no

Contact information: Name: _____
    REQUIRED.

    Address: _____

    Phone Number: _____

Revised 2013-06-17