



COUNTY OF SAN BENITO
RESOURCE MANAGEMENT AGENCY
PLANNING AND BUILDING INSPECTION SERVICES

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BUILDING CODE ENFORCEMENT COMPLAINT FORM

(Please Print Legibly)

ADDRESS OF VIOLATION: _____ NEAREST CROSS STREET: _____

PARCEL #: _____ PROPERTY OWNER: _____

DETAILS OF VIOLATION(S): _____

***CONFIDENTIAL: THIS INFORMATION WILL NOT BE RELEASED, PER EVIDENCE CODE 1040 B (2)**

*COMPLAINANT'S NAME: _____

*COMPLAINANT'S ADDRESS: _____

*PHONE #: _____ *EMAIL: _____

(FOR OFFICE USE ONLY)

PREVIOUS CASES: _____

DATE RECEIVED: _____ COMPLAINT TAKEN BY: _____

TYPE OF COMPLAINT: BUILDING ZONING HOUSING GRADING OTHER: _____

DATE REFERRED: _____ REFERRED BY: _____ CASE # _____

COMPLAINT REFERRED TO:

- | | |
|--|---|
| <input type="checkbox"/> BUILDING DEPARTMENT | <input type="checkbox"/> PUBLIC WORKS/ENGINEERING |
| <input type="checkbox"/> CODE ENFORCEMENT | <input type="checkbox"/> HEALTH DEPARTMENT |
| <input type="checkbox"/> FIRE DEPARTMENT | <input type="checkbox"/> OTHER: _____ |