

HISTORIC PRESERVATION DISTRICT COMPLAINT INVESTIGATION REPORT

DATE COMPLAINT RECEIVED _____ RECEIVED BY _____

If you want a status report we will need the following information:

NAME OF COMPLAINANT _____

ADDRESS OF
COMPLAINANT _____

PHONE #s OF COMPLAINANT _____

ADDRESS OF
VIOLATION _____

DESCRIPTION OF
LOCATION _____

OWNER (if known)

Name _____

COMMENTS BY COMPLAINANT:

Address _____

NATURE OF COMPLAINT/VIOLATION

M/HOUSING _____ COA _____ OTHER _____ JUNKED/NUISANCE VEHICLE (S) _____
UDO VIOLATION _____ TRASH/JUNK _____ OG LOT _____ HEALTH/FIRE HAZARD _____ SEWER _____
LAPS/LIMBS _____ SATELLITE DISH _____ ILLEGAL PARKING _____ NO BLD PERMIT _____

Referred To Staff: _____ Date Submitted _____ COMPLAINT # HP- _____

RESULTS OF INVESTIGATION

DATE OF INVESTIGATION: _____ BY: _____

DIRECTIVE: _____

DISPOSITION: _____

SIGNED _____ DATE MAILED _____ TENTATIVE COMPLIANCE DATE _____

NUISANCE SPECIFICS:

Inappropriate building materials _____ Weeds/Grass/Vegetation over 8" high w/in 200 ft. of Property Line _____
Structural Concerns _____ Collection of Stagnant Water _____ Junk _____ Garbage _____ Building Materials _____
Guidelines _____ Trash _____ Paper _____ Tires/Tubes _____ Appliances _____ Metal Products _____
Non-op Vehicle/Parts _____ Health/Fire Hazards _____ Fencing _____ Kennels _____ Other _____

RESULTS OF INVESTIGATION

REFERRAL OF INVESTIGATION: _____ TO: _____

COMMENTS: _____

DIRECTIVE: _____

DISPOSITION: _____

SIGNED _____ DATE MAILED _____ TENTATIVE COMPLIANCE DATE _____