

Violation Complaint Form VCM
CDE-001

Date Received _____ Staff _____ Complainant _____ Phone # _____

1. Property Address _____

City _____ Assessor's Parcel # _____ - _____ - _____
Zoning _____ Parcel Size _____
Property Owner's Name _____ Phone # _____
Owner's Mailing Address _____

2. Nature of the Complaint (Check Box(es) and describe)

Zoning Code Violation(s) Violation No. _____

Health Code Violation(s) Violation No. _____

Building Code Violation(s) Violation No. _____
 CWOP **HAZ/SUB**

Grading / Fill without Permit(s) Violation No. _____

⬇ **CODE ENFORCEMENT STAFF USE ONLY BELOW THIS LINE** ⬆

3. Report of Investigation

Date	

Letter _____ Letter _____ Letter _____
 Recorded Other _____
Priority _____ Date Violation Closed _____ Permit # _____

Code Enforcement Report of Investigation

CDE-001

Date of Inspection _____

Inspector _____

Violation # _____

Rental Owner Occupied Unknown

Construction without Permits

New Detached Structure

Approximate Size _____

Addition

Approximate Size _____

Other

Grading/Fill without Permits

NPDES

Approximate Quantity Observed _____

Substandard / Hazardous

Inadequate Sanitation

Structural Hazards

Hazardous Electrical Wiring

Hazardous Plumbing

Hazardous Mechanical

Improper Occupancy

Referrals:

- | | |
|---|---|
| <input type="checkbox"/> Agriculture Commissioner | <input type="checkbox"/> Project Review |
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Regional Water Quality Board |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Well & Septic |
| <input type="checkbox"/> Army Corps of Engineers | <input type="checkbox"/> City: _____ |
| <input type="checkbox"/> Encroachment | _____ |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fish & Game | _____ |
| <input type="checkbox"/> County Dept. of Transportation | |

Permits Required:

Building

- | | |
|--|---|
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Retaining Walls |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Structural Roof |
| <input type="checkbox"/> Subject to Field Inspection | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Non-Engineered Plans | <input type="checkbox"/> Engineered Plans |

Grading

- | | |
|---|---|
| <input type="checkbox"/> Non-Engineered Plans | <input type="checkbox"/> Engineered Plans |
| <input type="checkbox"/> 1108 | <input type="checkbox"/> Drainage Review |


Zoning

- | | | |
|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Use | <input type="checkbox"/> Zoning | <input type="checkbox"/> Not Allowed |
| <input type="checkbox"/> Administrative Design Review | | |

Septic

- | |
|---|
| <input type="checkbox"/> Abatement Repair |
| <input type="checkbox"/> Connect to Sewer |
| <input type="checkbox"/> Plumbing Repair Permit |

Site Plan Sketch
(not to scale)



dpw CDE-001.cdr 06/17/08

Priority Score: (1=Low 20=Highest)

- | | |
|-------|--|
| _____ | Threat to Public Safety (1-20) |
| _____ | Effect on Other People/Properties (1-20) |
| _____ | No. of People/Properties Impacted (1-20) |
| _____ | Number of Complaints (5-20) |
| _____ | Economic Incentive (1-20) |
| _____ | Culpability of Violator (1-20) |
| _____ | Total |

Sonoma County Permit and Resource Management Department

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