

**CITY OF GRASS VALLEY
COMMUNITY DEVELOPMENT DEPARTMENT**

125 E. Main St., Grass Valley, Ca 95945
Code Enforcement 530.274.4348 / City Building Division 530.274.4340 / City Planning Division 530.274.4330

CODE ENFORCEMENT INVESTIGATION REQUEST

- All requests are confidential and requester information is destroyed at the conclusion of a case.
- In order for the City to process this request, requester must provide all information requested below.
- The City will not process or respond to anonymous requests.

THIS ENTIRE SECTION TO BE COMPLETED BY REQUESTER

PLEASE PRINT CLEARLY

LOCATION OF REQUEST

Address:

Location on property:

NATURE OF REQUEST

Check box and describe below

- | | | |
|---|---|--|
| <input type="checkbox"/> Unsanitary / unsafe property | <input type="checkbox"/> Building code violation (work without permit, etc) | <input type="checkbox"/> Hazardous obstruction |
| <input type="checkbox"/> Trash, junk, debris | <input type="checkbox"/> Substandard housing conditions | <input type="checkbox"/> Zoning violation |
| <input type="checkbox"/> Overgrown and/or piles of vegetation | <input type="checkbox"/> Deteriorated, dangerous, unsafe building(s) | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Abandoned / inoperative vehicles | <input type="checkbox"/> Improper or unapproved use or occupancy | <input type="checkbox"/> Polluted water |
| <input type="checkbox"/> Environmental (sewage, chemicals, etc) | <input type="checkbox"/> Encroachment in public right of way | <input type="checkbox"/> Other |

Description of issue(s) noted above (okay to write on other side or to attach additional page if necessary):

REQUESTER INFORMATION

Name:

Address:

City, state, zip:

Phone (with area code): Home:

Work:

Cell:

E-mail address:

Signature of requester:

Date:

THIS SECTION TO BE COMPLETED BY CITY STAFF

Receive date:

Receive time:

AM PM

Case #:

Received by (staff / print):

Initial:

Method received:

Phone

Mail

In person

City website

Referred to (Dept. / Agency):

PROPERTY AND OWNER INFORMATION

Owner:

APN:

Phone:

Address:

City, state, zip:

Other / Comments: