



CITY OF CALDWELL

DEPARTMENT OF BUILDING SAFETY

621 Cleveland Blvd. Caldwell, ID 83605

Ph: 208-455-3024 * Fax: 208-455-3050

CONSTRUCTION VIOLATION COMPLAINT FORM

NAME OF PERSON FILING COMPLAINT: _____

SIGNATURE: _____ DATE: _____

CONTACT INFORMATION: _____

ADDRESS OF ILLEGAL ACTIVITY: _____
(Required to verify if permit has been issued)

DESCRIBE ACTIVITY: _____

CONCERNS REGARDING ACTIVITY: _____

FOR OFFICIAL USE ONLY

HAS A BUILDING PERMIT BEEN ISSUED? YES _____ NO _____

IF SO, WHAT IS THE PERMIT NUMBER? _____

WHAT IS THE SCOPE OF WORK UNDER THIS PERMIT NUMBER? _____

IF NO PERMIT HAS BEEN ISSUED, PLEASE NOTE RESULTS OF STOP WORK ORDER: _____

DATE OF COMPLAINT: _____

DATE OF INSPECTION: _____ INSPECTOR: _____