



CODE COMPLIANCE INVESTIGATION REQUEST

CITY OF SOLVANG

PLANNING & BUILDING DEPARTMENT

411 Second Street | Solvang, CA 93463 | (805) 688-5575x240 | www.cityofsolvang.com

All requests are confidential and requester information is redacted. In order for the City to process this request, the requester must provide all information below. The city will not process or respond to anonymous requests.

The request form may be emailed to codeenforcementofficer@cityofsolvang.com, filled out online at: <https://www.cityofsolvang.com/FormCenter/Planning-and-Building-11/Code-Complaints-Form-64> or sent via mail to: Code compliance, 411 Second Street, Solvang, CA 93463

PLEASE OR TYPE PRINT CLEARLY

SECTION 1 – TO BE COMPLETED BY REQUESTER							
LOCATION OF COMPLAINT							
SUBJECT ADDRESS OR PROVIDE DESCRIPTION OF PROPOSED COMPLAINT WITH CROSS STREET:							
TYPE OF CODE COMPLAINT							
CHECK BOXES 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/Stormwater Violation
<input type="checkbox"/>	Environmental (sewage, chemicals, etc.)	<input type="checkbox"/>	Encroachment in public right of way	<input type="checkbox"/>	Other: _____		
Please Provide a Description of Complaint							
IF NECESSARY, ATTACH ADDITIONAL PAGE(S), PHOTOS, ETC.							
SECTION 2 – REQUESTER INFORMATION							
Name:							
Address:							
City, State, Zip:							
Phone (with area code):							
E-Mail:							
Date:							

FOR CITY USE ONLY

Receive date:			Case #:		
Method Received:	Mail	In person	Email/Web		