

Public Protection Cabinet Department of Housing, Buildings and Construction Division of Building Code Enforcement 500 Mero Street Frankfort, Kentucky 40601

BUILDING OFFICIAL COMPLAINT FORM Note: Please complete this form by typing or printing in dark ink.

RETURN COMPLETED FORM TO:

Gary Feck, Director Department of Housing, Buildings and Construction Division of Building Code Enforcement 500 Mero Street Frankfort, Kentucky 40601

Today's Date:							
I, Building Owner section the construction inspec	on above and	d am filing a ע	vritten compla	fully understand int against the Bui	the informa Iding Officia	tion in the al that was	e Notice to s involved in
COMPLAINANT NAMI	≣:						
MAILING ADDRESS:							
		STREET		CITY		STATE	ZIP CODE
PHONE NUMBERS:	HOME <u>(</u>)	-	<u>.</u> WORK ()	-	<u> </u>
LOCATION OF FACIL	ITY/PROJE	<u>CT</u>					

STREET:							
CITY:			WITHIN CITY LII	MITS: 🗌	YES NO		
COUNTY:			DATE PERM	IT ISSUE	D:		
DATE CONSTRUCTION STARTED:			DATE CONSTRUCTION FINISHED:				
INSPECTOR NAME:			CERTIFIED LEV	ΈL I, II, III			
WORKS FOR CITY OF	R COUNTY O	GOVERNMENT OF					
MAILING ADDRESS: _		STREET	CITY		STAT	E ZIP CODE	
PHONE NUMBERS:				< <u>(</u>) -	<u> </u>	
		Ken	RIDLED SPIRIT				

CONTRACTOR INFORMATION

MAILING	ADDRESS: _							
					CITY			ZIP CODE
PHONE	NUMBERS:	HOME <u>(</u>)	-	WORK ()	-	<u> </u>
NOTE: F	to describe	the problem	is with your	facility/pr	our complaint. You m oject and copies c lecessary and please	of contracts	or othe	r pertinent
l hav	e attached	_additional she	ets for my com	iplaint.	I have attached_	photogra	aphs for m	y complaint.

