



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

Building & Safety/Zoning Compliance

Date Received _____ Time _____ Taken By _____ Sup Dist _____

Complaint Report

Violation Address / Location _____ APN _____

Ordinance: _____ Zone: _____ CZ? _____ Appeals? _____ Overlay? _____

Property Owner's Name: _____ Phone No. _____

Property Owner's Mailing Address: _____

Is this related to cannabis activities? no yes

Alleged Violation / Brief Description _____

CONFIDENTIAL INFORMATION

Reporting Party _____

RP Mailing Address _____

*Contact #'s: Home _____ Work _____ *Cell _____

***Confirmation of reporting party via phone or email must be completed prior to investigation**

All information provided will be kept strictly confidential. However, should this complaint become part of a criminal and/or civil court case, this information may be provided to the District Attorney or any such other appropriate authority as part of their investigation.

Please note that any documentation or photographs submitted with a violation complaint or used to validate a violation complaint must be obtained in a manner consistent with all laws regarding trespass, privacy and property rights. Planning & Development cannot accept complaints where it is evident that knowledge or documentation of the violation was illegally obtained.

I would like to be contacted to discuss the violation complaint or receive an update.

Please contact me only if additional information on the complaint is required.

Investigator's Initial Contact Report:

Research:

Violation: Yes
No

Case opened _____

RP Contacted: _____ am/pm
 Date Time

Contacted by: _____
 Phone Email

Review Time: _____
Reviewed By: _____