



Division of Building Safety and Permits Complaint Form

Date Received: _____

COMPLAINANT (person making complaint)

Name: _____

Address: _____

Phone: _____

E-mail: _____

LANDLORD OR PROPERTY OWNER

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Anonymous complaints will only be accepted for Item No. 1 below. All complaints must be in writing on this form, no phoned complaints please. Deliver or e-mail this form to the address given below. Thank you. Uniform Statewide Building Code (USBC) Code sections below may be found at the DHCD website at: <http://www.dhcd.virginia.gov/StateBuildingCodesandRegulations/PDFs/2009/Code%20-%20VCC.pdf>

Address of Complaint: _____

Please state the nature of the complaint:

- 1. Work being done without a permit and not exempted by the USBC. See Sections 102.3 and 108.2 for work not required to have a permit and work exempt from permits.
- 2. A complaint against a landlord by a tenant of a residential rental property which violates the Unsafe Structures provisions of Part III of the USBC. USBC Section 104.1
- 3. A deficiency in work covered by the USBC and subject to Section 115.2.1 which limits enforcement of violations to a two-year period after initial occupancy or the date a Certificate of Occupancy is issued.
- 4. Abandonment of a permit for work suspended or abandoned for a period of more than six months from issuance of the permit. USBC Section 110.6
- 5. Change of Occupancy of a structure without written notice to the Division of Building Safety and Permits. USBC Section 103.3.
- 6. A structure is deemed Unsafe and is either under construction, built without a permit, and has not received a Certificate of Occupancy per USBC Section 118.1 or is an existing building subject to James City County (JCC) Code Chapter 4, Article VII, "Unsafe Buildings and Structures", found at the JCC website at: <http://www.jamecitycountyva.gov/attorney/county-code.html>
- 7. Other (please explain): _____

Have you contacted other agencies or an attorney regarding this matter? Yes No If Yes,

Who? _____ Phone No.: _____

