BONNER COUNTY PLANNING DEPARTMENT

1500 Hwy 2, Suite 208, Sandpoint, Idaho 83864
Phone: (208) 265-1458 – Email: planning@bonnercountyid.gov

<u>COMPLAINT/VIOLATION FORM</u>

VIOLATION NUMBER:	**Please supply evidence of the violation occurring onsite at the time the complaint is submitted to the Bonner County Planning Department** (*photographs, newspaper ads, etc.*)
	COMPLAINT:

Assessor's Parcel Number:
Subject Property Owner Name:
Site Address:
Directions to Site:
Description of Site: *(Identifying structure or landmark)*

OFFICE USE ONLY

Type of violation, BCRC section citation, zoning district:	
Stop work order placed:	**Stop work order lifted:**
Letter 1 mailed on:	**Letter 2 mailed on:**
Complaint summary to PA:	**PA letter mailed:**

ACTION TAKEN (Check One): ☐ **Abated By:** ☐ **Unfounded**		**Date Submitted:**
☐ **Notice To Title Recorded Instrument #**		
☐ **Notice to Title lifted on** **at Instrument #**		
BY:		

While investigating an alleged violation it may be necessary for Bonner County Planning Department staff to contact you in order to obtain additional information. Staff may also seek your permission to access your adjacent property in order to view the violation if it cannot be seen from the public right-of-way. In order to facilitate the quickest possible response to your complaint, please provide us with your contact information. This information will be confidential during the investigation. Thank you for your assistance.

Name:

Home Number:

Cell Phone Number:

Best Time of Day to Call *(circle one):*   *Morning*   *Afternoon*   *Anytime*

Email Address:

Mailing Address:

Physical Address:

Can you see the alleged violation from your property?   *Yes*   *No*

Would you allow a member of the Bonner County Planning Staff to access your site in order to investigate the alleged violation?   *Yes*   *No*

By signing I/we grant permission to Bonner County employees or officials to enter upon my/our property to make examinations and investigate the alleged violation occurring on adjacent properties.

Signature: Date: