

DEVELOPMENT SERVICES OFFICE CODE VIOLATION REFERRAL FORM

BUILDING INSPECTION OFFICE
SANTA CLARA COUNTY

All referrals must be submitted in writing. Identifying information of the person filing this referral will be kept confidential. An inspector will be sent as soon as possible to investigate referrals regarding possible violations of the BUILDING codes, for example: building without a permit, exceeding the workscope of a permit, unauthorized change of use, conditions of a structure or dwelling that are unsafe or hazardous, etc.

Please PRINT the following information

Address or Location of the Property: _____

APN (if known) _____

Property Owner's Name _____

Property Owner's Address _____

Property Owner's Telephone _____

Describe what you believe to be a possible violation of the building codes:

Your Name _____

Your Address _____

Your Daytime Telephone _____

Signature: _____ Date: _____

Mail: Building Inspection Office
County Administration Building
70 W. Hedding St, E 7
San Jose, CA 95110

or Fax: (408) 279 8537