

Okeechobee County Community Development Department Building Code Compliance Department

Building Code Compliance Department
1700 NW 9th Avenue, Suite A, Okeechobee, Florida 34972
Phone (863) 763-5548

Your name:		_ Address:		
Telephone:	11	_		Od
	Home			Other
Contact other th	nan yourself:			
Name:		_ Phone:	: (H):	
	SUBJECT OF CON	TRACTOR (COMPI	LAINT
Name:				
(Person and/or Company)			
Address:		Phone:	:	
_				
Contractor Lice	ense Number (if known):			
Occupation:				
Have you conta	cted subject concerning complaint?	Yes No	Date co	ontacted:
	Statute of Limitations, please do not a r civil remedies in this matter.	delay in consul	lting wii	th an attorney or initiating any action
Please list witne	esses concerning this matter:			
Please give full	details of your complaint.			

I addition to your complete written statement, we are request with the contractor and evidence supporting your allegations.	
*Contract between you and contractor * *Liens, judgements and notices to owner including copies of	Proof of payment (canceled checks, receipts, etc.) related work.
Was a permit obtained from the Building Department?	
Permit Number:	Yes No
Has the contractor offered to make repairs?	No
Has the contractor made attempts to make repairs?	
Yes Have you had any other licensed contractor, architect or engin	No neer inspect the work?
If yes, please furnish a copy of the report, if any.	Yes No
	SupplierBuilding Department cture worked on by contractor
Please check the category that best summarizes the work the Build a house Remodel Re-Roof entire house Re-Roof or repair part of to Installed air conditioning or heating at residence Built commercial structure Electrical work Other, as follows:	Remodel/built addition to commercial structure the roof of house Built a pool at house
Roof leaks, contractor will not repair	or will not correct problems Contractor failed to pay sub-contractors Contractor abandoned job
List the three (3) worst items you are complaining about; that not fix. 1.	
2.	
3.	
FLORIDA STATUTE 837.06, FALSE OFFICIAL STA statement in writing with the intent to mislead a public servar be guilty of a misdemeanor of the second degree.	~ · · · · · · · · · · · · · · · · · · ·
Signature (Required to be complete)	Date