



CHEROKEE COUNTY DEPARTMENT OF BUILDING SAFETY

208 E. Floyd Baker Blvd. – Gaffney, SC 29340

Phone: (864) 487-2561 – Fax: (864) 902-1100

COMPLAINT FORM

NAME OF PROPERTY OWNER _____

MAILING ADDRESS: _____

SITE ADDRESS: _____

HOME OR CONTACT PH # _____

COMPLAINT INFORMATION

COMPLAINT FILED AGAINST (NAME): _____

MAILING ADDRESS FOR THE ABOVE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

TYPE CONSTRUCTION: RESIDENTIAL ___ COMMERCIAL ___ OTHER ___

SPECIFY IF OTHER _____

1) Is a copy of your contract attached? _____

2) Is a copy of the building permit attached? _____

3) If no permit was obtained, give brief explanation on next page:

4) What was the nature of the work performed?

new construction ___ repair/remodel ___ electrical ___ plumbing ___

5) If new construction, please state the approximate age of the home ___

6) Total amount of contract for work performed \$ _____

7) If repair/remodel, please give state the approximate date that:

Work was started _____ Work was completed _____

8) Have you hired an attorney? _____ If yes, please attach the contact address so that any correspondence related to this matter may be forwarded.

9) Have you contacted the contractor the make necessary corrections? _____

10) Has another contractor been hired by you to complete or remedy the problem stated in the complaint? _____ If yes, who? _____

Address of new contractor:

11) Please explain your complaint fully. Describe events in the order in which they occurred. Attach additional sheets if necessary.

Complainants signature: _____

Sworn to before me this _____ **day of** _____, _____

_____ **Notary Public State of** _____

My Commission Expires: _____

On separate attachment, please draw map to site from Town of Gaffney, SC.