



Building and Planning Department
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CODE ENFORCEMENT / VIOLATION COMPLAINT FORM

DATE: _____ DATE COMPLAINT OBSERVED: _____

ADDRESS OF COMPLAINT: _____

DIRECTIONS (PLEASE BE SPECIFIC): _____

WHAT TYPE OF PROBLEM HAS BEEN OBSERVED? (ADD ADDITIONAL PAGES IF NEEDED): _____

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE (PROVIDE N/A WHERE APPLICABLE):

PROPERTY OWNER'S NAME (COMPLAINT): _____

PROPERTY OWNER'S ADDRESS (COMPLAINT): _____

PROPERTY OWNER'S TELEPHONE NUMBER (COMPLAINT): _____

CITIZEN'S NAME OBSERVING COMPLAINT: _____

CITIZEN'S SIGNATURE: _____

CITIZEN'S ADDRESS: _____

CITIZEN'S TELEPHONE NUMBER: _____

CITIZEN'S EMAIL ADDRESS: _____

FOR OFFICE USE ONLY

TAX MAP #: _____ ZONING DIST.: _____ COUNCIL DIST.: _____

CODE VIOLATION SECTION(S): _____

IF THE POTENTIAL VIOLATION GOES TO COURT, WOULD YOU BE WILLING TO TESTIFY? YES ___ NO ___

DO YOU WANT TO REMAIN ANONYMOUS? YES ___ NO ___

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.