



CODE INVESTIGATOR REQUEST FORM

City of El Cerrito, Building Division
10890 San Pablo Ave
El Cerrito, CA 94530
(510) 215-4363

OFFICE USE ONLY

DATE: _____ RECEIVED BY: _____

CE#: _____ CODE SECTION: _____

IN-PERSON

CALL

MAIL

EMAIL

REPORTED BY:

Contact Name: _____

Address: _____

Email: _____ Phone #: _____

Note: Anonymous complaints cannot be processed. All information is kept confidential. This form can be completed, scanned, and emailed to: **CodeEnforcement@ci.el-cerrito.ca.us**

PROPERTY AND ALLEGED VIOLATION DESCRIPTION

RESIDENTIAL

COMMERCIAL

OTHER: _____

Address to be investigated: _____

Business Name (required if a business): _____

Property Owner Name (if known): _____

Email: _____ Phone #: _____

Alleged violation (use a separate sheet if necessary):

ADDRESS: _____ APN#: _____

INSPECTOR: _____ DATE ENTERED: _____ BY: _____

FIRST INSEPCION DATE: _____

VIOLATION CONFIRMED (YES/NO: _____) ECMC SECTION: _____

ZONING/GP/: _____ ENTITLEMENT (UP/VAR ETC): _____

NOV/STOP WORK ORDER: _____ FURTHER ACTION REQUIRED: YES NO

REFERRED TO:

CODE BUILDING PLANNING PUBLIC WORKS ECPD ECFD

ASSESSMENT/DETERMINATION: _____

ACTION TAKEN: _____

DATE	TIME	INSPECTION RESULTS	TIME SPENT	INSPECTOR