



Code Enforcement Investigation Request

CE-001

Community Development Department
 501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) permits@ci.ellensburg.wa.us

Note: This form is to be used only for Building and/or Structure violations related to the Building and Zoning Codes.

The City of Ellensburg Police Department Code Enforcement Division should be contacted for parking enforcement and nuisance properties at (509) 962-7282

Staff Use Only:	
Staff Person:	
Date Rec'd:	
CASE #:	

Part 1	VIOLATION INFORMATION / COMPLAINT:
Location of Violation:	
Violator Name (if known):	
Violation Alleged:	

Part 2	PERSON INITIATING REQUEST (required):		
Name:		Day Phone:	
Mailing Address:			
E-mail:			
<p>Under RCW 42.56.240(2), you as a complainant may indicate a desire that your identity not be disclosed upon an inquiry from the public. Please indicate your preference by checking the appropriate box below. If there is a public inquiry, and you have indicated that you desire nondisclosure, your identity will remain confidential to the extent permitted by the law. If this matter is filed as a case in court, your identity will be disclosed.</p> <p><input type="checkbox"/> You may disclose my identity upon public inquiry regarding this complaint.</p> <p><input type="checkbox"/> You may not disclose my identity upon public inquiries regarding this complaint, unless disclosure is required by law. (If this matter is filed as a case in court, your identity must be disclosed.)</p>			
Signature: _____ (required) Date: _____			

Part 3	STAFF TO COMPLETE THIS SECTION:		
Property Owner Name:		Day Phone:	
Owner Mailing Address:			
Owner E-mail:		Cell Phone:	
Address of Violation:		<input type="checkbox"/> Same as Owner Mailing Address	
Violator Name:		<input type="checkbox"/> Same as Owner	

STAFF USE ONLY:

Building Department
 Planning Department
 Public Works/ Stormwater
 Fire

Case #: _____ Date Received: _____ Received By: _____

Referred to Code Enforcement By: _____ Date: _____ Case Closed By: _____ Date: _____

Building Department	Permit History		
	Permit Number:	Nature of Work:	Permit Status:
	Inspection Notes:		
	Code Sections:		
	Constitutes a Code Violation? (date) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	1 st Enforcement Letter Sent? (date) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	Correction Notice Issued? (date) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____

Planning Department	Land Use Zone: _____	Allowed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Variance Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
	CUP Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Design Review Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Areas: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Notes:		
	Code Sections:		
	Constitutes a Code Deficiency or Violation? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	1 st Enforcement Letter Sent? (date) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	Correction Notice Issued? (date) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____

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