



THE CITY OF
SAN DIEGO

NEIGHBORHOOD CODE COMPLIANCE DEPARTMENT

REQUEST FOR INVESTIGATION

☐ NOISE ☐ LAND DEV. ☐ BLDG. CODE ENF. ☐ DISABLED ACCESS ☐ HOUSING ☐ WEEDS ☐ SIGNS ☐ ZONING

FOR OFFICE USE ONLY

DATE _____

BY _____

CONTROL # _____

T.B. Map # _____

VIOLATION ADDRESS _____ APT. # _____ ZIP CODE _____ CROSS STREET _____

☐ OWNER ☐ AGENT/MANAGER/RESPONSIBLE PARTY ☐ TENANT/LESSEE _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

ALLEGED VIOLATION _____

DID YOU CONTACT THE RESPONSIBLE PARTY? ☐ YES ☐ NO CONTACT DATE: _____

RESULT _____

IS THIS RESIDENTIAL PROPERTY? ☐ SINGLE FAMILY ☐ DUPLEX ☐ MULTIFAMILY ☐ _____

IS THIS COMMERCIAL PROPERTY? ☐ RETAIL SALES ☐ OFFICES ☐ RESTAURANT ☐ _____

IS THIS UNIMPROVED LAND? ☐ YES ☐ NO IS THIS WORK CURRENTLY IN PROGRESS? ☐ YES ☐ NO

WHEN WAS THE WORK STARTED? _____ COMPLETED? _____
(APPROX. DATE) (APPROX. DATE)

CAN THE VIOLATION BE OBSERVED FROM THE PUBLIC RIGHT-OF-WAY? ☐ YES ☐ NO

WILL YOU PROVIDE ACCESS TO THE INSPECTOR IF NECESSARY? ☐ YES ☐ NO

IS THERE ANY DRUG ACTIVITY AT THE SITE? ☐ YES ☐ NO ARE THERE LOOSE PETS AT THE SITE? ☐ YES ☐ NO

THE NOISE OCCURS: ☐ EVERY DAY ☐ DAYTIME (7 A.M. TO 7 P.M.) ☐ 5 TO 15 MINUTES.
☐ ONCE OR TWICE A WEEK ☐ EVENING (7 P.M. TO 10 P.M.) ☐ 15 TO 30 MINUTES.
☐ ON WEEKENDS ☐ NIGHT (10 P.M. TO 7 A. M.) ☐ MORE THAN 30 MINUTES.

PRINT YOUR NAME _____ YOUR ADDRESS, CITY, AND ZIP CODE _____

YOUR DAYTIME PHONE NUMBER _____ LANGUAGE SPOKEN _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ROUTE SLIP NO. _____ DATE SENT _____

DATE ASSIGNED _____ DATE DUE _____ LAMBERT COORDINATES _____

PRIORITY _____ COUNCIL DIST. _____ COMM. PLAN _____ EST. SETBACK _____

CURB-TO-PROPERTY LINE _____ DOC. # _____ DOC. DATE _____

ORDINANCE # _____ EFFECTIVE DATE _____ CUP/VARIANCE _____

BLDG PMT # _____ ISSUED _____ EXPIRED _____ FINALED _____

FILL OUT AS COMPLETELY AS POSSIBLE. THE MORE INFORMATION AVAILABLE THE BETTER SERVICE WE CAN PROVIDE. **IMPORTANT:** WE MUST HAVE THE CORRECT ADDRESS OF THE VIOLATION. PLEASE ATTACH ANY ADDITIONAL INFORMATION OR SKETCHES.

RETURN THE COMPLETED FORM AND KEEP US INFORMED OF ANY IMPROVEMENT OR LACK OF IMPROVEMENT. WE RELY ON YOU TO REQUEST FURTHER SERVICE WHEN NEEDED!

THE DEPARTMENT DOES NOT ENFORCE THE NOISE CODE WHEN THE ALLEGED VIOLATOR AND THE COMPLAINANT LIVE IN THE SAME APARTMENT OR CONDOMINIUM COMPLEX. WE SUGGEST YOU UTILIZE YOUR COMPLEX MANAGER, HOMEOWNER ASSOCIATION, MEDIATION SERVICES, OR THE CIVIL COURTS TO RESOLVE YOUR DISPUTE.

***CONTACT THE MEDIATION PROGRAM:** MEDIATION IS AN EFFECTIVE WAY FOR YOU AND THE PERSON RESPONSIBLE FOR THE PROBLEM TO RESOLVE THE DISPUTE. THIS IS A FREE SERVICE, PARTIALLY FUNDED BY THE CITY OF SAN DIEGO. FOR MORE INFORMATION, CALL 238-2400.

WHAT HAPPENS WHEN YOUR REQUEST FOR INVESTIGATION FORM IS RECEIVED BY THIS OFFICE

- 1. A WRITTEN SUMMARY OF THE COMPLAINT AND SUGGESTIONS FOR SOLUTION WILL BE MAILED TO THE RESPONSIBLE PERSON. WE HAVE FOUND THAT MOST PEOPLE WILL BEGIN CORRECTIVE ACTION AS SOON AS THEY RECEIVE THIS FIRST NOTICE.
- 2. THE AVERAGE RESPONSE TIME IS 10 TO 30 DAYS DEPENDING ON THE TYPE OF COMPLAINT.

TO RETURN TO OUR OFFICE: FOLD, STAPLE, AND MAIL TO OFFICE ADDRESS BELOW.

THE POSTAL
SERVICE WILL
NOT DELIVER
LETTERS THAT
DO NOT HAVE
A STAMP

NEIGHBORHOOD CODE COMPLIANCE
1200 THIRD AVE., 8TH FLOOR, MS 51N
SAN DIEGO, CA 92101-4106