



# LINCOLN COUNTY DEPARTMENT OF PLANNING AND ZONING

Building Safety • Code Enforcement • Planning • Solid Waste

PO Box 340 • 182 Humphrey Street • Lincolnton, Georgia 30817  
Phone 706-359-5522 • Fax 706-359-5831  
<http://www.lincolncounty.com>

## CODE ENFORCEMENT COMPLAINT FORM

**Instructions:** In order for your complaint to be accepted, you must fill in all questions indicated by \*\* completely and sign at the bottom of this form. It is important that you supply as much detail as possible. If you have any questions, call Code Enforcement at 706-359-5525.

**\*\*Date:** \_\_\_\_\_

**\*\*Address of Violation (s):** \_\_\_\_\_

**\*\*City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*\*Nearest Cross Street :** \_\_\_\_\_

**\*\*Subdivision:** \_\_\_\_\_

Residents Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*Details of Complaint: (be specific) :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?**

IE: Dangerous or unstable residents, dogs, hazardous waste, criminal activity, etc....

YES       NO       UNKNOWN

If yes, Identify hazard in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The top portion of this side is required and must be completed.

**Complainant:** (Your Name)

**\*\*Name:** \_\_\_\_\_

**\*\*Address:** \_\_\_\_\_

**\*\*City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*\*Day time phone # :** ( \_\_\_\_\_ ) \_\_\_\_\_

**\*\*Can violation be seen from the road or street?** ( ) Yes ( ) No If not , what is the best inspection point ? \_\_\_\_\_

Is the complainant a neighbor? ( ) Yes ( ) No

**\*\* The complainant gives the Code Enforcement Officer permission to use their property for viewing violation:** ( ) Yes ( ) No

If not, why: \_\_\_\_\_

**\*\*Will you, the complainant, testify in court should the need arise?** ( ) Yes ( ) No

(Note: your complaint may not be prosecutable without your testimony.)

If you have photos, or other related information, that can be used as evidence of this violation, please submit them with this application. The submitted documentation will not be returned and will become part of the complaint file.

By signing below, I hereby certify that all information submitted on and with this form is true and accurate to the best of my knowledge. I understand that the department will endeavor to keep all information regarding this complaint confidential, however any information regarding this complaint , complainants name, defendants name, action taken by this office, court action, etc... may become public record and must be disclosed upon proper request, as set forth in the "Freedom of Information Act"

\_\_\_\_\_  
COMPLAINANT

\_\_\_\_\_  
DATE

**Thank You for assisting in making *Lincoln County* a better place to live.**

**For Office Use Only**

**CASE #** \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(24 hour clock)

Code Officer Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Property Location: \_\_\_\_\_

Map #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ **\*\*Print and attach copy of Property Card and GIS Map to this Form.**

If this violation falls under the jurisdiction of another county department list the department: \_\_\_\_\_

Date referred: \_\_\_\_\_ Name/ position person case referred to: \_\_\_\_\_

Date Case closed or referred: \_\_\_\_\_

\_\_\_\_\_  
Code Officer Signature