



SINGLE FAMILY DWELLING  
 NEW CONSTRUCTION COMPLAINT FORM  
**CITY OF MT. WASHINGTON**  
**DEPARTMENT OF BUILDING CODES**  
 P.O. BOX 285 ~ 275 SNAPP STREET  
 Mt. Washington, KY 40047

Remit to: Ph. (502) 538-0515

**Building Official**

Don Coffman

[dcoffman@mtwky.org](mailto:dcoffman@mtwky.org)

I, \_\_\_\_\_, am filing a written complaint against the building ( ) **inspector** or ( ) **contractor** that was involved in the construction of my personal residence.

COMPLAINANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBERS: \_\_\_\_\_  
HOME WORK CELL

LOCATION OF RESIDENCE

SUBDIVISION: \_\_\_\_\_ LOT# \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DATE PERMIT ISSUED: \_\_\_\_\_

CONSTRUCTION START DATE: \_\_\_\_\_ DATE CONTRUCTION FINISHED: \_\_\_\_\_

**SPECIFIC CONTRACTOR INFORMATION**

**BUILDING CONTRACTOR:**

NAME OF INDIVIDUAL AND COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_  
( ) ( )  
**WORK** **CELL**

**ELECTRICAL CONTRACTOR:**

NAME OF INDIVIDUAL AND COMPANY \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_  
( ) ( )  
**WORK** **CELL**

