



SINGLE FAMILY DWELLING  
NEW CONSTRUCTION COMPLAINT FORM  
**CITY OF MT. WASHINGTON**  
**DEPARTMENT OF BUILDING CODES**

P.O. BOX 285 ~ 311 SNAPP STREET

Mt. Washington, KY 40047

(502) 538-0515

Email: [permitting@mtwky.org](mailto:permitting@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

**MECHANICAL (HVAC) CONTRACTOR:**

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

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

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

**PLUMBING CONTRACTOR:**

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

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

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

**NOTE: Please use the following area to state the nature of the complaint. You may wish to include photographs to describe the problems with your home. Attach additional pages if necessary and please type or print legibly.**

**You must supply a means to access the attic space.**

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I have attached additional sheets for my complaint.       I have attached \_\_\_\_\_ photographs for my complaint

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

Signature of Complainant