

Complaint Form

Joint City-County Planning Commission of Nelson County
989 Chambers Boulevard
P.O. Box 402
Bardstown, Kentucky 40004
Telephone: (502) 348-1805

Please type or print (blue or black ink)

** Required Information*

Complainant Information

Complainant Name*: _____

Mailing Address: _____

City, State, Zip Code: _____ Daytime Phone Number*: _____

Complaint Information

Street/Road Address/Location*: _____

Property Owner Name: _____

Nature of complaint*: _____

When did you notice the complaint (date, time of day)? * _____

Best day and time for Enforcement Officer to Observe the Violation? * _____

Can the problem be seen from the public right-of-way? * Yes No

If no, please describe where on the property the problem exists: _____

May we enter onto your property to observe the problem? * Yes No

Please note: The Enforcement Officer will contact the Complainant to schedule time and date for the inspection.

Signature & Notarization.

Please read carefully, initial, and sign below. I do hereby affirm and agree that I am voluntarily completing, signing, and submitting this Complaint Form to the Joint City-County Planning Commission of Nelson County. I do hereby certify that the information provided hereon is both complete and accurate to the best of my knowledge, and I understand that any inaccuracies may be considered just cause for invalidation of this complaint and any action taken on this complaint. I do hereby understand that this complaint form is subject to the Open Records Laws. (____ Initial)

I further grant the Joint City-County Planning Commission or its agents the right to enter upon my property to allow inspection of the problem described hereon. (____ Initial)

Complainant Signature

Printed Name

Date

Commonwealth of Kentucky

County of _____

Subscribed and sworn to before me by _____ as Complainant on this the _____ day of _____, 20____ to be his/her free voluntary act and deed.

Notary Public, State at Large

My commission expires: _____

For Office Use Only

Complaint Received (Date / Staff Person Receiving): _____

PVA Parcel #: _____

Property Owner Name: _____

Owner's Mailing Address: _____

Date of Inspection: _____ Staff Conducting Investigation: _____

Investigation and Evaluation of Complaint: _____

Was the problem visible from the public right-of-way? Yes No

If no, where was the problem observed? _____

If the inspection occurred on the property, attach copy of notarized written consent from owner and list the name of all individual(s) present at the time of investigation. _____

If the inspection occurred from the complainant's property, list the name of the owner(s) and list the name of all individual(s) present at the time of investigation. _____

Staff Conducting Enforcement Action: _____

Type of Violation Disclosed (specify Zoning Regulation provision): § _____

Enforcement Action(s) Taken/Resolution:

- 1st Notice of Violation – Hand Delivered or Regular Mail
- 2nd Notice of Violation – Certified, Return Receipt Requested
- 3rd Notice of Violation (attorney letter) – Certified, Return Receipt Requested
- Complaint for Injunctive Relief Filed / Planning Commission Approval – Date: _____

