



City of Barre Vermont
INSPECTION / CODE ENFORCEMENT DIVISION



Office of the City Fire Marshal
 15 Fourth Street * Barre * Vermont * 05641 * (802) 477 - 7833

CODE ENFORCEMENT COMPLAINT FORM

Return this complete and signed complaint form to the City of Barre Fire Dept. or City of Barre Zoning Dept.

COMPLAINANT INFORMATION

Person Filing Complaint:			Signature:		
Complaintive Address:			Phone:		
City and State:			E- Mail:		
Relationship with the Property:					
<input type="checkbox"/> Patron <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Fire Department <input type="checkbox"/> Town Official <input type="checkbox"/> Other					

BUILDING LOCATION & OWNER

Building Name:			Building Current Use:		
Owner's Name & Phone:					
Building Managers Name:					
Address:					
City:			Phone:		

COMPLAINT INFORMATION

<input type="checkbox"/> CHIMNEY / VENTS ó Broken or Defective	<input type="checkbox"/> EXITS ó Blocked / Lacking / Broken or Missing Components	<input type="checkbox"/> FIRE EXTINGUISHER ó Missing or Defective
<input type="checkbox"/> ELECTRICAL HAZARD ó (Extension cords in use)	<input type="checkbox"/> ELECTRICAL ó Sparking or Arcing	<input type="checkbox"/> ELECTRICAL ó Broken or missing components, No GFI outlets
<input type="checkbox"/> SMOKE / CO DETECTOR (S) Defective	<input type="checkbox"/> HEATING EQUIP. ó Defective	<input type="checkbox"/> WINDOWS ó Inoperable or to Small
<input type="checkbox"/> STRUCTURAL - Roof	<input type="checkbox"/> STRUCTURAL ó Floor / Ceiling	<input type="checkbox"/> STRUCTURAL ó Foundation, Columns, Beams
<input type="checkbox"/> ADA ISSUE (List Below)	<input type="checkbox"/> FUEL SUPPLY ó Leaking or Defective	<input type="checkbox"/> FIRE HAZARD
<input type="checkbox"/> CITY ORDINANCE ISSUE	<input type="checkbox"/> OTHER ISSUE:	

COMPLAINT DETAILS: (Please Print Clearly)

Official Use Only

Received By:			Assigned To:		
Referred To: <input type="checkbox"/> Fire Department Inspector <input type="checkbox"/> Local Health Inspector <input type="checkbox"/> Health Department <input type="checkbox"/> State DVF <input type="checkbox"/> Other : _____					
Date:	<input type="checkbox"/> FOUNDED <input type="checkbox"/> UNFOUNDED		Inspectors Signature:		