

~ **CONFIDENTIAL** ~  
**CITY OF SANTA MARIA**  
**CODE COMPLIANCE SERVICE REQUEST**

**PLEASE PRINT CLEARLY AND FILL OUT THIS FORM COMPLETELY. RETURN TO THE CITY ATTORNEY'S OFFICE, 204 EAST COOK STREET, SANTA MARIA, CALIFORNIA 93454-5169. WE CANNOT INVESTIGATE UNLESS YOU PROVIDE ALL INFORMATION REQUESTED BELOW.**

I request that the Code Compliance Division investigate what I believe to be a violation of the Santa Maria Municipal Code that I have personally observed.

1. Exact date(s) problem observed: \_\_\_\_\_
2. Location (Address): \_\_\_\_\_ Apt/Unit: \_\_\_\_\_
3. Description of problem(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. If vehicle is involved, give description:  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic# \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic# \_\_\_\_\_

5. Name of Property Occupant(s) (if any): \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name of Property Owner(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

6. If problem is at a residence, does the property owner live there?  Yes  No

7. Print your name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Sign your name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

8. I request that my name be kept confidential  Yes  No 9. Date: \_\_\_\_\_

**{ FOR CODE COMPLIANCE USE ONLY }**

APN: \_\_\_\_\_  
 CASE #: \_\_\_\_\_  
**REFER TO CODE COMPLIANCE CASE  
 SUMMARY REPORT FOR STATUS**  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Conv/Dwelling Units            | <input type="checkbox"/> 12 Trash, Rubbish, Junk, Weeds     |
| <input type="checkbox"/> 2 Conv/Covered Parking           | <input type="checkbox"/> 13 Property Nuisance               |
| <input type="checkbox"/> 3 Home Occupations               | <input type="checkbox"/> 14 Building/Remodel w/o permits    |
| <input type="checkbox"/> 4 Signs                          | <input type="checkbox"/> 15 Substandard Living Cond.        |
| <input type="checkbox"/> 5 CUP/PD/Zoning Permits          | <input type="checkbox"/> 16 Living in Recreational Vehicles |
| <input type="checkbox"/> 6 Outside Display of Merchandise | <input type="checkbox"/> 17 Miscellaneous                   |
| <input type="checkbox"/> 7 Parking on Front Unpaved       | <input type="checkbox"/> 18 Legal Recordings                |
| <input type="checkbox"/> 8 Keeping of Roosters            | <input type="checkbox"/> 19 Sales w/o Permits (Yard/Moving) |
| <input type="checkbox"/> 9 Abandoned/Inop Vehicles        | <input type="checkbox"/> 20 Camping Ord./Storage in RW      |
| <input type="checkbox"/> 10 Business in Res. District     | <input type="checkbox"/> 21 No Business License             |
| <input type="checkbox"/> 11 Noise Reg. (Barking Dogs)     | <input type="checkbox"/> 22 Overcrowding/Boarding House     |

Referred To: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- By: \_\_\_\_\_
- |   |  |
|---|--|
| <i>Print/Stamp Water Hookup</i>             | <input type="checkbox"/> 23 Vector Control     |
| <i>Enter in Access Database</i>             | <input type="checkbox"/> 24 SWMP – Waste Water |
| <i>Print Assessor Info.</i>                 | <input type="checkbox"/> 25 Back Flow          |
| <i>Print Violation History</i>              | <input type="checkbox"/> 26 _____              |
| <i>Enter LandTrak 1-5, 14, 15, &amp; 19</i> |  |
| <i>Trak It (Permit Check)</i>               |  |
| <i>Print Business License</i>               |  |
| <i>Complete Letter/Refer</i>                |  |

~ **CONFIDENCIAL** ~  
**CIUDAD DE SANTA MARIA**  
**PETICION DE SERVICIO DE LA APLICACIÓN DE EL CÓDIGO**

**IMPRIMA POR FAVOR CLARAMENTE Y COMPLETE ESTA FORMA TOTALMENTE. VUELVA AL LA OFICINA DEL ABOGADO DE LA CIUDAD, 204 ESTE DE LA CALLE COOK, SANTA MARIA, CALIFORNIA 93454-5169. NO PODEMOS INVESTIGAR A MENOS QUE PROVEE TODA INFORMACIÓN PIDIO ABAJO.**

Pido que la persona que tiene cargo público de la Aplicación del Código investiga, qué creo ser una violación del Código Municipal de Santa Maria. He observado personalmente lo siguiente ocurre.

1. La fecha exacta en que observó el problema: \_\_\_\_\_
2. Localidad (Domicilio): \_\_\_\_\_ Número del apartamento: \_\_\_\_\_
3. Descripción de problema: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Si se envuelve vehículo, de descripción:  
 Año \_\_\_\_\_ Marca \_\_\_\_\_ Modelo \_\_\_\_\_ Color \_\_\_\_\_ Licencia \_\_\_\_\_  
 Año \_\_\_\_\_ Marca \_\_\_\_\_ Modelo \_\_\_\_\_ Color \_\_\_\_\_ Licencia \_\_\_\_\_

5. Nombre de Ocupante de la Propiedad (si alguno): \_\_\_\_\_ Teléfono: \_\_\_\_\_  
 Nombre del Dueño de la Propiedad: \_\_\_\_\_  
 Domicilio: \_\_\_\_\_ Teléfono: \_\_\_\_\_

6. Si problema es en una residencia, ¿que el dueño de la propiedad vive allí?  Si  No

7. Su nombre en letra de molde: \_\_\_\_\_ Domicilio: \_\_\_\_\_  
 Firme su nombre: \_\_\_\_\_ Numero del Teléfono: \_\_\_\_\_

8. Pido que se mantenga mi nombre confidencial  Si  No
9. Fecha: \_\_\_\_\_

**{ SOLAMENTE PARA EL USO DE LA OFICINA }**

APN: \_\_\_\_\_

CASE #: \_\_\_\_\_

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